Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: Click or tap here to enter text. ☒ **N/A**

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 25, 2022

Auditor Information

Name: Farooq Mallick	**Email:** afarooq.mallick@gmail.com
Company Name: PREA Juvenile Auditors of America, LLC	
Mailing Address: 79 Jansen Road	**City, State, Zip:** New Paltz, NY 12561
Telephone: 845-594-8161	**Date of Facility Visit:** March 13, 2022

Agency Information

Name of Agency: Massachusetts Department of Youth Services (DYS)			
Governing Authority or Parent Agency *(If Applicable):* Commonwealth of Massachusetts			
Address: 600 Washington Street		**City, State, Zip:** Boston, MA 02111	
Mailing Address: 600 Washington Street		**City, State, Zip:** Boston, MA 02111	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: https://www.mass.gov/service-details/dys-prison-rape-elimination-act-prea			

Agency Chief Executive Officer

Name: Cecely Reardon	
Email: cecely.a.reardon@mass.gov	**Telephone:** 617-960-3304

Agency-Wide PREA Coordinator

Name: Monica King	
Email: monica.l.king@mass.gov	**Telephone:** 617-960-3254
PREA Coordinator Reports to: Nancy Carter	**Number of Compliance Managers who report to the PREA Coordinator:** 24

Facility Information

Name of Facility: Lakeside Detention			
Physical Address: 629 Lowell Street		**City, State, Zip:** Peabody, MA 01960	
Mailing Address: 629 Lowell Street		**City, State, Zip:** Peabody, MA 01960	
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: https://www.mass.gov/service-details/dys-prison-rape-elimination-act-prea

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
NA

Facility Administrator/Superintendent/Director

Name: Suzanna Chan	
Email: susanna.chan@mass.gov	**Telephone:** 978-716-1074

Facility PREA Compliance Manager

Name: Gina Kelly	
Email: ginakelly@nafi.org	**Telephone:** 978-774-5844

Facility Health Service Administrator ☐ N/A

Name: Colleen Cromier	
Email: ccormier@jri.org	**Telephone:** 978-774-5844

Facility Characteristics

Designated Facility Capacity:	12

Current Population of Facility:	6
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	14-21
Average length of stay or time under supervision	14-21 days
Facility security levels/resident custody levels	Staff Secure

Number of residents admitted to facility during the past 12 months	34
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	29
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	23
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A

Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	14
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0 **due to COVID**
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	2
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	2
Number of open bay/dorm housing units:	2
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☐ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☒ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*	☐ Facility investigators ☒ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: EEC DCF ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

This PREA report is for Lakeside, located at 629 Lowell Street, Peabody, Massachusetts. The facility is operated by NFI under the contract with the Massachusetts Department of Youth Services (DYS). It is a private not for profit Staff Secure facility. The facility was first audited in 2016 during the third year of the first three-year cycle and again on May 1, 2019, during the second three-year cycle and found to be in full compliance.

Lakeside is a 12-bed facility for male adolescents. The on-site portion of the audit began on March 13, 2022 and covered the audit period of March 13, 2021 to March 14, 2022. Prior to arrival this auditor reviewed pertinent agency policies, procedures, Pre-Audit Questionnaire (PAQ), and related documents used to demonstrate compliance with the Department of Justice (DOJ) PREA Standards for Juvenile Facilities. The facility's primary policy for PREA compliance, Department of Youth Services (DYS) Policy and Procedure 01.05.07(B) was reviewed in detail by this auditor. The policy addresses all required elements of the DOJ PREA standards and provides comprehensive guidance as to how the facility will achieve full compliance.

The Pre-Audit Questionnaire (PAQ) stated that there were seventeen (17) staff at the facility with recurring contact with residents. The average daily population for the past twelve (12) months was four (4). There was one (1) reported allegation of sexual abuse or sexual harassment during the past twelve (12) months. That allegation was called into the DCF hotline, a 51A was filed. The incident is currently being investigated by DCF, DYS, and EEC. The resident reported that he observed a staff member kiss another resident. The staff member was immediately placed on administrative leave. This auditor did interview the resident who made the allegation. He informed this auditor that he never reported any sexual abuse or sexual harassment allegation. This auditor also interviewed the other resident (alleged victim) who also denied the incident. There were no grievances filed pertaining to sexual abuse or sexual harassment during the past twelve (12) months. The Pre-Audit Questionnaire (PAQ) states there were no residents who identified as lesbian, gay or bi-sexual, transgender/intersex residents, limited English proficient residents. There were two (2) residents who were identified as being cognitive deficient. One resident was interviewed by this auditor. The other resident that was identified as being cognitive deficient had also reported prior sexual abuse victimization upon screening but was admitted to the hospital for psychiatric issues prior to the start of the audit. This auditor was unable to interview the youth due to being admitted into the hospital. There were no residents placed in isolation during the past twelve (12) months. This auditor received no correspondence from residents or staff.

The PAQ submitted by the PREA Coordinator included detailed floor plans of the facility. From the floor plans, the detention unit has two dormitory-style bedrooms (maximum of six residents per room) and a single multi-user bathroom. The bathroom has two curtains, one for the shower and one for an area in the front of the shower where a resident can change their clothes in privacy. There is a large day room, clinical offices, and staff offices. The kitchen and the dining room are also located in this building. The

administrative building houses additional office space, conference room, classrooms, multi-purpose recreation room, and a library.
Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents and visitors on January 20, 2022. Photographs were taken of the audit notice with date stamped and location. The photos were e-mailed to this auditor. E-mails and phone calls between this auditor and the PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process and schedule, and to request any additional information that was needed for review.

On March 13, 2022, at approximately 1 pm, this auditor met with the Facility Administration, Agency PREA Coordinator, and the Facility PREA Compliance Manager to discuss the audit schedule and review any questions or concerns anyone may have had about the on-site portion of the audit. The facility provided a roster of staff, broken down by employee job categories, and a list of all residents by housing unit (this list included length of stay). The resident roster also noted if they identified as a LGBTI, disclosed prior victimization, were victims or predators based on risk assessment, and/or had special accommodation needs.

The facility has a video surveillance system that has fifteen (15) interior cameras, six (6) external cameras, one (1) workstation, and five (5) monitors. The system provides coverage of the recreational areas, dining hall, hallways, indoor recreational room, classrooms, and the library. There is a camera view of all doors in areas where youth are permitted. There are no cameras in the two (2) dormitory rooms, or in individual offices, but there is a camera view of the entrances to these areas. There are no cameras in the bathrooms. There are no camera views anywhere residents are permitted to shower, use the toilet, or change clothes. The average retention time for the system is thirty (30) days. This also is mitigated by staffing ratios that far exceed the requirements of the standard (3 to 1 during waking hours and 5 to 1 during overnight). The ratios only count direct care staff and do not include administrators, clinicians, education and medical staff that are also routinely on-site. Further investigation comes in the form of agency policies.

The meeting was followed by a detailed tour of the facility which included all areas where residents are permitted. Posters were printed in both English and Spanish with the telephone numbers to report an allegation of sexual abuse or sexual harassment. This auditor also noted a PREA box with forms in the main entrance for staff and visitors, as well as PREA boxes in the housing units.

Following the tour, this auditor proceeded to interview specialty staff on duty, staff members on shift, and residents in a private office.

The second day of the audit was spent interviewing specialty staff members from 7am – 3pm and the 3pm – 11pm shifts. This auditor interviewed the Program Director, PREA Coordinator, Facility PREA Compliance Manager, Clinical Director, Intake staff, Human Resource staff, and the DYS Director of Investigations who conducts administrative investigations. After these interviews were completed, this auditor reviewed all current files on JJEMS for documentation, verifying PREA education and vulnerability risk assessments for compliance with policy. This auditor also reviewed risk assessments that were conducted periodically throughout a resident's stay. Access to screening information is limited to clinical staff and a limited number of upper-level administrators. All training records were provided by the PREA Coordinator to verify that all staff received PREA training. Copies of training records for volunteers and contractors were also provided. A Human Resource staff was interviewed and provided staff files to this auditor to verify that all child abuse and criminal backgrounds were performed when hired and every three (3) years thereafter.

Five (5) of the six (6) residents were interviewed from the housing units (one of the residents was admitted to the hospital during the audit). There were no residents who identified as lesbian, gay or bisexual, transgender/Intersex residents. There was one (1) resident who made prior allegation of sexual harassment or sexual abuse during the past twelve (12) months at the facility. The one resident reported that he witnessed a staff member kiss another resident. This was immediately called into the

DCF hotline. The staff member was immediately placed on Administrative Leave. This youth was interviewed by this auditor but would not speak about the incident. This incident is being investigated by DCF and DYS investigators. There were no residents who filed a grievance pertaining to sexual harassment, sexual abuse or retaliation during the past twelve (12) months at the facility. There were no residents that disclosed prior sexual abuse, or who were identified as victims or predators, were disabled, or limited English proficient. There was one (1) resident that was identified as having a cognitive deficit. This resident was interviewed by this auditor. He stated that staff read all of the PREA documents to him and had him repeat it so he understood. He also said that if he has difficulty, he seeks out staff and teachers to help him when he makes the request. There were no youth that were placed in isolation, segregated housing, or those who reported sexual abuse. Age of the residents interviewed ranged from fourteen (14) years old to seventeen (17) years old. All of the residents interviewed were familiar with PREA, grievance process, knew where the PREA boxes were located (with the forms), understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of support services available to them at the facility and in the community. All residents interviewed stated they feel safe and the staff care about their well-being. The residents stated that they received their PREA education via PREA slideshow, were given PREA brochures which clinicians went over with them, and were also given the resident handbook. They said that staff explained how to fill out a grievance form and showed them PREA posters with the hotline number and address, and information about community support groups. Overall, interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, calling the hotline, calling third party through their parents, and anonymous reporting. All residents stated they were aware of their rights to be free from sexual abuse and sexual harassment. All residents acknowledged going through the intake process and being searched by a staff member of the same gender. All residents acknowledged being aware when staff members of the opposite gender were in the housing unit; and they had privacy when changing clothes, showering, and using the toilet. All acknowledged being screened by clinical staff for risk screening and comprehensive PREA education, were asked their sexual orientation, how they identify, and special accommodation needs and previous history. They also reported that they met with medical staff on the date of admission. All felt medical needs were being appropriately addressed.

The following staff members were interviewed:

- Program Director
  - Conducts Unannounced Rounds
  - Member of the Sexual Abuse Incident Review Team
  - Monitors Retaliation

- Assistant Program Director
  - Conducts Unannounced Rounds
  - Member of the Sexual Abuse Incident Review Team
  - Monitors retaliation

- Clinical Director
  - Conducts Vulnerability Risk Assessment
  - Provides comprehensive PREA education
  - Monitors retaliation
  - Member of the Sexual Abuse Incident Review Team
  - Conducts periodic risk assessments throughout a resident's stay

- DYS Statewide PREA Coordinator
  - Member of the Sexual Abuse Incident Review Team

- Clinicians
  - Conducts Vulnerability Risk Assessment
  - Provides comprehensive PREA education
  - Conducts periodic risk assessment throughout a resident's stay
- Facility PREA Compliance Manager
  - Member of the Sexual Abuse Incident Review Team
- Teacher Coordinator
- Nurse Practitioner
- Human Resource Staff
- Intake Staff
  - Provides initial PREA information upon admission
- DYS Director of Investigations
- Direct Care Staff

Twelve (12) randomly selected direct care staff members interviewed had years of experience ranging from three (3) months to thirty (30) years. Staff members that were interviewed were very diverse in their ethnicity. Staff members were very diverse in their ethnicity. Staff members were randomly selected from all shifts. All of the staff members confirmed they received PREA training and this was confirmed via training logs which were provided to this auditor. All staff interviewed were knowledgeable of PREA, DYS Policy and Procedures 01.05.07(B) – Prevention of Sexual Abuse and Sexual Harassment of Youth, and reporting and responding to incidents and allegations of sexual abuse, sexual assault, and sexual harassment. Staff members stated proper protocols for protecting residents from imminent sexual abuse and steps to take as a first responder. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles and obligations as mandated reporters and how to report allegations of sexual harassment and sexual abuse.

The PREA education program for residents begins immediately upon admission (after the resident has been searched and is processed by intake staff of the same gender and it is completed by intake staff). They show a PREA video and explain PREA to the residents. Vulnerability Risk Assessments are completed by the clinician immediately after intake. The Clinical Director or the clinician will follow up with providing comprehensive PREA education by showing a PREA slideshow, explaining/reading and giving the residents the handbook, PREA brochures, and explaining their rights. This is documented in a database known as DYS Juvenile Justice Enterprise Management System (JJEMS). All residents are shown a PREA slideshow which explains the basic rules, their safety, how to make reports, grievance process and forms, explains the location of PREA boxes, provides residents with toll free Department of Children and Families (DCF) hotline number and what to do if they are sexually abused including being taken to the hospital and offering them counseling and support services in the community. This is tailored to each resident's comprehension level and is age appropriate. For residents that are limited English proficient a language interpreting service called Interpreters and Translators, Inc. is utilized. Residents that are blind or deaf are provided education by the interpreting service utilizing Braille for the visually impaired youth, and a hearing specialist will be used for deaf residents. Residents sign and date an acknowledgement form noting they received the above-mentioned PREA education, PREA pamphlets, and resident handbook.

Administrative investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Department of Children and Family (DCF) and Department of Early Education Care (EEC). Administrative investigations regarding allegations of sexual abuse and sexual harassment are also conducted by the Massachusetts Department of Youth Services (DYS). The Director of Investigations and two investigators have extensive experience in conducting investigations and extensive training involving juvenile victims in institutional settings.

Criminal investigations of sexual abuse, assault and harassment are conducted by the Massachusetts State Police. Forensic examinations of sexual abuse, assault, and harassment are performed at Lawrence General Hospital through a statewide Memorandum of Agreement (MOA) with the Massachusetts Department of Public Health. Advocates and support services are provided by Northeast Regional Rape Crisis Center through the MOA with the Massachusetts Department of Public Health. This auditor spoke to a representative from Lawrence General Hospital and confirmed the MOA and scope of services. This auditor spoke with a representative from the Northeast Regional Rape Crisis Center and confirmed the MOA and scope of services.

The facility reported one allegation of sexual abuse or sexual harassment during the past twelve (12) months. There were no PREA Sexual Abuse Incident Reviews at Lakeside during the past twelve (12) months. The allegation was reported to the DCF hotline and investigated by DCF, DYS, and EEC. The staff member was placed on administrative leave during the investigation. This auditor interviewed the resident that made the allegation. This allegation was made one day prior to the audit. The youth stated that he was a staff member kiss another resident but none of the other residents or staff witnessed it. This is currently being investigated by DCF. This auditor was provided a template of the PREA Sexual Abuse Incident Review Form and the Agency PREA Coordinator and Facility PREA Compliance Manager were able to describe the process in detail during their interviews.

DYS has developed thorough and detailed policies that address all the PREA standards related to Prevention Planning, Response Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which DYS takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with Lakeside management team following the on-site portion of this audit on March 14, 2022. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the team for their dedication and commitment to the full implementation of PREA in their facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Lakeside is a 12-bed, staff-secure juvenile facility operated by NFI under contract with the Massachusetts Department of Youth Services (DYS). The facility consists of two wood-framed buildings without a fenced perimeter. The facility also houses the regional overnight arrest unit in a completely separate section of the building.

Lakeside Detention is a pre-trial detention center for adolescent boys aged 12-18. The program provides 24-hour care and strives to build a safe and respectful community by promoting positive and respectful behavior and norms. Community members' interactions are respectful, consistent, kind, caring, and as fun as possible. We support any family involvement by providing visits and phone calls. Lakeside Detention staff include an experienced administrative team, well trained supervisors and youth counselors, clinicians, a kitchen manager, and facilities manager all of whom engage with and relate to clients. Lakeside also hosts educational space, teachers and full educational services for our clients.

The facility consists of two buildings. The Grey Building houses the three dormitory rooms, bathroom, dining room, clinical, medical and administrative offices. Bathrooms are for multiple users and are appropriately partitioned and supervised. The Red Building houses the school, library, recreation areas, bathrooms and additional administrative offices. Bathrooms in this building are for individual use.

Lakeside maintains 24-hour supervisory coverage as well as an On-Call Administrator.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.313

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

DYS has implemented a zero-tolerance policy (DYS Policy and Procedures 01.05.07(d)-Prevention of Sexual Abuse and Sexual Harassment of Youth) which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency's training efforts with residents, staff, contractors, and volunteers.

The agency has a designated PREA Coordinator who reports directly to the Director of Operations. The Facility PREA Compliance Manager's interview during the on-site portion of this audit demonstrated that LAKESIDE is committed to the sexual safety of the residents residing at the facility. All staff members and residents interviewed demonstrated they not only received but understood the education and training that was offered to them. Staff receive annual PREA trainings and residents are educated at intake and throughout their stay at LAKESIDE.

LAKESIDE has a MOA with the Massachusetts Department of Public Health. The MOA states that Lawrence General Hospital will have a SANE complete a forensic examination and will contact the Northeast Regional Rape Crisis Center for an advocate to provide victim advocacy and emotional support in the event of an incident of sexual abuse. A representative from Lawrence General Hospital was contacted by this auditor and was able to confirm the process stated in the MOA. A representative from the Northeast Regional Rape Crisis Center was contacted by this auditor and was able to confirm the process stated in the MOA.

All investigations at LAKESIDE are completed by the Department of Children and Families (DCF), DYS and the Department of Early Education and Care (EEC). This auditor interviewed the DYS Director of Investigations and he was able to describe and confirm the investigative process and follow up that occurs when they receive an allegation of abuse. If the allegation is of criminal nature it would be investigated by the Massachusetts State Police. There were no PREA Sexual Abuse Incident Reviews at LAKESIDE during the past twelve (12) months. There were no allegations of sexual abuse that were administratively investigated and determined to be Substantiated or Founded. There is one (1) allegation that was reported a day before the audit. It was called into the DCF hotline and is currently being investigated by DCF and DYS. Staff member was immediately placed on Administrative Leave. This auditor was provided a template of the PREA Sexual Abuse Incident Review form and the Agency PREA Coordinator and Facility PREA Compliance Manager were able to describe the process in detail during their interviews.

All residents admitted to the facility receive timely PREA education at intake. Intake staff complete all PREA education during the intake process. All residents receive age-appropriate education within ten (10) days of intake and this is conducted in person by the clinical staff and through video. The Clinical Director and the clinicians conduct the screening for Risk of Sexual Victimization and Abusiveness immediately after the PREA education. Any pertinent necessary information is recorded and communicated to staff members for housing assignments or additional supervision to ensure the safety and security of the resident and of all residents in the facility. The Clinical Director and clinicians periodically conduct the screening for risk of sexual victimization and abusiveness throughout a resident's confinement.

All employees at LAKESIDE receive an initial training at the DYS Training Center in Grafton. Current employees, who completed this training, receive refresher training annually. The training includes eleven (11) different topics required by the PREA standards:

1. Agency Zero-Tolerance Policy
2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures
3. Residents right to be free from sexual abuse, assault, and harassment
4. Right of residents and employees to be free from retaliation
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities
6. Common reactions of juvenile victims of sexual abuse and harassment
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents
8. How to avoid inappropriate relationships with residents
9. Effective and professional communication with residents including those who identify as lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ) or gender non-conforming
10. Compliance with relevant laws related to mandatory reporting of sexual abuse
11. Laws governing consent for DYS youth

All volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility, all volunteers and contractors are given the agency zero-tolerance policy and given PREA training and Acknowledgement Form to review and sign off

on noting they understood the material. There are currently no volunteers and no contractors authorized to enter the facility.

During the on-site portion of the audit, it was noted that posters are posted throughout the facility to educate both staff members and residents on agency PREA policies. Brochures, noting PREA requirements and the DCF hotline number, are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both residents and the public posted on its website. The facility has PREA boxes on all housing units as well as in the lobby for staff, families and volunteers. The PREA boxes are checked on a daily basis.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Massachusetts Department of Youth Services (DYS) Policy and Procedures 01.05.07(d), page 1, comprehensively addresses the facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, procedures, and the facility's strategies and responses to sexual abuse and sexual harassment. This policy also outlines the facility's training and education of its youth, staff, volunteers, and contractors. The youth received detailed information about their rights, grievances, and reporting during their intake and throughout their stay. Interviews with the PREA Coordinator and Compliance Manager proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility.

The following information was utilized to verify compliance with this standard:

- DYS Policy 01.05.07(d)-Prevention of Sexual Abuse and Sexual Harassment of Youth
- Agency and Facility Organizational Chart
- Youth acknowledgement of PREA orientation video
- Pre-audit Questionnaire

Interviews:

- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

LAKESIDE does not contract for the confinement of its youth with other private agencies/entities. This was confirmed during an interview with the Program Director.

The following information was utilized to verify compliance with this standard:

- Pre-Audit Questionnaire

Interviews:

- Interview with Program Director
- Facility PREA Compliance Manager

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
  ☒ Yes ☐ No ☐ NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) requires the facility to develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. The Video Surveillance and Safety Plan must be completed and submitted to the DYS PREA Coordinator. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:

1. Generally accepted juvenile detention and correctional/secure residential practices
2. Any judicial findings of inadequacy
3. Any findings of inadequacy from federal investigative agencies
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated)
6. Composition of the different populations within its facilities
7. Number of placements of supervisory staff
8. Programs occurring on each shift
9. Relevant laws, regulations and standards
10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse
11. Minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleep hours. Any deviations must be documented on the Video Surveillance and Staff Plan. Only security staff must be included in those reports

This is a very thorough process that includes the following: a PREA Video Surveillance and Staffing Plan Worksheet, local Union input, gender-based post assignments, roster reviews, and final administrative review.

The facility provided information during the PAQ process indicating zero (0) deviations within the staffing plan in the last twelve (12) months. All deviations from the plan must be documented in an incident report. The Program Director shall document, in writing, and justify all deviations from the plan. This auditor reviewed zero (0) incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime. The most common overtime needs consist of FMLA status, sick leave, annual leave, and training. The Program Director indicated during her interview that these would be filled by voluntary or mandatory overtime. The PREA Coordinator and the Program Director interviews confirmed the staffing plan is discussed numerous times during the year and changes as necessitated or required.

There were six (6) residents residing at LAKESIDE during the on-site portion of this audit. The average daily population at the facility during the past twelve (12) months has been six (6) residents. The annual Video Surveillance and Staffing Plan at LAKESIDE addresses the facility staffing plan requirements. The plan is reviewed on an annual basis and was reviewed by the Program Directors on January 12, 2022.

The Program Director reported that they maintain a 1:3 ratio, at minimum, which exceeds the standard; and this auditor observed a 1:1 ratio during the on-site portion of the audit. The Program Director reported that there have been no deviations from the staffing plan during the past twelve (12) months. She also reported that in the event management staff feel staffing ratios cannot be maintained during the upcoming shift, staff the would be held over and paid overtime to meet the ratios. Interviews with the Program Director, Facility Compliance Manager, and Assistant Program Director revealed that staffing is monitored shift to shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor to confirm compliance.

LAKESIDE' Video Surveillance and Staffing Plan states the facility run at a minimum of 1:5 staff to resident ratio during the 11pm – 7am shift and at a minimum 1:3 staff to resident ratio during the 7am – 3pm and 1:3 ratio during the 3pm – 11pm shifts. It was confirmed by this auditor after reviewing population reports from the past twelve (12) months, staff schedules, and observations made during the tour of the facility that these ratios were being exceeded on a regular/consistent basis at the facility.

DYS Policy and Procedures 01.05.07(d) states, "When necessary, but no later than once each year, the PREA Coordinator shall assess, determine and document whether adjustments are needed to:

1. The Staffing Plan;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring systems and other monitoring technologies and;
4. Resources the facility has available to commit to adhere to its staffing plan."

A review of the LAKESIDE' Video Surveillance and Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed by the Program Director on January 12, 2022.

Massachusetts DYS Policy and Procedures 03.02.02(c) –Security Checks and Inspections within Residential Locations states that Program Directors and Assistant Program Directors (intermediate level or higher-level supervisors) shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Conduct unannounced rounds, at minimum of once

per month of all shifts, one of which shall include a weekend shift. Facility staff are prohibited from alerting other staff members that these supervisory rounds are occurring.

A review of Unannounced Rounds Logs and staff interviews confirmed that unannounced rounds occur as required in this standard by the Program Director and Assistant Program Director. The Program Director was able to discuss how they complete the unannounced rounds during their interviews, assure minimum ratios are being met and their inspection of all areas including the housing units. She also stated that they conduct random rounds by selecting different times of the day/night and days of the week.

Review of documentation and facts to determine compliance:

- Massachusetts DYS Policy 01.05.07(d)-Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 03.02.02 (c)-Security Checks and Inspections Within Residential Locations
- Staff schedule
- Resident roster
- 2021 LAKESIDE' Video Surveillance and Staffing Plan
- Unannounced Rounds Logs
- Log book
- Tour of Facility

Interviews:

- Interview with Program Director
- Interview with DYS PREA Coordinator
- Interviews with random staff on all three (3) shifts
- Interviews with random youth

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 03.01.02 (a)-Searches in Secure Facilities states that youth may only be searched by staff of the same gender. The facility does not conduct full strip searches. The facility conducts pat searches and clothing searches; the youth is never completely naked. All searches must be conducted with a witness. All youth interviewed confirmed that they are only pat searched by staff of the same gender. All random staff that were interviewed also confirmed that cross-gender searches do not occur. DYS "Guidelines for Practices with LGBTQI-GNC Youth" prohibits searching youth for the purpose of determining if the youth is transgender or intersex. All of the youth that were interviewed denied ever being searched for this purpose. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. Interviews with residents, staff members, Nurse Practitioner, and the Program Director confirmed there have been no cross-gender pat searches of residents during the past twelve (12) months. Staff members interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. They also stated that they would immediately complete a detailed report as well as document it in the logbook. All Staff have received training regarding the search of a transgender or intersex resident in a respectful and dignified manner. There were no transgender or intersex residents in the current population.

Massachusetts DYS Policy and Procedure 03.04.09, Prohibition of Harassment and Discrimination Against Youth enables all resident to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. There are no cameras in the bathrooms, showers, youth rooms, or anywhere youth are permitted to change clothes. All youth interviewed acknowledged that they have privacy when showering, using the bathroom and changing their clothes. All staff interviewed stated that their presence is announced when they enter a housing unit of the opposite gender youth. There are signs at the entrances to the housing units requiring opposite gender staff to announce their presence upon entering the unit. All youth interviewed acknowledged that the opposite gender staff announce their presence when entering the housing units. This auditor observed this practice throughout the on-site audit.

Reviewed documentation to confirm compliance:

- Massachusetts DYS Policy 03.03.02(a) Searches in Secure Facilities
- Massachusetts DYS Policy 03.04.09 Prohibition of Harassment and Discrimination Against Youth

- Staff Training Curriculum
- Staff Training Logs
- Signs at entrance door

Interviews:

- Interview with the Program Director
- Interview with the Facility PREA Compliance Manager
- Random staff interviews
- Resident interviews

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that the facility will take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse for residents who are limited in their ability to speak or understand English, deaf or hard of hearing, blind or visually impaired, and those with intellectual deficits. The facility provided the entire education program in audio format for the blind and visually impaired and in written format for the deaf. DYS has a contract with Interpreters and Translators, Inc.; they provide services for the blind and deaf by utilizing Braille for the visually impaired youth, and a hearing specialist will be provided for the deaf residents. This was verified by this auditor during a phone call with a representative from Interpreters and Translators, Inc. There were no deaf or blind residents to interview to determine the effectiveness of presentation. The facility's PREA education program is an audio/visual presentation conducted by clinical staff.

There was one cognitively disabled resident at LAKESIDE during the on-site portion of this audit. The resident was interviewed by this auditor. The resident stated that staff read him all of the PREA documents upon intake and had him repeat it so he understood everything. He also said that when he has difficulty, he seeks out staff and teachers to help him. All residents were interviewed by this auditor and confirmed all of their needs are met and anytime they do not comprehend something, they know they can seek assistance from a staff member and they will take the time to review the material they do not understand to ensure they are able to comprehend the material. During interviews with the Program Director and Facility PREA Compliance Manager, they both noted any disabled resident residing at the facility receives an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse.

The agency PREA brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor. In addition, PREA posers are posted in the housing units, all common areas, hallways, front entrance, and the area where family visits take place. These posters are also in both English and Spanish.

In addition, Limited English Proficient (LEP) interpreters are available. An LEP liaison can be reached at Interpreters and Translators, Inc. This auditor was provided a comprehensive list of LEP interpreters that are available to the residents. There were no limited English proficient residents residing at LAKESIDE during the on-site portion of this audit to interview. The translation service provides for the deaf and blind. They provide a hearing specialist for the deaf and Braille for the blind. This is part of their contract.

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff members and Program Director that there have been no circumstances during the past twelve (12) months at LAKESIDE where resident interpreters, readers, or other types of resident assistants have been used. Staff members interviewed all understood there are interpreters available for the residents.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- PREA Education Program
- Agency PREA Brochure (English)
- Agency PREA Brochure (Spanish)
- English and Spanish Posters
- Interpreters and Translators, Inc.

Interviews:

- Interview with Program Director
- Interview with Clinical Director
- Interview with clinician
- Interviews with random staff
- Interview with disabled resident
- Interview with representative from Interpreters and Translators, Inc.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Massachusetts DYS Policy and Procedure 01.05.04(c) and DYS CORI regulations embodied in CMR 12.00 et seq. requires the facility to refrain from hiring, promoting, or enlisting the services of any employee, contractor, or volunteer who may have had inappropriate contact with residents, who has engaged, or attempted to engage in any of the prohibited acts described in this standard. Written applications and interview protocols require disclosures of previous arrests, convictions, or concerns related to criminal history. Material omissions regarding misconduct, or the provision of materially false information, are considered to be grounds for termination or withdrawal of an offer of employment, as appropriate. Staff members are also under continuing affirmative duty to disclose any such misconduct throughout the duration of their employment. Background investigations are conducted to determine whether the candidate for hire is suitable for employment and includes a criminal background records check. Detailed records of these background investigations are maintained and available to the agency upon request. Updated background investigations are conducted every three (3) years for those facility staff who may have contact with

residents. This process was confirmed during interview with the DYS PREA Coordinator. Volunteers and contractors go through a similar process and are always under supervision when in contact with residents. Interviews with Program Director and Human Resource staff confirmed this process. Documentation of CORI clearances were provided to this auditor.

Reviewed documentation to determine compliance:

- DYS CORI Regulations
- CMR 12.00 et seq.
- CORI Clearance Forms
- Review of randomly selected staff files

Interviews:

- Interview with Program Director
- Interview with DYS PREA Coordinator
- Interview with Human Resource staff

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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LAKESIDE develops a Video Surveillance and Staffing Plan on an annual basis (updated by the Program Director). The 2021-2022 Staffing Plan was reviewed by this auditor prior to the on-site portion of this audit and was confirmed during the interview with the Facility Compliance Manager.

LAKESIDE does have a video surveillance system that has fifteen (15) interior cameras and six (6) exterior cameras. The system provides coverage of the recreational areas, dining room, hallways, indoor recreational room, classrooms and the library. The Program Director and the Assistant Program Director also conducts weekly random camera reviews. They are projected to add a few more cameras this year. All staff members carry hand-held radios and communicate and document all movements. Staff also maintain eye sight vision of each other. This auditor observed these procedures during the on-site portion of the audit. The Annual Review of the Video Surveillance and Staffing Plan clearly addresses the use of technology to improve the safety of youth. DYS has enriched staffing ratios of four (4) staff on the 7am-3pm and 3pm-11pm shifts and three (3) staff on the 11pm-7am shift.

Reviewed documentation to determine compliance:

- 2021-2022 Video Surveillance and Staffing Plan
- Tour of the facility

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  ☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that all administrative investigations are reported to the Department of Children and Families DCF hotline. Administrative investigations are conducted by the Massachusetts Department of Early Education Center (EEC), Department of Children and Families (DCF), and by DYS investigators. Representatives from EEC and DCF were contacted by this auditor and they confirmed this process. Interviews with the DYS Director of Investigations confirmed they also conduct their own investigation after the report has been called into the DCF hotline. All criminal investigations are conducted by the

Massachusetts State Police. This process was confirmed by the Program Director and the DYS PREA Coordinator during their interviews.

The Program Director and the DYS PREA Coordinator stated during their interviews that the agency has a state-wide MOA with the Massachusetts Department of Public Health for evidence collection and forensic examinations to be conducted at Lawrence General Hospital. The MOA states that the hospital will provide forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) and will notify the Northeast Regional Rape Crisis Center to respond to the hospital any time that a sexual assault patient has arrived, regardless of SANE involvement. The hospital is also responsible for providing qualified interpreter services during SANE exams for patients that are not proficient in English in accordance with requirements of state law. A representative from Lawrence General Hospital was contacted by this auditor and was able to confirm the details of the MOA and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital. A representative from the Northeast Regional Rape Crisis Center was contacted by this auditor and was able to confirm the details of the MOA and protocols that would take place in the event a resident was the victim of alleged sexual abuse was transported to the hospital.

Massachusetts DYS Policy and Procedures 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth and the Memorandum of Agreement (MOA) between the Massachusetts Department of Public Health states that the hospital will submit the bill of payment to the Victim Compensation and Assistance Division (VCAD) within the Attorney General's Office. In reviewing documentation, there were no incidents of sexual abuse at LAKESIDES during the past twelve (12) months that involved penetration and required a resident to be transported to Lawrence General Hospital.

The Agency PREA Coordinator provided a state-wide MOA with the Massachusetts Department of Public Health that states that the hospital will notify the Northeast Regional Rape Crisis Center to respond to the hospital any time that a sexual assault patient has arrived, regardless of SANE involvement. A representative from Lawrence General Hospital was interviewed by this auditor and confirmed that an advocate from the Northeast Regional Rape Crisis Center would respond to Lawrence General Hospital to provide outside emotional support and rape crisis counseling to any victim of sexual abuse.

The MOA with the Department of Public Health states that an advocate from the Northeast Regional Rape Crisis Center would be contacted by the hospital to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals.

All administrative investigations are conducted by the Department of Early Education Center, Department of Children and Families, and by DYS investigators. An interview with a representative form EED, DCF, and DYS all confirmed that they comply with all PREA standards when completing an investigation at LAKESIDE.

The facility offers all residents who experience sexual abuse access to forensic medical examinations without financial cost to the victim.

This auditor observed posters that identified assistance 24-hour, 7-day per week, every day of the year. The postings were on all housing units, intake, and in the medical area of the facility. The information provided to the residents while in intake includes a sexual abuse awareness pamphlet and addresses how to report it, and services that are offered to them at the facility, at the hospital, and by the Northeast Regional Rape Crisis Center. The DCF hotline telephone numbers and addresses are provided to the residents in the Resident Handbook and the PREA brochures. All youth are required to sign for receipt of the resident handbook and the PREA pamphlet.

The Nurse Practitioner confirmed during interview that all medical procedures will be performed to the victim at no cost and the auditor reviewed the MOA with the Massachusetts Department of Public Health. This includes advocate support services through the Northeast Regional Rape Crisis Centers. The Northeast Regional Rape Crisis Center will provide the victim with an advocate that will accompany the youth to the hospital and provide support throughout the examination and investigative process.

Reviewed documentation to determine compliance:

- DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with Massachusetts Department of Public Health
- MOA with Lawrence General Hospital
- MOA with Northeast Regional Rape Crisis Center
- MOA with Massachusetts State Police

Interviews:

- Interview with Program Director
- Interview with Agency PREA Coordinator
- Interviews with representative from Department of Early Education Center
- Interview with representative from Department of Children and Families
- Interview with DYS Director of Investigations
- Interview with representative from Lawrence General Hospital
- Interview with representative from Northeast Regional Rape Crisis Center

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) states that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be reviewed by the Program Director and either the PREA Compliance Manager or one of the members from the administrative team. It requires that the allegations, that may be criminal in nature, be referred to law enforcement and provides clear guidance for when DYS may conduct an administrative investigation once a referral to law enforcement has been made. All DYS staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Massachusetts law. The facility reported no allegations of abuse during this audit period. There were no allegations to refer to the law enforcement for investigation. There were no allegations of sexual harassment reported by the program. DYS policy requires reporting of sexual harassment allegations that do not rise to the level of sexual harassment as defined by the PREA standards (the standard specifically state "repeated" as a condition of the definition). DYS, as a whole, is intentionally reporting and investigating single occurrences of sexual harassment in order to improve the conditions of confinement at the facility as they relate to PREA compliance. This practice clearly exceeds the requirement of this standard.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with Massachusetts State Police
- MOA with Massachusetts Department of Early Education and Care

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with DYS Director of Investigations
- This auditor attempted to speak to a representative from the Massachusetts State Police

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth, 01.05.08 Sexual Harassment Policy for Commonwealth of Massachusetts Employees, and 03.04.09 Prohibition of Harassment and Discrimination Against Youth meet all aspects of this standard and are incorporated into the DYS power-point training received by all staff. All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the PREA policies, their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection. Documentation was provided to this auditor confirming staff completes a post-training test to confirm understanding of the material presented. Contract employees and volunteers complete the training. The training curriculum utilized by the facility meets all aspects of this standard as follows:

1. Agency's zero tolerance policy for sexual abuse and sexual harassment –01.05.07(d); pg. 1-2.
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures –01.05.07(d); pg.1-2.
3. Youth's right to be free from sexual abuse and sexual harassment –01.05.07(d); pg. 5-6.
4. The right of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment –01.05.07(d); pg. 1.
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities –01.05.07(d); pg. 3-5.
6. The common reactions of sexual abuse and sexual harassment juvenile victims—01.05.07(d); pg. 5-9.
7. How to detect and respond to signs of threatened and actual abuse – Throughout the slides.
8. How to avoid inappropriate relationships with youth –01.05.07(d); pg. 2, and pg. 12-13.
9. How to communicate effectively and professionally with youth, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming youth –01.05.07(d); pg. 13.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities – 01.05.07(d); pg. 5.
11. Relevant laws regarding the applicable age of consent – 01.05.07(d); pg. 1.

During the on-site portion of this audit, it was noted that posters were posted throughout the facility to educate both the staff and youth on PREA policies. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors. Posters and brochures are both in English and Spanish.

The Pre-Audit Questionnaire documented that all staff currently employed were trained and retained on the PREA requirements during the past year. Interviews with staff members also confirmed they received the training and understood the material that was covered in the training they received. This auditor was able to review the Training Rosters and confirmed they had appropriate staff members'

signatures and noted if they understood training they reviewed. The facility provided documentation that indicated staff members were, and are, trained as stated and required. These training records for all employees were reviewed by this auditor.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 01.05.08 Sexual Harassment Policy for Commonwealth of Massachusetts Employees
- Massachusetts DYS Policy 03.04.09 Prohibition of Harassment and Discrimination Against Youth
- PREA Training Curriculum
- Mandated Reporter Curriculum
- Random Employee files

Interviews:

- Interview with Facility PREA Compliance Manager
- Interviews with random staff

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) pg.14 states that volunteers and interns who have contact with youth shall receive training on this policy either through Basic Training or on the Volunteer Orientation Training. The PREA training is a review of the DYS PREA policy. They shall receive instruction regarding facility policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with youth. Volunteers and interns must sign an acknowledgement that they received and understood the training. Documentation of contractors or volunteers training and signed acknowledgements were provided to this auditor. Contract education staff members attend the DYS PREA training.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Volunteer Orientation Training Curriculum
- Signed Training Acknowledgement of a contracted employee

Interviews:

- Interview with contracted employee

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No

- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d)--Prevention of Sexual Abuse and Sexual Harassment of Youth states that within 24 hours of arrival at the facility, during the DYS Intake Process, employees shall notify every youth of the protections contained in this policy, using the youth orientation materials. The information shall address:

1. DYS policy pertaining to zero-tolerance for sexual misconduct
2. What constitutes sexual misconduct
3. Facility's program for prevention of sexual misconduct
4. Methods of self-protection
5. How to report sexual misconduct and retaliation
6. Protection from retaliation
7. Treatment and counseling

The policy states that all education and information shall be provided in formats accessible to all youth including those who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as youth who have limited reading skills. DYS has a contract with Interpreters and Translators, Inc. They provide services for the blind and deaf by utilizing Braille for the visually impaired youth, and a hearing specialist will be provided for the deaf residents. This was verified by this auditor during a phone call with a representative from Interpreters and Translators, Inc.

The policy also states that during the DYS intake presentation; Policy on the Youth Grievance Process; Policy on the Prevention of Sexual Abuse, Sexual Exploitation and Sexual Harassment of Youth; notification of the Department of Children and Families Child at Risk Hotline 1-800-792-5200; numbers for the Massachusetts Rape Crisis Programs; resources for sexually exploited youth are given to residents. This information also includes the residents right to be free from sexual abuse, sexual harassment, and retaliation. DYS policies are introduced, response procedures, and direction on how to report an allegation is explained during the comprehensive review. This auditor viewed the PREA slideshow, reviewed the PREA brochures and pamphlets that are being read and given to the residents. This auditor observed PREA posters throughout the facility in English and Spanish with the Department of Children and Families Child at Risk Hotline numbers and the Massachusetts Rape Crisis Center numbers and addresses. After

the PREA slideshow and the PREA brochures, pamphlets and resident handbook, they ask the residents if they understood the information received. The phone numbers and addresses are also listed in the Resident Handbook and the PREA brochures.

There are several reporting methods provided to the residents as is discussed in the PREA brochures and pamphlets. The PREA information is also posted in each housing unit or the wall by the phones in both English and Spanish. Posters are also visible throughout the facility reminding residents regarding zero tolerance towards all forms of sexual abuse, sexual assault, and sexual harassment. This auditor received documentation of resident's participation in the comprehensive education including the signed acknowledgment form.

This is documented in the youth's electronic case file, copies of all youth's signed acknowledgements were provided to this auditor. This document is available in English and Spanish. This initial handout is reviewed with youth by intake staff and the youth signs an acknowledgement that they understood the material presented. All youth interviewed were aware of the right to be free from abuse and multiple means of reporting abuse. All youth entering any DYS operated or contracted facility receives the education. All youth interviewed reported having received the education slideshow on multiple occasions. Posters in both English and Spanish were clearly visible on all housing units and throughout the facility.

Intake staff members who were interviewed reported each resident admitted into the facility received PREA tolerance policy, PREA slideshow, and reviewing and providing each resident with the Resident Handbook and PREA brochure. This auditor reviewed six (6) resident files during the on-site portion of this audit and all six (6) files reviewed contained a signed copy of the acknowledgment form noting the resident received the PREA education on the day of admission.

All residents interviewed confirmed they received comprehensive PREA education during their intake on their first day at the facility. They also acknowledged viewing the PREA slideshow, receiving the Resident Handbook, and the PREA brochure. Residents also stated that their clinical staff conduct regular check in regarding their safety and services that are available to them. There was one (1) cognitively deficient resident that was interviewed who stated that staff read all of the PREA material to him; showed him the PREA slideshow; explained the grievance process and how to fill out the grievance form. He said that he can ask for assistance from his staff or the teachers and they help him. He said he understood the material.

Interview with intake staff members confirmed all PREA education information is communicated orally, in a video, and in writing in a language clearly understood by the resident during the intake process. Language assistance resources are available through interpreter services. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, Resident Handbook and PREA brochures. All residents view the PREA slideshow on a monthly basis. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA brochures.

Reviewed documentation and verification:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Youth Education Program Curriculum including PREA slideshow
- Youth PREA Orientation Acknowledgement Form
- Youth 24 hour Education Sign Off
- Posters for Reporting and Education in Spanish and English
- MOA with Interpreters and Translators, Inc.
- Resident files
- Tour of the facility

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Intake staff
- Interview with clinician who performs PREA Education
- Interview with a representative from Interpreters and Translators, Inc.
- Interviews with random residents
- Interview with the cognitively deficient resident

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
  ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
  ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
  ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states DYS investigators do not conduct criminal investigations for allegations of sexual abuse and assault. Criminal investigations are conducted by the Massachusetts State Police and the Department of Early Education and Care (EEC). A Memorandum of Agreement (MOA) is in place with the EEC and the MOA specifically requests that the agency comply with the relevant PREA standards. Documentation was provided of efforts to enter into a MOA with the State Police. Documentation of training for DYS Investigators was provided to this auditor. DYS Investigators have completed a variety of trainings regarding investigations as well as specific training related to interviews and interrogations of juveniles in institutional settings. Interview with DYS Director of Investigations confirmed the training they received and that they do no conduct criminal investigations.

There have been zero (0) cases of allegations during the past twelve (12) months.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with the Department of Early Education and Care (EEC)

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with Representative from Early Education and Care (EEC)
- Interview with DYS Director of Investigations

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
  ☐ Yes ☐ No ☒ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that DYS shall ensure its investigators receive specialized training in conducting sexual abuse investigations to the extent such investigations are done by these investigators. Such training includes:

a. Techniques for interviewing juvenile sexual abuse victims
b. Proper use of Miranda and Garrity warnings
c. Criteria and evidence required to substantiate a case for administrative action or prosecutorial referral

This was confirmed during interview with DYS Director of Investigations. The Investigator stated that they have received extensive training in these areas.

Medical staff do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Lawrence General Hospital by a SANE. A MOA is in place with Lawrence General Hospital that confirms a SANE completes forensic examinations. This auditor was able to interview a representative from Lawrence General Hospital who confirmed forensic examinations are conducted at Lawrence General Hospital by a SANE in the event of an incident of sexual abuse.

This auditor received and reviewed medical and mental health staff training records, training certificates and sign off acknowledgement forms. In addition, interviews with medical and mental health staff confirmed they had received and understood the specialized trainings they received specific to their job title.

Per DYS Policy and Procedure 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth, medical and mental health staff also received the PREA training that all staff members at the facility are required to complete on an annual basis. Medical and mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response. This auditor was able to review medical staff and mental health

staff training records to confirm they received and successfully completed the annual PREA training that all staff members are required to complete.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with Lawrence General Hospital
- Employee Training Curricula
- Training logs

Interviews:

- Interview with DYS Director of Investigations
- Interview with Nurse Practitioner
- Interview with clinician
- Interview with representative from Lawrence General Hospital

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No

- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or

identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained during classification assessments? ☒ Yes ☐ No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth and DYS Policy and Procedure 03.04.09 –Prohibition of Harassment and Discrimination Against Youth addresses the standards related to screening youth for risk of victimization and abusiveness. These address the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered within seventy-two (72) hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or toward a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly. The two practices utilized by DYS far exceeds the seventy-two (72) hours allotted to the standard. Youth are administered the "Dialogue Tree" immediately upon admission by intake staff. Within twenty-four (24) hours, but usually on the day of admission, clinical staff perform the full screening of youth using the Vulnerability Assessment Instrument. The Management System (JJEMS) is a state-wide database of information on all youth committed to DYS and is available to contract vendors as well as state operated programs. Access to screening information is limited to clinical staff and a limited number of upper-level administrators.

All residents are reassessed immediately upon an allegation and there is a reassessment that is conducted every six (6) months that the resident is in program. These reassessments are conducted by the Clinical Director or clinician and entered into JJEMS. Clinicians also reassess every resident any time they leave the facility for a medical appointment or court. This auditor reviewed all reassessments of current residents and confirmed that reassessments were completed. This auditor conducted an interview with the staff performing the screening and as advised each resident must be carefully screened and every evaluation should be unbiased, results should be based on the communication between staff conducting the review and the resident's own perceptions and responses to questions.

During the past twelve (12) months, there were twenty-nine (29) residents admitted whose length of stay in the facility was for seventy-two (72) hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within seventy-two (72) hours by being administered the Vulnerability Assessment Instrument by clinicians. This auditor was able to confirm the Vulnerability Assessment is completed upon intake immediately after the PREA education upon intake by interviewing the clinicians who complete the form and by reviewing the database in JJEMS. Clinicians who complete the Vulnerability Assessment interviewed understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse.

DYS Policy 01.05.07(d)-Prevention of Sexual Abuse and Sexual Harassment of Youth and DYS Policy 03.04.09-Prohibition of Harassment and Discrimination Against Youth states that the facility must ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearances or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.

This auditor was able to review the Vulnerability Assessment that is used to screen residents and confirmed this form captures the information required for this standard. This auditor was able to review the JJEMS database that logs the Vulnerability Assessment in order to confirm they are being completed within seventy-two (72) hours of intake.

Interviews with the Facility PREA Compliance Manager and clinicians that perform screening for risk of victimization and abusiveness revealed that clinicians interview each resident upon admission and periodically throughout a resident's confinement during individual counseling. Staff that perform screening for risk of victimization and abusiveness also stated they use case history notes and behavioral reports when completing the assessment at intake.

All completed assessments are securely kept on a database and the only persons with access are clinicians and administrative staff. All pertinent necessary information is recorded and communicated to staff members for housing assignments, room assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews with youth confirmed the screening assessment has been completed as noted in the above-mentioned policies, as well as the youth stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse at the facility. Six (6) resident files were reviewed for documentation verifying the risk of assessments were being completed well within the seventy-two (72) hours of intake.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) --Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 03.04.09 --Prohibition of Harassment and Discrimination Against Youth
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Completed Vulnerability Assessment Instruments for six (6) youth
- Review of youth files in JJEMS

Interviews:

- Interview with Facility PREA Compliance Manager
- Interviews with clinicians who complete the Vulnerability Assessment
- Interviews with youth

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DYS Policy 01.05.07(c) -Prevention and Responding to Sexual Abuse, Sexual Exploitation and Sexual Harassment of Youth states supervisory employees in all programs shall be proactive in the prevention of sexual abuse, sexual exploitation and harassment when making roommate and bedroom selections for youth. Factors staff should consider include compatibility of youth's chronological age, maturity, gang affiliation, level of sophistication, functioning level, size, strength, disabilities, infirmities, behavioral history, and detaining or committing offenses. Employees shall consider every request by a youth for a room change and discretely inquire whether the youth is feeling unsafe. If the youth reports feeling unsafe the employee should bring this to the attention of a supervisor and clinician for further review per policy on page 14 of 15. The risk assessment tool asks each resident their thoughts on placement and any concerns youth may have. The Clinical Director or clinician will complete the accommodation recommendation based on the information gained from the Intake Assessment. This will be provided with pertinent information to keep youth safe. This auditor reviewed all Intake Assessments to verify that the staff reviewed if youth was changed with or adjudicated on a sexual offense, if the youth has a history of sexually aggressive behaviors and that the accommodation recommendations were completed for each youth. Reassessments are conducted by the Clinical Director or clinician every six (6) months and entered into JJEMS. Clinical staff also conduct reassessments every time a resident leaves the facility for a court trip or medical trip. This was verified by this auditor.

Massachusetts DYS Policy and Procedures 02.02.01(b) Treatment Plans, and DYS Policy and Procedures 03.04.09 Prohibition of Harassment and Discrimination Against Youth pertains to screening/assessing residents at intake states that youth who are determined as a potential risk will not be singled out, however

will be closely monitored by the staff and their behavior will be evaluated throughout their stay. Housing decisions for each youth will be based on the risks determined by the intake screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all youth safe and free from sexual abuse.

a. Youth shall not be placed in particular housing based on identification alone or status. Nor shall identification or status be used as an indicator of possible sexual abusiveness.

b. All housing placements will be made with the sole intention of ensuring the youths' health and safety.

c. Transgender or Intersex resident's safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex's own views, with respect to his or her own safety, shall be given serious consideration.

d. Transgender or Intersex resident shall follow the standard detention center operating procedures in regards to showering separately.

Isolation, as it relates to this standard, is not authorized under DYS policy and was not used during this audit period. There is a policy, DYS Policy and Procedure 03.03.01(a) in place to cover this standard. Involuntary room confinements, as isolation referred to in DYS, is not authorized for the purposes described in this standard. DYS Policy and Procedure 03.04.09 prohibits youth from being assigned to a housing unit based solely on gender identity and sexual orientation from being used as a risk factor for abusiveness. DYS has a policy in place that allows for youth to be assigned to male and female facilities regardless of birth gender. Interviews with youth and staff confirmed compliance with this standard.

Interview with clinical staff stated that they look at the age, size, history, potential risk factors in making a bed assignment. They inform staff of any potential risk factors which also determined the programming assignment and shower time. She stated they also ask each resident if they have any special needs or accommodations.

There were no youth in the facility during the audit that identified themselves as LGBTI. All of the youth files this auditor reviewed, none of the residents were identified as sexually vulnerable from the Vulnerability Assessment Instrument.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 02.02.01(b) Treatment Plans
- Massachusetts DYS Policy 03.03.01(a) Involuntary Room Confinement
- Massachusetts DYS Policy 03.04.09 Prohibition of Harassment and Discrimination Against Youth
- Vulnerability Assessment of six (6) youth
- Housing Logs

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with clinician who conduct risk screening
- Interviews with youth

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth has established procedures for allowing multiple internal ways for youth to report privately to officials regarding sexual abuse, sexual harassment, and staff neglect. The documentation showed several ways for youth to report sexual abuse, sexual harassment, or retaliation. These are:

- Verbally to any employee
- In writing through a grievance form using the Youth Grievance Process
- In writing or verbally to any third party who may file a grievance in accordance with the Youth Grievance Process
- Verbally through the DCF Child at Risk Hotline
- Parents

All youth interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Resident information is delivered to the residents through the intake process, PREA education including PREA slideshow, Resident Handbook, and PREA brochures and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment. Additionally, the youth understood the grievance process. All knew where to find the DCF Hotline number to report abuse outside of the agency. None of the youth interviewed had ever reported sexual harassment sexual abuse, or any form of abuse while in DYS custody. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units in English and Spanish with the information.

There was a PREA box located in the front entrance for parents, visitors, contractors and staff to submit a form pertaining to any abuse allegations. Forms are available in English and Spanish. This PREA box is checked on a daily basis. There is a PREA box by the bathroom by both housing units and one in the school area. These boxes are checked on a daily basis.

Staff members interviewed were also knowledgeable of the various ways youth and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they

are mandated reporters of abuse per DYS Policy and Procedure 01.05.04(d), and the laws of the Commonwealth of Massachusetts. All staff interviewed were aware of their obligations as mandated reporters.

There were no youth at the facility solely for civil immigration purposes. However, during the interview with the Program Director, it was determined they would provide the youth information on how to contact relevant officials at the Department of Homeland Security to report sexual abuse and/or harassment.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 03.04.01 Youth Grievance Process
- Massachusetts DYS Policy 03.04.04(c) Residential Visitation Policy Incorporating Family Engagement Principles
- Telephone Policy
- Posters in facility

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with youth

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 03.04.01 complies in full with this standard. There were no incidents of sexual abuse, sexual harassment, or retaliation filed using the grievance process in the past twelve (12) months. No grievances by youth or third-parties were filed alleging sexual abuse, harassment, or retaliation. Although the policy complies with the standard, a grievance filed that alleges that sexual abuse occurred or alleges an imminent threat would immediately trigger the agency's PREA response procedures. A review of grievance records and interview with the PREA Compliance Manager confirms that there were no grievances filed related to sexual abuse during this audit period.

All youth interviewed were aware of the grievance procedures. Youth have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. If a youth filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy.

All staff interviewed were able to describe steps they would take to protect a youth from threatened abuse.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 03.04.01 Youth Grievance Process
- Grievance Form
- Files of six (6) youth

Interviews:

- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with youth

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing

addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No

- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedure -1.05.07(c) -Prevention and Response to Sexual Abuse, Sexual Exploitation and Sexual Harassment of Youth states that information presented to youth shall include, but is not limited to, the following: the DYS approved presentation; Policy of the Youth Grievance Process; Policy on the Prevention of Sexual Abuse, Sexual Exploitation and Sexual Harassment; notification of the Department of Children and Families Child at Risk Hotline 1-800-792-5200; numbers for the Massachusetts Rape Crisis Programs; resources for sexually exploited youth. This information is also provided to each resident with phone numbers and addresses in the Resident Handbook, PREA brochures and pamphlets that are given to residents. This information is also provided to all residents via Department of Public Health posters that are displayed in all living units and common areas throughout the facility. These posters are in English and Spanish and are also located on the wall next to the phone. This includes information regarding outside victim advocates for emotional support services related to sexual abuse, sexual assault, and sexual harassment. There is a MOA with the Department of Public Health with all Massachusetts Rape Crisis Centers.

Massachusetts DYS Policy and Procedure 03.04.04 (c) Residential Visitation Policy Incorporating Family Engagement Principles addresses access to these services. A statewide Memorandum of Understanding exists for the provision of these services. The policy outlines that the facility will provide youth with access to confidential emotional support services. Information is provided to youth via Department of Public Health posters that are on display in all living units and common areas throughout the facility. These display the telephone number and mailing address for juveniles to contact.

A state-wide Memorandum of Agreement with the Department of Public Health states that when a youth is taken to the hospital, the hospital will comply with all Massachusetts Sexual Assault Nurse Examiner Program protocols. The hospital will notify the Rape Crisis Center to respond to the hospital any time that a sexual assault patient has arrived, regardless of SANE involvement. In addition to residents receiving PREA brochures, there are numerous posters posted around the facility with telephone numbers and addresses of rape crisis centers. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility.

Interviewed youth were aware of how to access outside agencies through hotlines; and all of them stated they would have access to a telephone if they needed to report anything. All youth interviewed acknowledged ready access to contact with their families (free telephone calls) and the ability to contact their lawyer if they so desired. There were no residents who were victims of sexual abuse to interview during the on-site portion of this audit.

All staff interviewed were aware of how youth can access outside agencies through the hotlines.

All residents interviewed stated that they were aware of the hotline numbers and the Rape Crisis numbers. They stated that this information is in their handbook, on PREA brochures, pamphlets and on all PREA posters in the facility. They all stated that they feel confident these services would be useful. They all stated that they would have access to a telephone if they needed to report anything. All youth interviewed acknowledged ready access to contact their families (free telephone calls) and the ability to contact their lawyer if they so desired. There were no residents who were victims of sexual abuse to interview during the on-site portion of this audit. This auditor reviewed the MOA the Department of Public Health has with the Massachusetts Rape Crisis Centers.

All staff interviewed were aware of the PREA posters with phone numbers and addresses of the hotline and the Rape Crisis Centers which are posted throughout the facility. All staff members interviewed also stated that this information is also posted by the residents' phone. They all acknowledged that if a resident makes a request to call any of these numbers they would put the call through for them.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 03.04.04 (c) Residential Visitation Policy Incorporating Family Engagement Principles
- MOA with the Massachusetts Department of Public Health
- Telephone Policy
- Department of Public Health posters
- Youth PREA Intake Brochure

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with youth
- Interview with representative from Lawrence General Hospital

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth describes third-parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys shall be accepted reporters of any sexual abuse and/or sexual harassment reports. There were no reported instances of third-party reporting during this audit period. DYS's public record website lists the Department of Child and Families (DCF) hotline number to call if sexual abuse or harassment is suspected.

A PREA box is located in the front entrance for parents, visitors, contractors, volunteers, and staff to report any sexual abuse or sexual harassment. Forms are in English and Spanish and located next to the box. The PREA box is checked on a daily basis. There is a PREA box by the bathroom by both housing units and one in the school area. These are also checked on a daily basis.

Interviews with residents confirmed they are aware of who third-parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.

All staff interviewed acknowledged that they would accept a third-party of abuse and respond in the same manner as if they had witnessed the abuse themselves.

Reviewed documentation to determine compliance:

- DYS public website
- PREA posters
- PREA boxes

Interviews:

- Interviews with randomly selected staff
- Interviews with youth

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that all staff must, immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the administration. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately. All staff and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff interviewed were aware of their obligations as mandated reporters.

All staff members interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the DCF hotline. All staff members interviewed were aware that they must immediately contact their supervisor to report any information related to sexual abuse or sexual harassment and report the allegation to the DCF hotline. Interviews with staff members (including mental health and medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.

Mental health and medical staff interviewed indicated that disclosure is prohibited to residents regarding limitation of confidentiality and their duty to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also called into the DCF hotline to be investigated. Staff interviews also discussed completing Mandated Reporter training on an annual basis.

All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the DCF hotline for investigation. DCF will determine if the information meets the requirements to register a report for investigation. It should be noted: all staff members (including medical staff and mental health staff) are trained to treat third-party reports the same as if they witnessed the incident themselves when receiving a report from a third party.

Interviews with the Program Director, Facility PREA Compliance Manager, and staff members (including medical staff and mental health staff) confirmed they are aware of how to report and allegation and were aware all allegations are investigated by DCF and all criminal investigations are investigated by the Massachusetts State Police.

There have been no incidents or reports of sexual abuse or sexual harassment in the past twelve (12) months.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Training Logs
- PREA posters

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interview with the Nurse Practitioner
- Interview with clinician

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedure 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth addresses the requirements of this standard. The policy and the facility's institutional plan require an immediate response should a youth be determined to be at imminent risk of sexual abuse or assault; it shall take immediate action to protect the youth.

The Regional Director was interviewed regarding the protective action the facility has taken when learning that a resident is subject to substantial risk of imminent sexual abuse. The facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another facility or making a housing unit change if the abuser is a staff member. The staff member could also be removed from the housing unit or placed on Administrative Leave pending an investigation. The Regional Director stressed the safety of the resident as the top priority.

An interview with the Program Director confirmed staff members would be expected to act immediately to separate the resident at risk from potential abusers. In addition, she reported a Safety Plan would be developed and implemented to ensure the safety of the resident at risk. The Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a housing unit and/or room change if necessary.

There were zero (0) youth that the facility determined was subject to substantial risk of sexual abuse during the past twelve (12) months; where a youth was at substantial risk of imminent sexual abuse. All staff members interviewed were able to articulate what immediate means that they would use to protect youth should this occur. These included immediately calling for a supervisor to respond to the location; keeping the youth under arms-length supervision until the supervisor arrives; and, if necessary, based on the imminent nature of the threat, securing the youth alone in a room. All staff member stated they would act immediately. If the aggressor was a staff member, interview confirmed that the staff member would be removed or terminated.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Institutional Plan for Alleged Sexual Abuse

Interviews:

- Interview with DYS Regional Director
- Interview with the Program Director
- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedure 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that any DYS state or contracted provider, employee, intern, or volunteer in an Overnight Arrest (ONA), residential or community placement who learns of or suspects alleged sexual boundary violations, sexual abuse, or sexual harassment within an ONA or residential placement shall immediately report the information to the Program Director and either the PREA Compliance Manager or one of the members from the administrative team where the allegation occurred. Such initial report may be verbal, but the reporter must also complete a written incident report prior to the end of the shift. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. All allegations will be reported to the Department of Children and Families (DCF).

The facility advised that it did not receive any reports of youth being sexually abused at another confinement facility during the audit period and therefore had no documentation to show this auditor regarding such actions.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Pre-Audit Questionnaire

Interviews:

- Interview with Agency PREA Coordinator
- Interview with the Facility PREA Compliance Manager

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedure 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policy. The first staff member to respond to the scene shall be required to:

1. Separate the victim and alleged abuser
2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence
3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating
4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
5. Notify the Program Director or designee and document the incident
6. Transport to Lawrence General Hospital

All staff interviewed could articulate the steps they would take as a first responder. Their responses were consistent with the Prevention of Sexual Abuse and Sexual Harassment of Youth Policy.

There were no reported incidents of sexual assault during the past twelve (12) months therefore there is no documentation of staff performing these duties.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth

Interviews:

- Interview with the Program Director
- Interview with the Facility PREA Compliance Manager
- Interviews with randomly selected staff

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There have been no incidents in the past twelve (12) months that require the use of the Coordinated Response. A copy of the facility's Institutional Plan was provided to this auditor. The plans provide clear and concise directions for response to any alleged PREA violation. Interviews with the Program Director, Direct Care Staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in regards to an incident or allegation of sexual assault. All staff interviewed were aware of their program's Institutional Plan and where to locate the document.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Facility Institutional Plans

Interviews:

- Interview with Program Director
- Interview with the Nurse Practitioner
- Interview with Mental Health Staff
- Interviews with randomly selected staff

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedure 01.05.04(d) Code of Employee Conduct states that effective August 20, 2012, DYS will not renew or enter into a collective bargaining unit agreement that limits the ability of the facility to remove alleged staff sexual abusers from contact with any youth pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The current collective bargaining agreement was reviewed by this auditor. There is nothing in the collective bargaining agreement that would violate this standard. DYS Policy and Procedure 01.05.04(d) specifically authorizes DYS to protect youth from contact with alleged abusers up to and including staff without pay.

During the interview, the Program Director stated that any time there is an allegation, a safety plan for the specific youth, and all the youth, is put into place; and this always includes removing the staff person from contact with the youth or all youth depending upon the allegation or placing the staff member on Administrative Leave until the investigation is complete. There was one (1) allegation that was reported where the staff member was immediately placed on Administrative Leave. The staff is currently out on Administrative Leave.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy and Procedure 01.05.04(d) Code of Employee Conduct
- Union Contract with AFSCOME, NAGE, MNA, SEIU

Interview:

- Interview with the Program Director

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedure 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations pertaining to sexual abuse and harassment from retaliation by other staff or residents.

Protective measures may include unit changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting abuse, sexual abuse, and/or sexual harassment or for cooperating with investigations. The Program Director is the person responsible for monitoring retaliation against staff or youth. Monitoring at the facility will continue for at least ninety (90) days following a report of sexual abuse. Items that will be monitored include any youth disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

There were no reported allegations of sexual abuse or assault thus there were zero (0) incidents of retaliation, known or suspected, during the past twelve (12) months. This was confirmed via phone with the DYS Director of Investigations. During interview with Program Director, she stated they would conduct daily check ins with youth, read the logbook, look for any changes in behavior of youth, review all disciplinary logs and observe youth's interactions with everyone for signs of retaliation.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Pre-Audit Questionnaire

Interview:

- Interview with the Program Director
- Phone interview with DYS Director of Investigations

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 03.04.09 Prohibition of Harassment and Discrimination Against Youth states segregated housing of youth to keep them safe from sexual misconduct is not used and is prohibited. The facility did not use segregation or isolation for the purpose of this standard during this audit period. There were no reported instances of sexual abuse during this audit period. Interviews with the Program Director confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a youth could be segregated or isolated.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 03.04.09 Prohibition of Harassment and Discrimination Against Youth
- Tour of the facility

Interview:

- Interview with Program Director

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? ☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states all allegations are called into the DCF hotline. The Department of Children and Families, Department of Early Education Center, and the DYS Director of Investigations or his/her designee shall investigate all allegations of sexual boundary violations, sexual abuse and/or sexual harassment, and retaliation for reporting such allegations or cooperating with an investigation. The investigation will include an effort to determine whether employee's actions or omissions contributed to the allegations.

As noted in DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth, LAKESIDE does not complete investigations for allegations of sexual abuse or sexual harassment. These investigations are completed by EEC, DCF or DYS investigators.

Interviews with representatives from EEC. DCF and DYS Director of Investigations confirmed that all staff that complete investigations of sexual abuse and sexual harassment at DYS facilities receive training specific to juvenile sexual abuse victims. They were all able to describe the training in detail to this auditor during my interview with them. Representatives from EEC, DCF and DYS noted all evidence gathered during the course of an investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary. Each representative stated the investigators gather and preserve direct and circumstantial evidence, interview alleged victims, suspected predators, and witnesses during the course of an investigation. In addition, all reports and video footage of the allegation is also reviewed by investigators during an open investigation. Interviews with representatives from EED, DCF and DYS each confirmed investigations are not terminated because the source of the allegation recants the allegation. Each representative stated the investigation would continue until a determination is made. Representatives from each agency stated that whenever evidence supports criminal prosecution, the investigation would be turned over to the Massachusetts State Police.

Interviews with representatives from EEC, DCF and DYS noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff member. They all stated that investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.

There was one (1) resident who were alleged victims of sexual abuse to interview. The resident was interviewed but would not speak of the incident. This is currently under investigation.

Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report is sent to the Program Director at the conclusion of an investigation and clearly notes if the allegation is substantiated, unsubstantiated, or unfounded. All substantiated allegations of sexual abuse are referred to the Massachusetts State Police. During the past twelve (12) months, there were no allegations of sexual abuse referred to the Massachusetts State Police for prosecution.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth notes all files are kept as long as the alleged abuser is within DYS custody, if a youth, or employed by the agency, plus five (5) years. This was confirmed with the Agency PREA Coordinator and DYS Director of Investigations.

The DYS Director of Investigations noted the departure of an alleged or abuser or victim from employment or control of the facility/agency does not provide a basis for terminating an investigation. He stated the investigation would continue until a determination is made.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth notes the facility will cooperate with outside investigators and will remain informed of the investigation process. The Program Director stated that he maintains contact with each agency during an open investigation via telephone calls, e-mails, and on-site visits.

There was one (1) allegation of sexual abuse or sexual harassment during the past twelve (12) months. The one (1) allegation is currently under investigation and staff was immediately placed on Administrative Leave. Interviews with the Program Director and DYS Director of Investigations confirmed this and confirmed the protocols in place for criminal and administrative investigations.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with Massachusetts State Police

Interviews:

- Interview with Program Director
- Interview with the Agency PREA Coordinator
- Interview with DYS Director of Investigations
- Interview with representative from Department of Children and Families
- Interview with representative from Early Education Center

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **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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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states DYS Investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no administrative investigative reports for alleged sexual harassment to confirm the evidentiary standard is being followed. Reports from other DYS investigations confirm compliance by DYS Director of Investigations.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Pre-Audit Questionnaire

Interviews:

- Interview with Program Director
- Interview with the Agency PREA Coordinator
- Interview with DYS Director of Investigations

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☐ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that the DYS Director of Investigations or his/her designee shall notify the youth who is the subject of the allegations of decisions on the merits of the allegations being investigated by the DYS Investigations Unit and law enforcement and any time extensions for the completion of the decision and document such notifications in JJEMS progress notes. Such notification shall include whether the:

i. Allegation has been determined to be substantiated, unsubstantiated, or unfounded
ii. Employee or youth alleged to have committed the sexual abuse is no longer within the youth's program or facility; and
iii. Employee of youth alleged to have committed the sexual abuse is indicated and/or convicted on a charge related to sexual abuse due to the youth's allegation.

The Program Director and the Agency PREA Coordinator stated that the youth would be continually informed as to the ongoing status of the investigation, whether it was youth on youth or staff on youth. All notifications are documented.

The facility had no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth

Interview:

- Interview with the Program Director
- Interview with the Agency PREA Coordinator
- Interview with DYS Director of Investigations

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states staff are prohibited from engaging in sexual boundary violations, sexual abuse, sexual harassment and retaliation for reporting such conduct. Sexual misconduct perpetrated by staff is contrary to the policies of the facility and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination. There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a youth by a person in a position of authority over the youth is a felony subject to criminal prosecution. Retaliation against a resident who refuses to submit to sexual activity, or retaliation against individuals because of their involvement in the reporting or investigation of sexual misconduct, is also prohibited and possible grounds for disciplinary action including termination and criminal prosecution. Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.

All dismissals for violations of DYS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be

reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating the facility's sexual abuse or sexual harassment policies during the past twelve (12) months. Additionally, there were no staff disciplined for violations of the PREA Policy. This was confirmed during the interview with the Program Director.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Pre-Audit Questionnaire

Interview:

- Interview with the Program Director
- Interview with DYS Director of Investigations

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.10.01(a) Volunteer and Intern Services states that DYS shall immediately prohibit youth contact by a contractor, intern or volunteer, and/or discontinue an volunteer or intern activity, that threatens the security or the safety of a youth, employee, and/or the volunteer including acts that are in violation of this policy; or fail to follow applicable training. The Pre-Audit Questionnaire indicated that there were no contractors, interns, or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.

The Program Director stated that the facility would immediately remove the contractor, intern, or volunteer from the facility and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors, interns, or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.10.01(a) Volunteer and Intern Services
- Pre-Audit Questionnaire
- Signed training acknowledgement of a contractor

Interview:

- Interview with the Program Director
- Interview with the Agency PREA Coordinator
- Interview with a contractor

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No

- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that after investigation, if it is determined that a youth intentionally made false allegations and did not act in good faith based upon a reasonable belief, program behavior management systems should be utilized to address the youth's behavior. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Disciplinary action must be administered in a fair, impartial, and expeditious manner. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse.

Interviews with the Program Director, Clinical Director, and a mental health staff confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse.

Reviewed documentation to determine compliance: In addition, the Clinical Director stated the resident's mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a substantiated or unsubstantiated finding to ensure appropriate discipline was imposed.

Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.

Interviews with medical and mental health staff were conducted by this auditor during the on-site portion of this audit. The interviews confirmed LAKESIDE does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The mental health staff stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

There were no incidents of resident-on-resident sexual abuse that occurred during the past twelve (12) months.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth states the facility may only discipline a youth for sexual contact with staff upon finding that the staff member did not consent to

such contact. Interview with the Program Director confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse during the past twelve (12) months. The Program Directors also confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. The Program Directors also noted that any suspicion of possible sexual abuse is reported to the DCF hotline for investigation.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Youth Handbook

Interview:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with clinician
- Interview with Nurse Practitioner

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that youth admitted to the facility are seen by medical staff within twenty-four (24) hours of arrival. Staff performing a youth's intake utilize a standard screening tool to determine if a youth has any immediate and/or emergency medical or mental health needs. If the youth experienced any prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an Overnight Arrest (ONA), residential, or community placement, the youth will be offered a follow-up meeting with a clinical staff or a medical staff within fourteen (14) days of intake. These assessments are documented in medical clinical notes. Any time an allegation of sexual abuse occurs, the youth will be taken to Lawrence General Hospital to be seen by a SANE nurse without financial cost to the youth. Upon return from the hospital, the medical staff is to assess for any lingering, acute, or on-acute physical injuries, as well as any psychological impact of the victimization.

There were no residents admitted during the past twelve (12) months who previously perpetrated sexual abuse. Therefore, there was no documentation on file to review. This auditor reviewed randomly selected resident files to confirm there were no residents admitted into the facility who previously perpetrated sexual abuse. However, this auditor interviewed a clinician who was able to confirm the referral process whenever it is noted a resident previously perpetrated sexual abuse during the intake screen. She stated the resident would be referred for an assessment immediately and would be seen within twenty-four (24) hours by a clinician of an assessment.

Interviews with the Program Director, Agency PREA Coordinator, medical staff and clinicians confirmed any information for the intake screen is limited to medical and clinical staff. The access is limited in JJEMS and line staff do not have access.

During interviews with medical staff, clinicians and intake staff, it was noted they are mandated reporters and are required by law to report any information they receive from a resident relating to sexual abuse. All staff members interviewed stated they inform the resident upon intake of their reporting duties.

During interviews with the Program Director and intake staff, all indicated they are aware that youth reporting prior sexual victimization or prior sexual aggression are to be referred for a follow-up meeting with medical and mental health staff within fourteen (14) days of intake. They related that services that are offered include evaluations, developing a treatment plan, and offering on-going services. Interview with medial staff confirmed that screening includes history of sexual abuse. Per medical staff interview, youth have access to all medical services available to youth in the community.

All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility. A review of all youth files noted there were no current youth who have disclosed prior victimization during screening.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Vulnerability Assessment Instrument
- Log of Admissions
- Secondary Medical Documentation
- Files of six (6) residents

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with the Nurse Practitioner
- Interview with Mental Health staff
- Interview with Intake Staff
- Interviews with youth

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately transported to Lawrence General Hospital for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility's trained Sexual Assault Nurse Examiner (SANE) will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. In the event that a youth refuses to be examined at the hospital, such refusal must be properly documented on the appropriate form(s).

The facility's Institutional Plan and DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth requires for all allegations of sexual abuse; the victim be immediately transferred to Lawrence General Hospital to have a forensic examination completed by a Sexual Assault Nurse Examiner

(SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.

LAKESIDE has a MOA with Lawrence General Hospital to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and provide medical/mental health services at no cost to the victim through a MOA with Massachusetts Department of Public Health (MDPH). This MOA was provided to this auditor for review. In addition, this auditor contacted a representative from Lawrence General Hospital to confirm resident victims are referred to their facility and receive the services noted in the MOA.

There were no residents at the facility who reported sexual abuse involving penetration during the past twelve (12) months. Therefore, there were no residents sent to Lawrence General Hospital for a forensic examination.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth states, to preserve evidence, an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, brushing teeth, chewing gum, or eating and drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at the hospital for the gathering of such evidence.

All staff members interviewed confirmed the duties of a first responder and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth states victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

This auditor was able to interview a medical staff at the facility who stated any resident of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at Lawrence General Hospital and also during follow up appointments with medical staff at the facility.

DYS Policy 01.05.07(d) –Prevention of Sexual Abuse and Sexual Harassment of Youth states all medical, mental health and counseling services must be provided at no cost to the youth.

This auditor was able to interviews the Program Director and a medical staff member during the on-site portion of this audit, and a representative from Lawrence General Hospital. All interviewed confirmed that any victim of sexual assault would be referred to Lawrence General Hospital and receive medical and mental health treatment at no cost to the victim.

DYS has a MOA with the Massachusetts Department of Public Health (MDPH) to provide medical/mental health services at no cost to the victim. DYS has a MOA with Northeast Regional Rape Crisis Center. The Northeast Regional Rape Crisis Center is notified by the SANE from the hospital via a state-wide MOA with Massachusetts Department of Public Health. The hospital will notify the Northeast Regional Rape Crisis Center to respond to the hospital any time that a sexual assault patient has arrived, regardless of SANE involvement. The Rape Crisis Center advocate will introduce themselves to the patient and offer their services.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Facility Institutional Plans

- MOA with Lawrence General Hospital
- MOA with Massachusetts Department of Public Health
- MOA with Northeast Regional Rape Crisis Center

Interviews:

- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with Nurse Practitioner
- Interview with Clinical Director
- Interviews with randomly selected staff
- Interview with representative from Lawrence General Hospital
- Interview with representative from Northeast Regional Rape Crisis Center

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-

related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that youth will be offered a follow-up meeting with mental health staff. Victims of sexual abuse, while at the facility, are offered tests for transmitted diseases as medically appropriate treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Interviews with the Program Director, medical staff, and Clinical Director confirmed all residents are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.

Medical and mental health evaluations completed on each resident at the facility include a diagnosis and recommendations. Both medical staff and clinical staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow up services would occur more frequently, and recommendations would include more specific follow up services.

During interview, the Program Director confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow up with the Medical Department. This would occur if the victim was tested at the hospital or not.

There were no incidents of sexual abuse or sexual assault occurring at the facility during the past twelve (12) months. In the event that an incident was to occur, the victim would receive services from the community provider as outlined in the state-wide MOA. All on-going medical care beyond the scope of facility medical staff would be provided by community providers.

Interview with the Clinical Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, the Clinical Director stated that level of the care that a resident receives is consistent with the community level of care.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- MOA with Massachusetts Department of Public Health

Interviews:

- Interview with Program Director
- Interview with Nurse Practitioner
- Interview with Clinical Director

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states within thirty (30) days of the conclusion of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. Reviews must be completed by upper-level management officials and must include input from shift administrators, investigators, health services and clinical employees. In addition, the Review Team must:

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to access whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Location Manager, Program Director, PREA Compliance Manager, and PREA Coordinator.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

The Agency PREA Coordinator stated the Incident Review Team consists of upper level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. Staff stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation. Recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This auditor was provided with a copy of the PREA Sexual Abuse Incident Review template to review.

There were no incidents within the past twelve (12) months that have required an incident review.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Sexual Abuse Incident Review Template

Interviews:

- Interview with the Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interview with Incident Review Team member

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that the Director of Investigations in coordination with the PREA Coordinator shall collect uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th.

An interview with the PREA Coordinator indicated that she keeps detailed records to generate her annual report and/or data required by the United States Department of Justice. There were no allegations of sexual abuse during the past twelve (12) months. The facility has submitted the Annual Sexual Violence form and has it posted on its website.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- 2020 Annual PREA Report
- DOJ 2020 Annual Survey

Interview:

- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth states that the facility shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

1. Identifying problem areas
2. Taking corrective action on an on-going basis
3. Preparing an annual report of its findings and corrective actions for Lakeside

Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of Lakeside's progress in addressing sexual abuse.

The annual report shall be approved by the Commissioner of DYS and made readily available to the public through the DYS website. Specific material is redacted from the reports when publication would present a

clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted.

Upon request, DYS provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed by the PREA Coordinator and posted on the DYS website (most recent survey from 2020). The DYS website was reviewed by this auditor. Massachusetts DYS Policy and Procedures 01.08.02 Information Security Policy addresses the retention requirements of this standard.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 01.08.02 Information Security Policy
- PREA Annual Report (2020)
- DYS website

Interviews:

- Interview with Program Director
- Interview with Agency PREA Coordinator

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained? ☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Massachusetts DYS Policy and Procedures 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth requires that aggregated sexual abuse data is made readily available to the public at least annually through the DYS website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.

The facility's Annual PREA Report is reviewed and approved by the Commissioner of DYS and made available to the public through its website. The PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2020) is posted on the DYS website and was reviewed by this auditor. The Massachusetts DYS Policy and Procedures 01.08.02 Information Security Policy addresses the data requirements of this standard.

Reviewed documentation to determine compliance:

- Massachusetts DYS Policy 01.05.07(d) Prevention of Sexual Abuse and Sexual Harassment of Youth
- Massachusetts DYS Policy 01.08.02 Information Security Policy
- PREA Annual Report (2020)
- DYS website

Interviews:

- Interview with Program Director
- Interview with Agency PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility was audited in 2016 during the third year of the first three-year cycle. The facility was audited on April 11, 2019 and was found to be in full compliance. This audit report is posted on the DYS website. This re-audit occurred during the second year of the 2nd three-year PREA cycle on March 17, 2022.

The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on January 12, 2022), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to this auditor via e-mail. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or youth. This auditor was permitted to and did tour all areas of the facility; and was provided a confidential area of the facility to complete interviews of youth and staff.

The facility has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the DYS website.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire
- Tour of facility
- DYS website
- PREA Audit Notification
- Photographs of PREA Audit Notification

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Final PREA audit reports from the first cycle are posted on the DYS website. The final PREA report was posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the DYS website and an interview with the facility PREA Coordinator.

Reviewed documentation to determine compliance:

- DYS website

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Farooq Mallick April 25, 2022

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.