

Prison Rape Elimination Act (PREA) Audit Report Lockups

☐ Interim ☒ Final

Date of Report August 10, 2018

Auditor Information

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Telephone: 816-699-0244	Date of Lockup Visit: 7/11/18

Agency Information

Name of Agency: Massachusetts State Police		Governing Authority or Parent Agency (If Applicable): Commonwealth of Massachusetts Executive Office of Public Safety and Security	
Physical Address: 450 Worcester Rd.		City, State, Zip: Framingham, MA. 01702	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 508-820-2300		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Massachusetts State Police (MSP) is an agency of the Commonwealth of Massachusetts' Executive Office of Public Safety and Security responsible for criminal law enforcement and traffic vehicle regulation across the state.			
Agency Website with PREA Information: www.mass.gov/eopss/agencies/msp			

Agency Chief Executive Officer

Name: Col. Kerry A. Gilpin	Title: Superintendent
Email: kerry.gilpin@massmail.state.ma.us	Telephone: 508-820-2300

Agency-Wide PREA Coordinator

Name: Det. Capt. Stephen Gawron	Title: Detective Captain
Email: stephen.gawron@massmail.state.ma.us	Telephone: 508-820-2300

PREA Coordinator Reports to: Maj. Christopher Mason		Number of Compliance Managers who report to the PREA Coordinator 0	
Lockup Information			
Name of Lockup: Massachusetts State Police H-3 Foxboro Barracks (H3FB)			
Physical Address: 136 Washington, Street, Rte. 1 Foxboro, MA			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 508-543-8550			
The Lockup Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Lockup Type:	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Court Holding
<input type="checkbox"/> Other			
Lockup Mission: The H-3 Foxboro Barracks (H3FB) Barrack mission, as an agent of the Commonwealth of Massachusetts' Executive Office of Public Safety and Security, is to provide public safety through criminal law enforcement and traffic vehicle regulation across the state.			
Lockup Website with PREA Information: www.mass.gov/eopss/agencies/msp			
Have there been any internal or external audits of and/or accreditations by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Director			
Name: Lt. Timothy Curtain		Title: Station Commander	
Email: timothy.curtain@massmail.state.ma.us		Telephone: 978-543-8550	
Lockup PREA Compliance Manager			
Name: Det. Capt. Stephen Gawron		Title: Detective Captain	
Email: stephen.gawron@massmail.state.ma.us		Telephone: 508-947-2222	
Lockup Health Service Administrator			
Name: N/A		Title: N/A	
Email: N/A		Telephone: N/A	
Lockup Characteristics			
Designated Lockup Capacity: 3		Current Population of Lockup: 0	
Number of detainees admitted to lockup during the past 12 months			240
Number of detainees admitted to lockup during the past 12 months who were transferred from a different community confinement lockup:			0

Number of detainees admitted to lockup during the past 12 months whose length of stay in the lockup was for 30 days or more:		0
Number of detainees admitted to lockup during the past 12 months whose length of stay in the lockup was for 72 hours or more:		13 Overnight
Number of detainees on date of audit who were admitted to lockup prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19-Over	<input checked="" type="checkbox"/> Juveniles Under 18 Years old
		<input type="checkbox"/> Youthful detainees Click or tap here to enter text.
Are youthful detainees housed separately from the adult population		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Number of juveniles/youthful detainees held in the lockup during the past 12 months:		0
Are detainees housed overnight?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Average length of stay or time under supervision:		2-3 hrs.
Lockup Security Level:		Level 1 Secure
Detainee Custody Levels:		Level 1 Secure
Number of staff currently employed by the lockup who may have contact with detainees:		35
Number of staff hired by the lockup during the past 12 months who may have contact with detainees:		32
Number of contracts in the past 12 months for services with contractors who may have contact with detainees:		0
Physical Plant		
Number of Buildings: 1		Number of Single Cell Holding Areas: 3 Cells
Number of Multiple Cell Holding Areas:		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room, is retention of video, etc.): G.L. c. 4, sec. 7 cl. 26(n) Security <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
Medical		
Type of Medical Lockup:		EMS/Outpatient Service
Forensic sexual assault medical exams are conducted at:		Local Hospital
Other		
Number of contractors and inmates currently working in the lockup:		0
Number of volunteers, who may have contact with detainees, authorized to enter the lockup:		0
Number of volunteers and individual contractors currently authorized to enter the lockup:		0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		93

Audit Findings

Audit Narrative

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.

The Massachusetts State Police (MSP) is an agency of the Commonwealth of Massachusetts' Executive Office of Public Safety and Security responsible for criminal law enforcement and traffic vehicle regulation across the state. At present, it has approximately 2,400 officers, 1,500 of them being uniformed troopers, and 400 civilian support staff—making it the largest law enforcement agency in New England. The MSP is headed by Colonel Kerry A. Gilpin.

The notification of the 2018 on-site audit at MSP H-3 Foxboro Barracks (H3FB) was posted on May 5, 2018, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the facility's PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the intake and cell housing areas. Prior to the auditor's on-site visit to the facility, the auditor worked with the facility's PREA Compliance Manager, in developing and completing the Pre-Audit Questionnaire (PAQ). This document identified the minimum information and supporting documents the facility should submit to the auditor before the on-site audit begins. The H3FB PAQ was received on May 18, 2018, and included policies, procedures and supporting documentation which was within an adequate timeframe for review. The documents were uploaded to a USB flash drive. The initial review revealed well organized documents. Any additional information needed was discussed with the facility PREA Compliance Manager and was received within a timely manner or ready for review on site. Prior to the on-site visit, the auditor utilized the Auditor Compliance Tool. This tool was used during each phase of the PREA audit as a guide in making audit compliance determinations for each provision of every standard, including the evidence collected to assess compliance.

The on-site visit at H3FB was conducted July 11, 2018. Upon arrival at the facility, an in-briefing meeting was held with the Station Commander to discuss the information contained in the PAQ. Site Review Instructions were reviewed describing the areas of the facility to be toured, operations and practices to be observed, and questions that should be asked of staff and inmates in order to conduct a thorough site review. Additionally, interview protocols to be used by the auditor to interview staff and detainees as part of the audit were discussed. Required documentation, relevant observations, the interview protocols, and the Auditor Compliance Tool were used to establish evidence of standard compliance. During the tour, the auditor noticed that the facility was well maintained and the sanitation level throughout was very good. While touring, the auditor inspected the holding cells to observe sleeping and toilet facility requirements for privacy purposes and handicap accessible. The auditor noticed that signs were posted indicating that staff of the opposite gender is required to announce their presence when detainees are held in the holding cells during their rounds.

The MSP Director and the Agency's PREA Coordinator (APC) were contacted for interviews and comments. Their roles and requirements were defined in the Agency's policy and are in compliance with the standards. Both the current MSP Director and the APC are newly appointed since the agency's last PREA Audit. At the time of this audit, the facility employed [REDACTED] employees and no contractual staff. The administrative staff interviewed included the Station Commander and Shift Sergeants. This facility operates on three shifts. The staffing pattern on the day of the on-site audit was [REDACTED] officers on the Mid shift; [REDACTED] officers on the Day shift; and, [REDACTED] officers on the Evening shift. The auditor interviewed [REDACTED] staff to include [REDACTED] troopers, the Station Commander and [REDACTED] Court

Officers. During this process the auditor did not limit the interview questions to only those included in the protocols; rather, additional site-specific questions were asked as a starting point for eliciting information about the facility's compliance with the PREA Standards. Responses to the interview questions were part of the auditor's compliance assessment. Policy and Interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. This auditor was provided evidence to ensure compliance to the PREA, as documented in this report.

The PREA information/zero tolerance multi-colored poster was clearly visible in the booking area and states in large block letters that, SEXUAL ASSAULT IS AN ACT OF VIOLENCE. It informs detainees that they can report sexual assault or harassment by telling any State Police staff member, by submitting a written complaint, or by having a friend or relative report the incident for the detainee. It also informs the detainee that they, or someone on their behalf, can anonymously report any alleged incident to the Massachusetts Attorney General's Office at (617) 963-2800, and that the States Attorney General Office is a third-party entity not affiliated with the State Police. The agency website contains a dedicated PREA webpage that contains the agency's PREA zero tolerance policy, how to report sexual abuse or harassment, including third-party reporting and links to a list of sexual assault and rape crisis centers, a list of Sexual Assault Nurse Examiners, and several to the PREA Resource Center.

During an interview with the Commander, it was revealed that the agency has made a major commitment to training its employees, regarding PREA. The majority of the evidence to this fact is provided through the curriculums on PREA Training for Lock-ups. This is a comprehensive training that is given at both the Academy and on-line and contains all the topics required by the policy and this Standard. It is a mandated training for all Department staff. All of the officers interviewed stated they had completed the course at either the Academy or on-line. This was confirmed by review of the officers' training files.

The APC shared information in reference to the Human Resource Requirements. The APC informed the auditor that the agency's MSP Certification Unit, a Unit under the Division of Standards and Training, requires each applicant to complete a Background Investigation Questionnaire, which on Page 6 contains the three questions required by Standard §115.117(a). The primary function of this Unit is conducting background investigations and is comprised of a full-time staff **G.L. c. 4, sec. 7 cl. 26(d) deliberative Process**.

Lockup Characteristics

The auditor's description of the audited lockup should include details about the lockup type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the lockup, 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.

H3FB is located on Route 1, approximately 2 miles from Gillette Stadium. It sits between two of the States busiest Interstates, Routes 95 & 495 linked together by Route 1. With the many stadium events, the H3FB members are constantly busy with football, soccer or concert traffic. This traffic can impact Route 1 but also other interstates for miles on event days. An elaborate traffic management system developed by member of the barracks keeps traffic flowing during all events. Their jurisdiction lies in several areas. It extends to the south on Route 95 to the Rhode Island border and on Route 495 to the Norton town line (this is Troop D). The Barracks' boundaries then extend to the north on Route 95 to the Route 128/93 Interchange in Canton, and to the west on Route 495 to the Bellingham town line.

The two-story main building contains a **G.L. c. 4, sec. 7 cl. 26(n) Security** with a cuffing rail/bench and three cells. **G.L. c. 4, sec. 7 cl. 26(d) deliberative Process** The cameras are monitored by the Desk Officer. When females are in custody with male detainees, the troopers strategically place the females away from male detainees by maintaining an open cell between them. During the tour, the auditor noticed that the facility was well maintained and the sanitation level throughout was very good. While touring, the auditor

inspected the holding cells to observe sleeping and toilet facility requirements for privacy purposes and handicap accessible. The cells are small and contain a bench/bed and toilet. Staff of the opposite gender is required to announce their presence when detainees are held in the holding cells during their rounds. The facility did not have showers or change of clothing needs. In the rare instance where a detainee is held for a long period of time or overnight, the detainee is provided a basin of water to bathe/refresh, if needed.

G.L. c. 4, sec. 7 cl. 26(d) deliberative Process

The cameras are monitored by the Desk Officer. The primary purpose of the cameras is to monitor for self-harming behavior of any detainee placed in a cell. G.L. c. 4, sec. 7 cl. 26(d) deliberative Process

(115.115 (c)).

The remainder of the facility contains several office spaces, a kitchen area, and storage areas and is well maintained. A review of the Station Arrest Journal and interview with the Station Commander, it was noted that the average booking and holding time is estimated at two (2) hours. The Station Commander stated that generally, anticipated long term detainees are transported to the DOC - South Middlesex Correctional Center, Brockbridge Correctional Facility or Norton town line (this is Troop D). Medical or mental health staff are not located on site, but is available on-call for immediate response, as needed. Sexual Assault Forensic Examinations are conducted at a local hospital by SANE/SAFE Nurses.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 35

Click or tap here to enter text.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

PREVENTION PLANNING

Standard 115.111: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.111 (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

115.111 (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 lockups?
☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07, Detainee Sexual Abuse and Sexual Harassment, details and mandates the agency's zero tolerance toward all forms of sexual abuse and sexual harassment. The definitions used, including prohibited behaviors, are consistent with the definitions of the PREA law. This written policy and Division Commander's Order 17-DFS-034, Prison Rape Elimination Act-PREA, detail the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy clearly states that

any employee determined to have engaged in sexual abuse or sexual harassment of detainees shall be subject to discipline. The presumptive sanction for having engaged in prohibited behavior under this policy is termination. Further, General Order ADM-18, Anti-Harassment/Sexual Harassment and Discrimination, states that any employee found to have engaged in harassment, sexual harassment, or discrimination is subject to disciplinary action up to and including termination.

The agency has designated a Detective Captain as the PREA Coordinator. He reports that he has been given sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its facilities. The Commanding Officer and all of the officers interviewed knew of the Agency's PREA Coordinator and were very informed about the agency's PREA-related policies and requirements. The interview with the PREA Coordinator evidenced his detailed knowledge of the PREA and his commitment to ensuring that the agency's zero tolerance policy is thoroughly implemented as the Agency's and the Facility's PREA contact person.

Standard 115.112: Contracting with other entities for the confinement of detainees

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

115.112 (a)

- If this agency is law enforcement and it contracts for the confinement of its lockup detainees in lockups operated by 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 law enforcement agency does not contract with private agencies or other entities for the confinement of detainees.) ☒ Yes ☐ No ☐ NA

115.112 (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 detainees OR the response to 115.112(a)-1 is "NO".) ☐ 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 lockup does

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

This standard is rated “Non-Applicable.” The agency does not contract for the confinement of detainees. Generally, detainees are transported to Essex County Sheriff Department (EC SO) Lock-up per the facility’s Memorandum of Understandings. The EC SO fully supports PREA and the National Standards by enforcing a Zero Tolerance Policy concerning Sexual Abuse and Sexual Harassment in its facilities. The EC SO’s Zero Tolerance Policy applies to every employee, contractor, volunteer, visitor, and every person under correctional supervision.

Standard 115.113: Supervision and monitoring

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

115.113 (a)

- Does the agency ensure that it has developed for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that it has documented for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The physical layout of each lockup? ☒ Yes ☐ No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the detainee population? ☒ Yes ☐ No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.113 (b)

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

115.113 (c)

- In the past 12 months, has the lockup 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 lockup assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to the lockup's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to the resources the lockup has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

115.113 (d)

- If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Continuous direct sight and sound supervision? ☒ Yes ☐ No
- If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Single-cell housing or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible? ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

The agreement between the agency and the officers' unions states that there must be a [REDACTED] Neither the agency, nor the Station Commander, is allowed to deviate from this minimum staffing of the Station. This is the base mandatory staffing level at each facility. General Order PRI-07 directs Station Commanders for each facility to develop and document the staffing plan for their facility. A review of General Order PRI-06, Prisoner Monitoring, requires the Desk Officer on each shift to conduct the monitoring of the booking area and cells (in the rare instance where a

detainee is placed in a cell), which are the only areas where detainees may be held. General Order PRI-07 also states that if after screening, an officer determines that the detainee may be at risk, the detainee shall be housed alone in a holding cell for the duration of his/her detention at a State Police facility. This includes post-screening transportation in a Department vehicle to/from court, jail, prison, or other agency.

During the last 12 months the station documentation indicated that 240 persons were held at the facility and only 13 were held overnight. There were no allegations of sexual abuse or sexual harassment during the past year. The agency's most recent annual assessment, then, was that the current staffing pattern, as required by the union contracts, is sufficient to ensure detainees are properly monitored and supervised.

officers are assigned to H3FB, which currently operates a shift pattern of a officers on the Mid-shift; officers on the Day shift; and, a officers on the Evening shift.

Standard 115.114: Juveniles and youthful detainees

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

115.114 (a)

- Are juveniles and youthful detainees held separately from adult detainees? (N/A if the lockup does not hold juveniles or youthful detainees (detainees <18 years old).) ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order INV-05, Juvenile Operations, states that juveniles charged with a delinquent or criminal offense may only be held in a detention area which has been approved in writing by the Department of Youth Services. If a juvenile is held in an approved detention area, the juvenile must be separated by sight and sound from adult prisoners. The H3FB Station Commander stated that juveniles are never held in lock-up at this facility. All of the officers interviewed stated that either juveniles could not be held in the facility or could not be mixed with adults. Several troopers stated that they had been instructed to contact Juvenile Probation whenever they had a juvenile in custody.

Standard 115.115: Limits to cross-gender viewing and searches

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

115.115 (a)

- Does the lockup 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

115.115 (b)

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

115.115 (c)

- Does the lockup implement policies and procedures that enable detainees 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 lockup require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.115 (d)

- Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status? ☒ Yes ☐ No
- If a detainee's genital status is unknown, does the lockup determine genital status during conversations with the detainee, 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

115.115 (e)

- Does the agency train law enforcement 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 agency train law enforcement staff in how to conduct searches of transgender and intersex detainees 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-02 states that staff shall not physically search a subject for the sole purpose of determining the subject's gender, and that any search of transgender or intersex detainees be conducted in a respectful and appropriate manner and in the least intrusive manner possible, consistent with security needs. All staff interviewed knew of this prohibition. All staff interviewed stated that they had received training at either the Academy or on-line as to the proper method of conducting searches of transgender and intersex detainees. In addition, PRI-02, Custodial Inventory states that strip searches shall only be conducted with the approval of a supervisor (unless exigent circumstances exist); whenever practicable by two (2) officers of the same gender as the subject; in an area that affords complete privacy (strip searches shall not be conducted outside of a Department facility, unless exigent circumstances exist); out of the public view (including video cameras, windows, etc.); without any touching of the detainee; in a reasonable, non-abusive, and professional manner; and, only for the duration necessary to complete the search. Further, the policy prohibits physical intrusions into body cavities, and that if a body cavity search is required, that it is to be conducted by a medical practitioner in appropriate medical surroundings, after obtaining a warrant, issued by a judge, which is based on a high degree of probable cause.

A review of General Order PRI-06, it states that detainees will be allowed to perform bodily functions without officers of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Further, it states that officers shall announce themselves prior to entering the cell area containing a member(s) of the opposite sex. Staff shall not place themselves in a position where they can view the breasts, buttocks, or genitalia of a detainee of the opposite gender. The H3FB did not have showers or change of clothing needs. In the rare instance where a detainee is held for a long period of time or overnight, the detainee is provided a basin of water to bathe/refresh, if needed. G.L. c. 4, sec. 7 cl. 26(d) deliberative Process

(115.115 (c)). All the officers interviewed were aware of the cross-gender pat downs and opposite gender announcement requirement.

Standard 115.116: Detainees with disabilities and detainees who are limited English proficient

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

115.116 (a)

- Does the agency take appropriate steps to ensure that detainees 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: Detainees who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that detainees 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: Detainees who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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 detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees who: Are blind or have low vision? ☒ Yes ☐ No

115.116 (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 detainees 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

115.116 (c)

- Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.164, or the investigation of the detainee'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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07 defines detainees with disabilities to include detainees who are deaf, hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. It states that officers shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include providing access to interpreters who can interpret effectively, accurately, and impartially when necessary to ensure effective communication with detainees who are deaf or hard of hearing. In addition, members shall ensure that written materials are provided in formats and through methods that ensure effective communication with detainees with disabilities. The Commander informed the auditor that officers shall take reasonable steps to ensure that detainees with limited English proficiency have meaningful access to information regarding the Department's policies and efforts to prevent, detect, and respond to sexual abuse and sexual harassment including providing interpreters who can interpret effectively, accurately, and impartially.

The agency has established, through Century Link Language, a dedicated phone number for language translations for the entire agency, including all Stations. This policy prohibits officers using detainees as interpreters or readers or otherwise request assistance from another detainee except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties, or the investigation of the detainee's sexual abuse/harassment allegations. During the on-site tour the auditor observed posted signs and information referencing services available to assist detainees with any disability concerns and was provided in Spanish and English. All other language needs could be serviced using the Tele Language System that provides

interpreters. The Department disseminated a directory listing the contact information for the Massachusetts Commission for the Deaf & Hard of Hearing and the Disabled Persons Protection Commission to assist with communicating with disabled detainees. All of the officers interviewed knew about the Century Link Language service and how to access it. All officers interviewed stated that they are prohibited from using another detainee to assist with interpretation.

Standard 115.117: Hiring and promotion decisions

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

115.117 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement lockup, juvenile lockup, 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 detainees 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 detainees 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 detainees who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement lockup, juvenile lockup, 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 detainees 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 detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.117 (b)

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

115.117 (c)

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

- Before hiring new employees, who may have contact with detainees, 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

115.117 (d)

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

115.117 (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 detainees or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.117 (f)

- Does the agency ask all applicants and employees who may have contact with detainees 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 detainees 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

115.117 (g)

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

115.117 (h)

- Unless prohibited by law, 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

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General Order PRI-07 requires all employees to disclose any of the misconduct relating to sexual assault and sexual harassment. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. All of the officers interviewed were aware of this requirement and the potential consequences for failure to comply. The agency MSP Certification Unit, a Unit under the Division of Standards and Training, requires each applicant to complete a Background Investigation Questionnaire, which on Page 6 contains the three questions required by Standard §115.117(a). The primary function of this Unit is conducting background investigations and is comprised of a full-time staff, **G.L. c. 4, sec. 7 cl. 26(d) deliberative Process**. These investigations are conducted on applicants seeking employment in various law enforcement positions including the Department of State Police Recruit Training Candidates, Department of State Police civilian employees, Chiefs of Police, NESPIN, Military, Private Detectives, Watch Guard Patrol Agency, Special State Police, Department of State Police Interns and temporary employees.

The APC confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work. During the background investigations, officers verify the information provided by an applicant by researching computer records, conducting neighborhood interviews, performing reference checks and credit checks and verifying past employment. The candidate is also interviewed to provide information and to address any issues regarding their application. Upon completion of the investigation the Unit drafts a report of its findings, which is reviewed by a panel of high ranking officers, and who makes the final decision whether to hire. This process takes about six weeks or more. The APC stated that the agency does not hire contractors, but utilizes other state agency employees, as needed.

The agency also has a designated Harassment Officer (with the rank of Lt. or higher) in its Standards and Training Division who has the authority to conduct investigations of allegations of harassment. Substantiated allegations are forwarded to the Division Commander for disposition.

Standard 115.118: Upgrades to facilities and technologies

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

115.118 (a)

- If the agency designed or acquired any new lockup 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 detainees from sexual abuse? (N/A if agency/lockup has not acquired a new lockup or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.118 (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 detainees from sexual abuse? (N/A if agency/lockup 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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This Standard is N/A. The PAC and Station Commander stated that the facility has not been expanded, nor has it installed new monitoring technology since August 20, 2012.

RESPONSIVE PLANNING

Standard 115.121: Evidence protocol and forensic medical examinations

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

115.121 (a)

- If the agency is responsible for investigating allegations of sexual abuse in its lockups, 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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.121 (b)

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

115.121 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside lockup, without financial cost, where evidentiarily 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

115.121 (d)

- If the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, does the agency permit the detainee to use such services to the extent available, consistent with security needs? ☒ Yes ☐ No

115.121 (e)

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

115.121 (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

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General Order INV-01, Criminal Investigations states that investigations shall be conducted on all matters of a criminal nature that fall within the jurisdiction of the Department. The H3FB's investigations are reported to the D-Troop Headquarters. Massachusetts Attorney General's Office would conduct investigations of allegations of PREA sexual abuse or harassment. The States Attorney General Office is a third-party entity not affiliated with the State Police. Forensic medical examinations are conducted at Bridgewater State Hospital. A telephone contact confirmed they have Certified SAFE/SANE practitioners who provide forensic examinations for sexual assault victims and are available 24 hours, 7 days a week. There were no cases of sexual assault in the last 12 months and no forensic medical examinations conducted.

General Order PRI-07A, Detainee Sexual Abuse and Sexual Harassment Investigations states that as the investigative agency for alleged sexual crimes committed on adults and juveniles held in a confinement setting by either the Department of Correction or Department of Youth Services, the Department of State Police shall ensure full compliance with the standards found within federal laws and mandates regarding the Prison Rape Elimination Act (2003). The agency has an evidence protocol that meets the requirements of the Standard. It is detailed in the MSP Forensic Services Group: Evidence Handling and Submission Manual, Version 10.1. Additionally, the agency's Evidence Control Unit of the Crime laboratory utilizes a Sexual Assault Kit and a Toxicology Kit that meets the requirements of this Standard. The number of forensic medical exams, number of exams performed by SANES/SAFEs and the number of exams performed by a qualified medical practitioner during the past 12 months was zero.

Standard 115.122: Policies to ensure referrals of allegations for investigations

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

115.122 (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

115.122 (b)

- If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse and sexual harassment in its lockups, does the agency have a policy in place to ensure that such allegations are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).] ☐ Yes ☐ No ☒ NA

- Has the agency published such policy, including a description of responsibilities of both the agency and the investigating entity, on its website or, if it does not have one, made the policy available through other means? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).]
☒ Yes ☐ No ☐ NA
- Does the agency document all such referrals? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).] ☒ Yes ☐ No ☐ NA

115.122 (c)

- Auditor is not required to audit this provision.

115.122 (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

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General Order PRI-07A states that the agency shall investigate allegations of sexual abuse and/or sexual harassment from the Department of Correction, the Department of Youth Services, or the Department of State Police, as well as investigate allegations of sexual abuse and sexual harassment alleged by a detainee while detained at another facility. This duty is reinforced in General Order PRI-07 which states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of detainee sexual abuse and/or sexual harassment pursuant to PRI-07A Detainee Sexual Abuse and Sexual Harassment Investigations, Review and Data Collection. There were no allegations of sexual abuse or sexual harassment during the previous 12 months.

TRAINING AND EDUCATION

Standard 115.131: Employee and volunteer training

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

115.131 (a)

- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: Its zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and sexual harassment in confinement, including which detainees are most vulnerable in lockup settings? ☒ Yes ☐ No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment? ☒ Yes ☐ No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees? ☒ Yes ☐ No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.131 (b)

- Have all current employees and volunteers who may have contact with detainees received such training? ☒ Yes ☐ No
- Does the agency provide each employee and volunteer with annual refresher information to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

115.131 (c)

- 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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General Order PRI-07 states that all employees who may have contact with lock-up detainees shall receive training regarding required subjects identified in 115.131 (a) of the Standard. The course, PREA Training for Lockups (2017), is a comprehensive training that is given at both the Academy and on-line and contains all the topics required by the policy and this Standard. It is a mandated training for all Department staff. The training covers the Department's zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment; how to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment; the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; and compliance with relevant laws related to mandatory reporting of sexual abuse. The agency has made a major commitment to training its employees, regarding PREA.

The Commander, as well as the APC, both stated that the Agency provides each employee with refresher training annually to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies. Further, every member or employee who may have contact with detainees shall acknowledge either in written or electronic format that he or she understands the Department's PREA policies and protocols and the PREA training he or she has received. All of the officers interviewed stated they had completed the course at either the Academy or on-line. This was confirmed by review of the officers' training files.

During the on-site visit the auditor observed posted on the agency's two training bulletins that state the agency's zero-tolerance policy, the dynamics of sexual abuse, officers' duties to prevent and detect sexual abuse, the duty to report sexual abuse and sexual harassment, protection from retaliation, first responder duties, and related topics that is distributed to all Stations. These bulletins are maintained on-line and at the Station and readily available to the assigned officers. This Station does not utilize volunteers.

Standard 115.132: Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy

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

115.132 (a)

- During the intake process, do employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

115.132 (b)

- Does the agency ensure that, upon entering the lockup, all contractors and any inmates who work in the lockup are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ 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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The agency has created a Detainee PREA Information brochure that is given to each detainee. The brochure contains the agency's zero-tolerance policy, detainee rights, how to report allegations, the right to report allegations to an outside agency (including contact information for the Office of the Attorney General), the right to make an anonymous report, and a list of supportive services, including sexual assault and rape crisis centers. Division Commander's Order 17-DFS-034 directs all agency facilities that house detainees to conspicuously post the PREA Rights Notification signage, which explains detainee rights and reporting mechanism under PREA, so that it is visible to all detainees. The sign is posted on the wall facing the detainee and, due to its dark color, is distinguishable from other posted notices. The poster replicates some of the information contained in the PREA brochure.

General Order PRI-07 states that the Department shall ensure that all contractors who enter Department facilities and who may have contact with detainees have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures including the Department's zero-tolerance policy regarding prohibited behavior. The Commander stated that, given the location of the booking area and adjacent cells and both direct and monitored supervision make it unlikely that a contractor would have contact with a detainee. Further, no contractors or inmates currently work at this Station.

All of the officers interviewed who conduct bookings stated they hand the brochure to the detainee, direct their attention to the posted notice, and ask PREA-related questions from a script taped to the booking desk. The facility reported that all detainees during the previous 12 months received the brochure.

Standard 115.134: Specialized training: Investigations

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

115.134 (a)

- In addition to the general training provided to all employees pursuant to §115.131, 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 115.121(a).] ☒ Yes ☐ No ☐ NA

115.134 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(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 115.121(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 115.121(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 115.121(a).] ☒ Yes ☐ No ☐ NA

115.134 (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 115.121(a).] ☒ Yes ☐ No ☐ NA

115.134 (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

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General Order PRI-07A states that Department Investigators shall receive special training in detainee sexual abuse and sexual harassment investigations according to Code of Federal Regulations (CFR) 28 § 115.34, to include techniques for interviewing sexually abused or sexually harassed victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency has developed, in conjunction with the Massachusetts Department of Corrections, a comprehensive specialized training course on how to conduct sexual abuse investigations. This specialized training includes all of the topics required by the Standard. The Agency PREA Coordinator provided a copy of the specialized training developed in collaboration with the Massachusetts Department of Correction and a list of the investigators who have completed this detailed training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.141: Screening for risk of victimization and abusiveness

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

115.141 (a)

- If the lockup is not utilized to house detainees overnight, before placing any detainees together in a holding cell do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused? (N/A if the lockup is utilized to house detainees overnight.) ☒ Yes ☐ No ☐ NA
- When appropriate, do staff take necessary steps to mitigate such danger to the detainee? (N/A if the lockup is utilized to house detainees overnight.) ☒ Yes ☐ No ☐ NA

115.141 (b)

- If the lockup is utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA

115.141 (c)

- In lockups described in paragraph (b) of this section, do staff always ask the detainee about his or her own perception of vulnerability? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA

115.141 (d)

- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The age of the detainee? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The physical build and appearance of the detainee? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has previously been incarcerated? (N/A if lockup is NOT used to house detainees overnight.) ☒ Yes ☐ No ☐ NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The nature of the detainee's alleged offense and criminal history? (N/A if lockup is NOT used to house detainees overnight.) ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

The Commander provided the auditor a memo dated May 23, 2016, to all Barracks Commanders (Lieutenants), addressing the PREA screening requirements for lock-ups. The section entitled, Responsibilities, Prevention and Detection of Sexual Abuse, requires that the Department staff assess all

detainees for both those vulnerable to victimization and for those likely to abuse. General Order PRI-07 states that in accordance with training, when booking detainees, members shall screen all detainees to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees. The screening shall be documented in RAMS/Department Records Management System. If after screening, the member determines that the detainee may be at risk, the detainee shall be housed alone in a holding cell for the duration of his/her detainment at a State Police facility. This includes post-screening transportation in a Department vehicle to/from court, jail, prison, or other agency. The auditor reviewed the facility's department records management system and noted the questions and documentation process.

All staff interviewed indicated that they are aware of the requirements at booking or intake, to assess whether (based on the information that they have access to, which is most often minimal at best), a detainee may be at a high risk of being sexually abused and when appropriate, to take necessary steps to mitigate any such danger to the detainee. Troopers are required then, at booking, to screen all detainees to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees. Screening consists of asking the detainee about his or her own perception of vulnerability and assessing the detainees risk of being sexually abused or sexually abusive by considering the following: whether the detainee has a mental, physical or developmental disability; age of the detainee; physical build and appearance of the detainee; whether the detainee has previously been incarcerated; and the nature of the detainee's alleged offense and criminal history. At the conclusion of the screening process, the trooper has to document, "PREA Screening consistent with PRI-07," in the RAM (Agency Database System). Interview results with barracks staff indicated that screening is taking place.

The barracks has some excellent practices related to housing detainees that ensures they are protected from other detainees regardless of whether or not they are higher risks for either victimization or abusiveness. All the interviewed troopers related that detainees are never "double bunked" or housed in "double occupancy" housing. All detainees are housed in single occupancy cells. Practice also requires that males are separated from females by having an empty cell in between them, if possible. If two females were detained and only one female cell was available, one of the females would be transported to a neighboring barracks for housing. Too, detainees are not allowed out of their cells. Therefore, they would never have contact with each other.

General Order PRI-06 states that continuous supervision is essential for maintaining and assuring the safety and welfare of prisoners while in custody. Division Commander's Order 17-DFS-034 requires all officers to take immediate action to protect a detainee from imminent sexual abuse. This direction is posted at the booking desk. All of the officers interviewed stated that they follow this screening procedure, even when the detainee is the only detainee in the booking area and there is no plan to place the detainee in a cell. Also stated was the policy to never "double bunk" detainees. There were 13 detainees held overnight in this facility during the prior 12 months.

REPORTING

Standard 115.151: Detainee reporting

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

115.151 (a)

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

- Does the agency provide multiple internal ways for detainees to privately report: Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for detainees to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.151 (b)

- Does the agency also provide at least one way for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the detainee to remain anonymous upon request? ☒ Yes ☐ No

115.151 (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

115.151 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees? ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

PRI-07 states Detainees are informed of at least one way to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of the Department, allowing the detainee to remain anonymous if so requested. The Detainee PREA Information brochure that is given to every detainee during the booking process contains several methods for reporting allegations of sexual abuse or sexual

harassment. Detainees themselves can verbally report or have someone on their behalf complete a SP 340 Citizens Response Form. The Submission of a complaint can be done anonymously. Reporting Form SP 340 can be obtained by contacting a State Police facility for instructions; by appearing in person at a State Police facility and obtain a copy of a SP 340 form; by downloading the SP 340 form from the State Police external website www.mass.gov/msp; or by calling the Citizen Response Intake Line (508) 988-7003.

All of the officers interviewed were able to describe the various methods that detainees could use to make reports. Most made reference to the Detainee PREA Information brochure and/or the PREA Information poster that is posted in the booking area. The officers further stated that they could make a private, anonymous report to the AG's office, report to the State police HQ or the PREA Coordinator.

Standard 115.154: Third-party reporting

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

115.154 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment in its lockups? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee? ☒ 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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The Training Bulletin 2016-09 states that a detainee, or someone on his or her behalf, can report an alleged incident of sexual abuse or harassment to the Massachusetts Attorney General's Office at (617) 963-2800, a third-party entity not affiliated with the State Police. This office, which is not affiliated with the State Police, will report the incident directly to the appropriate State Police authority who will investigate the claim. This information is stated in both the Detainee PREA Information brochure and on the PREA information poster posted in the booking area of the facility. Finally, the agency PREA web page contains third-party reporting procedures. The auditor called the number and listened to the recorded announcement which identified that you reached the Attorney General's Office PREA reporting number where you can verbally report an

incident of sexual abuse alleged to occur while in State Police custody. The announcement was provided in English and Spanish.

OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

Standard 115.161: Staff and agency reporting duties

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

115.161 (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 an agency lockup? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported such an incident? ☒ 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

115.161 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain 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 and investigation decisions? ☒ Yes ☐ No

115.161 (c)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.161 (d)

- Does the agency report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency'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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General Order PRI-07 states that all employees shall immediately report to their immediate supervisor any knowledge, suspicion, or information regarding an incident of detainee sexual abuse and/or sexual harassment that occurred within a Department lock-up; any cases of retaliation against detainees or Department employees who reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse, including third-party and anonymous reports, shall be reported to a designated sexual abuse investigator who shall investigate the allegation pursuant to PRI-07A Detainee Sexual Abuse and Sexual Harassment Investigations, Review and Data Collection. Staff shall not reveal any information related to a sexual assault to anyone other than to the extent necessary to make treatment and investigatory decisions. Reports of sexual abuse and/or sexual harassment shall be documented by the immediate supervisor who receives a report of sexual abuse or sexual harassment pursuant to this policy.

The Training Bulletin 2016-09 states that, "PREA has mandatory reporting requirements. You must report immediately if you know, suspect, or have information about an incident of sexual abuse at any MSP facility or which occurred at another confinement facility. In addition, you must report any neglect or violation of responsibilities that may have contributed to such incidents." PREA imposes an independent duty to report separate from Massachusetts mandatory reporting laws.

Department employees may privately report sexual abuse and/or sexual harassment by contacting the PREA Coordinator, filing a complaint with the Internal Affairs Section, or utilizing the PREA third-party contact number posted on the Department's website and on the PREA informational brochure. Methods of reporting shall include in person, phone, mail, email, fax or any means by which the staff person feels comfortable in reporting to supervisory-level staff and/or the PREA Coordinator. Employees are expected to report any knowledge or suspicion of abuse. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method of reporting, the PREA Coordinator or Supervisor should be contacted.

All the officers interviewed stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of sexual, retaliation, or neglect of duties. None of the officers interviewed stated that they had made a report during the previous 12 months. The Station Commander also reported that there were no reports made during that period.

Standard 115.162: Agency protection duties

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

115.162 (a)

- When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the detainee? ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07 states that if after risk screening, the officer determines that the detainee may be at risk, the detainee shall be housed alone in a holding cell for the duration of his/her detainment at a State Police facility. This includes post-screening transportation in a Department vehicle to/from court, jail, prison, or other agency. The Division Commander's Order 17-DFS-034 and the PREA Training Bulletin direct all staff to take immediate action to protect a detainee from imminent sexual abuse.

All of the officers interviewed were aware of their duty to immediately protect detainees, not only from imminent sexual abuse, but from any harm. None of the officers reported having to do so during the previous 12 months. The facility reported that no detainee was determined to be at a substantial risk of imminent sexual abuse during the previous 12 months.

Standard 115.163: Reporting to other confinement facilities

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

115.163 (a)

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

115.163 (b)

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

115.163 (c)

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

115.163 (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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General Order PRI-07 states that an agency employee who receives an allegation that a detainee was sexually abused and/or sexually harassed while confined at a non-department facility, shall notify through channels the Colonel/Superintendent and the Department PREA Coordinator. The Colonel/Superintendent shall, in turn, notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, as soon as possible, but no later than 72 hours after receiving the allegation. This notification shall be documented. General Order PRI-07A states that the agency shall investigate allegations of sexual abuse and sexual harassment alleged by a detainee while detained at another facility. The agency reported that there were no allegations received during the past 12 months that a detainee was abused while confined at a non-department facility.

Standard 115.164: Staff first responder duties

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

115.164 (a)

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

115.164 (b)

- If the first staff responder is not a law enforcement staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify law enforcement 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

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General Order PRI-07 identifies the first responder duties to report a sexual assault by an officer and non-officer. The responding officer duties include immediately separating the alleged victim and abuser; take immediate action to protect the detainee from substantial risk of imminent sexual abuse; keep the detainee either with the officer or in the cell and under surveillance until a supervisor can investigate and determine any further actions to take to protect the detainee. All staff is required to follow uniform evidence protocol that maximizes the potential for obtaining usable physical evidence including preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. This policy further states that if the first responder is not an officer, that responder shall request that the alleged victim not take any actions that could destroy physical evidence; and immediately notify an officer.

All victims are offered access to forensic medical examinations performed by a Sexual Assault Forensic Examiner (SAFE), Sexual Assault Nurse Examiners (SANEs) or qualified medical practitioner without financial cost to the victim, if evidentiary or medically appropriate. The MSP does not have medical or forensic examiners at the barracks. If required, all detainees would be transported for a forensic examination

to an outside hospital that offers victim advocacy services. The facility would ensure that the detainee be permitted to use such services to the extent available, consistent with security needs. The facility would document all efforts to provide a SAFE or SANE medical professional.

The Training Bulletin 2016-09 directs first responders to separate victim and abuser; protect crime scene; and protect physical evidence to be collected. The responses from the officers who were interviewed stated that they were aware of the agency's policy and understood their requirements as it relates to the Standard.

Standard 115.165: Coordinated response

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

115.165 (a)

- Has the agency 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 a lockup incident of sexual abuse? ☒ Yes ☐ No
- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law and unless the victim requests otherwise, inform the receiving facility of the incident and the victim's potential need for medical or social services? ☒ Yes ☐ No

115.165 (b)

- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the incident unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.) ☒ Yes ☐ No ☐ NA
- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the victim's potential need for medical or social services unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.) ☒ 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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A review of the agency's coordinated response plan was found in General Order PRI-07 and is very detailed, providing directions for the first responder, Desk Officer, Duty Officer, State Police Investigator, Station Commander, Troop Commander, Reviewing Commissioned Officer, and the Field Services Division Commander. Additional directions are stated in General Order PRI-07A, regarding the conduct of investigations. The plan clearly states that if the victim is transferred from the lock-up to a jail, prison, or medical facility, the responsibility to inform the receiving facility of the incident, and the victim's potential need for medical or social services (unless the victim requests otherwise), rests with the Desk Officer. The facility Commander reported that no detainees were transferred from the Station to a jail, prison, or medical facility as the result of an allegation of sexual abuse.

Standard 115.166: Preservation of ability to protect detainees from contact with abusers

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

115.166 (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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

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

The agency has entered into collective bargaining agreements with State Police Association Massachusetts (SPAM) labor unions, which have been reviewed for disciplinary issues. All agreements clearly state that employees covered by the agreements can be discharged, suspended, or demoted for just cause. Nothing in these agreements limits the agency's ability to remove alleged staff abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.167: Agency protection against retaliation

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

115.167 (a)

- Has the agency established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.167 (b)

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

115.167 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees or staff who have reported sexual abuse? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

115.167 (d)

- 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

115.167 (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

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

General Order PRI-07 states that the agency has a zero tolerance policy toward all forms of retaliation against anyone who reports sexual abuse and sexual harassment or who cooperates in a sexual abuse investigation. Further, it states that the agency will take appropriate measures to prevent retaliation against individuals who report and/or cooperate with an investigation. The Department shall ensure that all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other detainees or staff, and shall designate which staff members or departments are charged with monitoring retaliation. A member or employee who has knowledge, suspicion, or information regarding an incident of retaliation against detainees or staff who reported such an incident and any staff neglect that may have contributed to such retaliation, shall immediately report such incident or retaliation to his or her immediate supervisor.

Supervisors who receive reports of retaliation shall employ multiple protection measures, which may include transfers for detainee victims or abusers to prevent the alleged staff or detainee abusers from contact with victims; providing emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; and/or closely monitoring detainees or staff who fear retaliation. The policy directs each Station Commander to monitor all employees who report sexual abuse or sexual harassment to ensure that the employees are not subject to retaliatory actions by other employees and shall document same.

General Order ADM-18 states that any retaliation against an individual who has complained about harassment, sexual harassment, or discrimination, and any retaliation against individuals for cooperating with an investigation of a harassment, sexual harassment, or discrimination complaint is unlawful and will not be tolerated. Division Commander's Order 17-DFS-034 designates Station Commanders as the Retaliation Monitor and directs Station Commanders to ensure that detainees and staff who report allegations are protected from retaliation.

The PREA Training Bulletin states that detainees and/or reporting parties must be free from retaliation for reporting sexual abuse and sexual harassment. Retaliation occurs when a staff member or detainee injures, harms, or intimidates a person who has reported sexual abuse and assault—or attempts to do so—in response to the report. Any retaliation against detainees or Department employees who reported such an incident must be reported to a supervisor. All of the officers interviewed stated that they had not made any report of sexual abuse or sexual harassment during the previous 12 months, and therefore, would not have

been subject to retaliation. The Station Commander reported that there were no incidents of retaliation during the previous 12 months because there were no reports made by staff or detainees of sexual abuse or sexual harassment.

INVESTIGATIONS

Standard 115.171: Criminal and administrative agency investigations

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

115.171 (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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).] ☒ Yes ☐ No ☐ NA

115.171 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.134? ☒ Yes ☐ No

115.171 (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

115.171 (d)

- 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

115.171 (e)

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

115.171 (f)

- 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

115.171 (g)

- 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

115.171 (h)

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

115.171 (i)

- Does the agency retain all written reports referenced in 115.171(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.171 (j)

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

115.171 (k)

- Auditor is not required to audit this provision.

115.171 (l)

- When an outside entity investigates sexual abuse, does the agency 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 115.121(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

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

General Order PRI-07 states that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of detainee sexual abuse and/or sexual harassment pursuant to PRI-07A Detainee Sexual Abuse and Sexual Harassment Investigations, Review and Data Collection. General Order PRI-07A states that the agency will investigate allegations of sexual abuse and/or sexual harassment from the Department of Correction or Department of Youth Services; investigate allegations of sexual abuse and sexual harassment from within the Department of State Police; and, investigate allegations of sexual abuse and sexual harassment alleged by a detainee while detained at another facility. The policy states that the agency will use investigators who have received specialized training in the investigation of sexual abuse and sexual harassment.

General Order PRI-07A states that agency investigators when conducting an investigation into allegations of detainee sexual assault and/or sexual harassment shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse and/or sexual harassment involving the suspected perpetrator; notify their Division Commander through channels of the possible outcome when the evidence appears to support criminal prosecution; make relevant information regarding the status of the investigation available to the Department and/or requesting agency so that the detainee may be kept apprised of the investigation. The APC reported that when there is probable cause to believe that a detainee or a Department employee had sexual contact with another detainee in a holding cell, the Department will make a criminal referral to the District Attorney's Office of jurisdiction or to the Attorney General's Office. A criminal investigation will not be terminated because the alleged perpetrator separates from employment with the Department. Finally, if an outside agency investigates sexual contact, the Department will cooperate with the investigators and remain informed about the progress of the investigation.

The Commander informed this auditor that a trooper would be entitled to demand transactional immunity, if compelled to give a statement under the threat of adverse employment action, including termination, or possible criminal indictment. Under the Massachusetts Declaration of Rights such a grant of immunity must be given by all DAs in the state and the Attorney General. Thus, this serves the intent of the Standard in that all prosecutors would have the final say, regarding compelled statements. There would be no opportunity for an agency investigator to grant such immunity without the involvement and approval of the DAs.

Standard 115.172: Evidentiary standard for administrative investigations

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

115.172 (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*)

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

General Order PRI-07A states that the agency's investigators must receive training on the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized investigator training Lesson Plan entitled, "Investigation Outcomes – Prosecution Overview," states that the agency standard for substantiating an allegation is preponderance of the evidence. Department of Police Rules and Regulations Article 6 establish the disciplinary procedures for the agency. Article 6.7.8 requires the Trial Board to find guilt by a preponderance of the evidence on one or more of the charges.

DISCIPLINE

Standard 115.176: Disciplinary sanctions for staff

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

115.176 (a)

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

115.176 (b)

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

115.176 (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

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

General Order ADM-29, Workplace Violence states that any employee found to have engaged in any act of workplace violence, in violation of this policy, is subject to disciplinary action up to and including termination. "Workplace violence" includes, but is not limited to, acts and behavior that reasonably includes sexual abuse and sexual harassment. In addition, APC stated to the auditor that the agency has policy specifically to address PREA Violations. A review of General Order PRI-07 states that any employee determined to have engaged in sexual abuse or sexual harassment of detainees shall be subject to discipline. The presumptive sanction for having engaged in prohibited behavior under this policy is termination. All terminations for sexual abuse or sexual harassment would be referred to the appropriate law enforcement agency.

Standard 115.177: Corrective action for contractors and volunteers

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

115.177 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees? ☒ 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

115.177 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the lockup take appropriate remedial measures, and consider whether to prohibit further contact with detainees? ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07 states that in the event that a contractor or volunteer has engaged in sexual abuse or has been convicted or adjudicated of having engaged in sexual abuse, he or she shall have no access or contact with detainees in Department custody. There are no contractors or volunteers currently working at this facility.

Standard 115.178: Referrals for prosecution for detainee-on-detainee sexual abuse

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

115.178 (a)

- When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?
☒ Yes ☐ No

115.178 (b)

- If the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy? (N/A if the agency/facility is responsible for administrative and criminal investigations. See 115.121(a).) ☐ Yes ☐ No ☒ NA

115.178 (c)

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

General Order PRI-07A states that when there is probable cause to believe that a detainee had sexual abuse or assaultive contact with another detainee in a holding cell, the agency will make a criminal referral to the District Attorney's Office of jurisdiction or to the Attorney General's Office.

MEDICAL AND MENTAL CARE

Standard 115.182: Access to emergency medical and mental health services

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

115.182 (a)

- Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment? ☒ Yes ☐ No

115.182 (b)

- 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

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

General Order PRI-07 states that the agency will offer all victims access to forensic medical examinations performed by a Sexual Assault Forensic Examiner (SAFE), Sexual Assault Nurse Examiners (SANEs) or qualified medical practitioner without financial cost to the victim. This offer is not contingent on the victim cooperating with any investigation of the incident. The PREA Training Bulletin 2016-09 directs officers to provide victims, if requested, with prompt access to emergency medical treatment (at no cost to the victim, regardless of whether they cooperate with an investigation or name an abuser).

DATA COLLECTION AND REVIEW

Standard 115.186: Sexual abuse incident reviews

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

115.186 (a)

- Does the lockup 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

115.186 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.186 (c)

- Does the review team include upper-level management officials, with input from line supervisors and investigators? ☒ Yes ☐ No

115.186 (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 lockup? ☒ Yes ☐ No
- Does the review team: Examine the area in the lockup 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 §§ 115.186(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator?
☒ Yes ☐ No

115.186 (e)

- Does the lockup 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*)
- ☒ **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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07A states that the PREA Coordinator, in consultation with the Incident Review Team, which shall include the Station Commander, PREA Coordinator, and other pertinent individuals, shall conduct a sexual abuse incident review at the conclusion of every investigation into allegation of sexual abuse of a detainee in Department custody. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Such review will be conducted even when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review will include input from supervisors and investigators as necessary; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual contact and consider whether the incident or allegation was motivated by bias or gang affiliation. The team will examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. In addition, the APC stated that it is a requirement to submit a written report to the Colonel/Superintendent with findings and any recommendations for improvement. The Department shall implement any recommendations for improvement or document its reasons for not doing so.

Standard 115.187: Data collection

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

115.187 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at lockups under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.187 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.187 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, or any subsequent form developed by the Department of Justice and designated for lockups? ☒ Yes ☐ No

115.187 (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

115.187 (e)

- Does the agency also obtain incident-based and aggregated data from every private lockup with which it contracts for the confinement of its detainees? (N/A if agency does not contract for the confinement of its detainees.) ☒ Yes ☐ No ☐ NA

115.187 (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

- ☐ **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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07A states that the PREA Coordinator shall annually collect accurate, uniform data for every allegation of sexual abuse from the Stations. The incident-based data collected must include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdiction Survey of Sexual Violence or other instrument developed by the Department of Justice and designated for lock-ups. This General Order also directs the agency to annually review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for each lock-up, as well as the agency as a whole.

PREA Training Bulletin 2016-09 states that the agency is required to collect and keep data for every allegation using a standardized instrument and set of definitions, review data for areas for improvement, and store data collected for at least 10 years. The agency does not contract with private agencies for the confinement of its detainees. There were no allegations of sexual abuse or sexual harassment during the previous 12 months. The Department of Justice has not requested agency data.

Standard 115.188: Data review for corrective action

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

115.188 (a)

- Does the agency review data collected and aggregated pursuant to § 115.187 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 § 115.187 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 § 115.187 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 lockup, as well as the agency as a whole? ☒ Yes ☐ No

115.188 (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

115.188 (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

115.188 (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 lockup? ☒ 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07A directs the agency to annually review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for each lock-up, as well as the agency as a whole. This General Order also requires the PREA Coordinator's report to 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. Upon approval of the Colonel, the report shall be made publically available upon request subject to redaction, if appropriate.

This is the first audit for the MSP H3FB. There is no data for comparison of the current year's data and corrective actions with those from prior years for an assessment of the agency's progress in addressing sexual abuse. However, the agency has completed PREA Audit Reports of other barracks and they have been posted on the agency website.

Standard 115.189: Data storage, publication, and destruction

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

115.189 (a)

- Does the agency ensure that data collected pursuant to § 115.187 are securely retained?
☒ Yes ☐ No

115.189 (b)

- Does the agency make all aggregated sexual abuse data, from lockups under its direct control and private agencies 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

115.189 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.189 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.187 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

General Order PRI-07A requires the agency to securely retain all incident-based and aggregate data collected in accordance with all applicable data security policies and procedures. It further requires that all data collected shall be retained at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. The agency has ensured that data collected pursuant to § 115.187 are securely retained stored at its headquarters. In addition, a review of the agency's website revealed that the agency has made all aggregated sexual abuse data, from lockups under its direct control readily available to the public at least annually through its website. There were no personal identifiers in the reports or data reviewed. The 2017 Annual PREA Report has been posted on the agency's website.

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 inmates, detainees, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were detainees 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

Standard 115.40a: Frequency and scope of audits states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. All final reports are posted on the agency website. During this audit, the auditor had access to previous audits, and had the ability to observe all areas of the audited facility. The auditor received copies of any relevant documents (including electronically-stored information) requested and was able to conduct private interviews with staff and inmates. The auditor received confidential information and correspondence from inmates in the same manner as if they were communicating with legal counsel. A review of documentation and interviews with the Administrative and the PREA Manager support the finding that this facility is in compliance with this standard.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single lockup agencies, the auditor shall ensure that the facility's last audit report was published. 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

The agency has published on its agency website and has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years starting January 2014 through December 2017. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.

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 detainee 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.

Dwight L. Fondren

August 10, 2018

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.