

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility: Massachusetts Correctional Institution (MCI) – Norfolk</b>			
<b>Physical address: 2 Clark Street, Norfolk, MA 02056</b>			
<b>Date report submitted: May 20, 2015</b>			
<b>Auditor Information: Amy Fairbanks</b>			
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<b>Date of facility visit: May 14-15, 2015</b>			
<b>Facility Information</b>			
<b>Facility mailing address: see above</b>			
<b>Telephone number: (508) 279-6000</b>			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency: Massachusetts Department of Correction</b>			
<b>Governing authority or parent agency: Commonwealth of Massachusetts – Executive Office of Public Safety</b>			
<b>Physical address: 50 Maple Street Suite 3, Milford, MA 01757-3698</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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# AUDIT FINDINGS

## NARRATIVE:

On May 14-15, 2015 an audit was conducted at MCI- Norfolk, Massachusetts Department of Correction, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on May 14, 2015. The following areas and operations were visited and observed: inmate living areas (restrictive housing, assisted living housing, 20 housing units with single and double occupancy cells, one open dorm unit), medical and mental health operations including observation cells, chapel area, booking & admissions, education areas, food services, facility maintenance operations, industry operations, recreation areas, barbershop, and the garden.

Documents reviewed for this audit included policy, institutional supplement, contracts, staff training records, documents from personnel files, volunteer training records, sexual abuse & harassment investigations, population reports and training curriculums. Documentation for each standard was provided by the facility prior to the visit. The ACA accreditation report from October 2012 was reviewed.

The agency interview with Commissioner Higgins O'Brien was conducted on April 7, 2015. This interview confirmed strong support for compliance with the PREA standards by the Massachusetts Department of Correction.

Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff the evening prior to the audit.

Facility staff interviews were conducted with the following:

Superintendent

PREA compliance manager/Deputy Superintendent

Mental Health Director (contract)

3pm-11pm & 11pm-7:00am nurse (contract)

Two Correctional Program Officers (including one assigned to restrictive housing, one to job assignments)

Mental Health clinician (contract)

7am-3pm Captain (Administrative) and three corrections officers

Booking sergeant

3pm-11pm three correctional officers

11pm-7am Captain and three corrections officer

Inner Perimeter Security (IPS) commander and two investigators

Inmate interviews were conducted with the following:

Seven inmates who sent letters to the address noted on the poster announcing the audit

Sixteen inmates selected randomly from each housing area

One wheelchair bound inmate

One inmate with difficulty hearing (refused)

The auditor was allowed free access to all areas of the facility, access to interview inmates selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit.

Contact was made with Prison Legal Services as they were identified as an advocacy group that has acted upon the interests of inmates housed in the Massachusetts Department of Corrections. The auditor's contact information was provided along with an explanation of the role of the auditor certifying PREA compliance with the state agency.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

MCI-Norfolk is a medium security facility just south of Boston. It is the largest facility of this type in the Commonwealth of Massachusetts. It is rated as a medium security facility but has maximum security perimeter with a five thousand foot long wall, nineteen feet high and enclosing thirty-five acres. Norfolk was originally opened as the first community based prison in the United States. The inmates were transferred from the state prison in 1927 and lived in houses that currently remain on the grounds. This design was considered innovative in its time, representing a campus like atmosphere. There is a unit for inmates requiring help with ADLs located in the medical area.

Inside the facility, forty one buildings make up the inner perimeter. Twenty three buildings are used for housing. Of the housing, there are 297 multiple occupancy cells, the remainder are single cells. Many of the inmates housed here are lifers or serving long term sentences. Capacity is 1500. Count on the day of the audit was 1428. Industry operations employ over 230 inmates. There are ample programming opportunities, recreation opportunities, a garden, and a dog training program.

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 6

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

**Standard number here**     **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) written policy
- (b) upper level agency wide PREA coordinator
- (c) PREA compliance manager at the facility

103 DOC 519 Sexually Abusive Behavior Prevention and Intervention Policy support a zero tolerance for sexual abuse and harassment as well as define how the agency will prevent, detect and report this conduct. It ensures there is an agency wide PREA Coordinator and facility PREA Manager. An agency interview was conducted with the current Agency PREA Coordinator, Ray Marchilli. The responsibility for oversight is being transferred to the Policy Development and Compliance Unit (PDCU). Two additional staff who are inheriting the responsibility for oversight for PREA compliance, were interviewed on April 6, 2015. All three staff confirmed support from the agency level for compliance with the standards. Several system wide processes have been implemented to ensure efficiency and consistency with the policy and procedures. The interview with the facility PREA Manager was conducted and confirmed compliance with this standard. Staffs from the PDCU were present during the audit to address questions and provided further documentation as requested.

**Standard number here**     **§115.12 - Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) new contracts PREA requirements with private agency
- (b) new contract, contract monitoring included

This standard does not specifically apply to this facility. The agency houses inmates with the Boston Brooke House and a Step Down Program with the Houses of Corrections operated by county government (Essex, Berkshire, Hampden, Hampshire, Suffolk).

**Standard number here**      **§115.13 – Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) staffing plan, includes eleven considerations
- (b) document deviations
- (c) PREA coordinator and agency determine adjustments
- (d) Policy for unannounced rounds, prohibit staff from alerting others

510.01 Security Staffing Plan, 512.03 Post Orders and 519.05 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. The staffing needs are reviewed formally annually by the agency; the last review was conducted on 7/2014 and found sufficient staff at all facilities. The facility assesses staffing levels daily at the multi-disciplinary meeting conducted every morning. There is a minimum staffing requirement that must be met daily. The PREA manager and coordinator have input in staffing levels as confirmed by interviews and documentation. Inmate and staff interviews confirm compliance with supervisory rounds occurring frequently and that staff are not alerted to the rounds. Documentation of Post orders, signature sheets and assignment log book entries support compliance as well.

**Standard number here**      **§115.14 – Youthful Inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**N/A no youthful offenders are housed at this facility.**

Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services, this is referred to as the Raise the Age Bill.

**Standard number here**      **§115.15 – Limits to Cross-Gender Viewing and Searches**

- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Only exigent circumstances for cross gender strip or cavity
- (b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017)
- (c) Document cross gender strip searches, cavity searches and pat down searches of females
- (d) Inmates can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit
- (e) Transgender not searched for sole purpose of determining genital status.
- (f) Train security staff in cross gender pat down and transgender/intersex inmates

519.05 Sexually Abusive Behavior Prevention and Intervention Policy and 506.04 & 05 Search Policy address the requirements of this standard. Documentation (log book entries) staff and inmate interviews as well as demonstration while touring the facility confirm that female staff announces their presence in the units. Training addresses pat down searches of transgender inmates. Four transgender inmates were interviewed. Some concerns with individual shower times were reviewed and shared with facility staff with the inmates' permission. It is recommended that the facility update their training regarding searches of transgender inmates and consider additional training that is more current regarding the unique issues of transgender staff.

<b>Standard number here</b>	<b>§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Disabilities, intellectual, psychiatric or speech have equal opportunity, including written materials
- (b) Agency takes reasonable steps, including interpreters
- (c) Not rely on inmate interpreters (unless limited circumstances)

519.04 Sexually Abusive Behavior Prevention and Intervention Policy, 207.01 Special Accommodations of Inmates, 401.03 Booking & Admissions and 488.03 Institution Procedures for Telephone Interpreter Service address the requirements of this standard. Staff interviews confirm that inmates will not be relied upon to interpret unless no other options are available. Thirty three staff are available to the interpret the following languages: Spanish, Portuguese,

German, Haitian, French, Hebrew, Italian and Cape Verdean. Certified Nurse Assistants are employed here to assist inmates in the ADL unit

<b>Standard number here</b>	<b>§115.17 – Hiring and Promotion Decisions</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Not hire employee or contractor who has engaged in abuse, convicted of sexual activity by force, civilly or administratively adjudicated
- (b) Shall consider incidents of sexual harassment
- (c) Before hiring perform back ground checks, check references
- (d) Including contractors
- (e) Background check every five years
- (f) Ask applicants about previous misconduct described and impose continuing affirmative duty
- (g) Omissions grounds for termination
- (h) Agency provides information to other institutions upon request.

201.06 & 09 Selection and Hiring, Rules and Regulations Governing All Employees of the Massachusetts Department of Correction (Blue Book) address the requirements of this standard. Potential staffs complete forms specifically asking the questions required of this standard. They are informed of their affirmative duty to report and that omission is grounds for termination. Human Resources are centralized. An interview with the A/Deputy Director for Human Resources was conducted on April 7, 2015. This interview confirmed compliance with agency hiring practices in compliance with the standards, requirement of acknowledgement of a continuing duty to report behavior outside the job that conflicts with PREA standards and that termination may result for omission. A background check every four years has been recently implemented for staff, therefore exceeding the requirements of the standard. This is enforced by a memo from Asst. Deputy Commissioner of Administration dated 2/23/2015. This interview, as well as review of documentation, confirmed that those checks have been completed for staff at this facility. Additionally, the A/Deputy Director confirmed that her staff would provide any information about staff previously employed upon receipt of a waiver signed by the previous employee for the agency requesting the information. Documentation from five randomly selected personnel files were reviewed and demonstrated compliance with this standard.

<b>Standard number here</b>	<b>§115.18 – Upgrades to Facilities and Technology</b>
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- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) New facility or expansion or modification
- (b) Installing video monitoring

703.01 & .10 Design Criteria and Planning Guidelines address the requirements of this standard. Documentation showing review of video monitoring with consideration for the PREA requirements was provided. Additional cameras have been requested. Minor modifications have been made that were pointed out during the tour that enhance inmate safety such as making larger windows in rooms occupied by staff and inmates, providing shower curtains and adding privacy doors on the toilet stalls and partitions between urinals. Cameras have been requested. Due to the facility's unique design, they could greatly enhance safety at this facility. A priority list has been developed for placement.

<b>Standard number here</b> <b>§115.21 – Evidence Protocol and Forensic Medical Examinations</b>
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**X** Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence
- (b) Protocols appropriate for youths
- (c) Offer forensic medical exams, document efforts if they cannot
- (d) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person. Document efforts to secure services
- (e) Accompany the victim if requested
- (f) Request investigating agency follow the requirements
- (g) Includes State entity or DOJ
- (h) Qualified advocate has received appropriate education and has been appropriately screened.

519.01, .02, .03, .04, .05, .06 Sexually Abusive Behavior Prevention and Intervention Policy and Massachusetts Partnership for Correctional Health Care (MPCH) 57.00 Sexual Assault/PREA Compliance address the requirements of this standard. In addition, there is a Letter of Agreement with Beth Israel Deaconess Medical Center which indicates that victim services and SANE exams are provided at the hospital. There is a Memo of Understanding with the Massachusetts State Police indicating they will comply with the investigation requirements of the PREA standards pending final review. Massachusetts State Police have been trained by the Agency PREA coordinator, therefore exceeding the requirements of this standard. A review of

completed investigations confirmed they are using a uniform evidence protocol. The agency has concluded their negotiations with an advocacy group to provide services to victims and a MOU has been signed. Implementation is in progress. In the meantime, this is provided by trained staff from the Victim Services Unit, if requested by the inmate. PREA kits are available to provide the tools needed for evidence collection and written guidelines.

<b>Standard number here</b> <b>§115.22 – Policies to Ensure Referrals of Allegations for Investigations</b>
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Agency ensure administrative or criminal investigation completed for all allegations
- (b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented
- (c) Publication describing responsibilities of separate entity and agency
- (d) State entity shall have a policy governing conduct of these investigations
- (e) DOJ

519.03, .04, and .07 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. Staffs are required to report suspicions and knowledge of abuse and harassment to the shift commander, who must then report to the superintendent immediately. The superintendent ensures that the proper investigating entity is contacted (Internal Affairs, Office of Investigation Services, outside law enforcement agencies or the staff investigator). 522 Internal Affairs is posted on the website. A review of the data base and two completed investigations supports compliance that allegations of abuse and harassment are reported and investigated immediately.

<b>Standard number here</b> <b>§115.31 – Employee Training</b>
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Train all employees with contact with inmates on ten elements
- (b) Tailored to the gender of the inmates at the facility
- (c) Current employees trained within one year
- (d) Document that employees understand the training they received.

216.13 Training and Staff Development reflect that staff receive training specific to the requirements of the PREA standards. Training documents indicate all staff has been trained and new employees sign a Basic Training Acknowledgement that they understood the training they received. In service training must be passed by taking a quiz acknowledging understanding of the training. Staff interviews confirmed compliance with the standard and a sound understanding of the reasons for the requirements and their role in preventing, detecting and responding to PREA allegations. Based on the responses, this standard is deemed as exceeds. In addition to knowledge of PREA requirements here, staff is assigned consistently to various units and expressed diligence in learning the inmates, their habits and schedules to help identify issues that may be developing.

<b>Standard number here</b> <b>§115.32– Volunteer and Contractor Training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Train all volunteers/contractors with contact with inmates
- (b) Tailored to the services they provide, zero tolerance and how to report
- (c) Document that volunteers/contractors understand the training they received.

519.02 Sexually Abusive Behavior Prevention and Intervention Policy, 216.13 Training and Staff Development, and the Volunteer Orientation Handbook address the requirements of this standard. Contract staffs participate in the same training and process as Massachusetts DOC staff. PREA language has been incorporated into the volunteer recertification quiz, ensuring that they understand the training. Documentation has been reviewed supporting that volunteers are trained and as noted, recertified.

<b>Standard number here</b> <b>§115.33 – Inmate Education</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Intake, inmates receive information zero-tolerance, how to report
- (b) Thirty days, comprehensive information including retaliation
- (c) Current inmates educated within one year and upon transfer if different

- (d) Provide in format accessible to all inmates – disabled and limited English
- (e) Documentation of inmate participation in education sessions
- (f) Ensure key information is readily and continuously available

Policy 401.03 Booking & Admissions as well as 519.02 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. The Inmate Orientation Handbook, which is provided within 24 hours of arrival, thoroughly reviews the information needed to educate the inmate population on how to prevent as well as report abuse and harassment. It includes the Department Duty Station phone number and information that it is not monitored. Additional education is provided at orientation within 7 days and participation is documented. Posters educating inmates on PREA were visible throughout the facility. This agency started educating inmates regarding PREA several years ago. Inmate interviews supports compliance as well.

<b>Standard number here</b>	<b>§115.34 – Specialized Training: Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Investigators have received special training
- (b) Includes techniques for interviewing abuse victims, Miranda and Garrity, sexual abuse evidence collection, criteria to substantiate
- (c) Documentation they have completed the training
- (d) State and DOJ provides training

519.04 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. In addition, as noted earlier, Massachusetts State Police have received training specific to PREA requirements. The training addresses interview techniques in addition to Miranda, Garrity and Weingarten (union requirements for investigations) warnings and evidence collection.

<b>Standard number here</b>	<b>§115.35 – Specialized training: Medical and Mental Health Care</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Full and part time medical and mental health care staff in the facility have been trained four requirements'
- (b) If they conduct forensic exams, they are trained
- (c) Documentation of training maintained
- (d) Also include training required for contractors and volunteer if that is their status

216.13 Training and Staff Development addresses the requirements of this standard. Review of documentation and interviews indicates that medical staff receives additional training regarding PREA and their role as medical staff in detecting signs, preserving evidence, how to respond effectively and when and how to report allegations.

**Standard number here      §115.41 – Screening for Risk of Victimization and Abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) All inmates assess during intake screening and upon transfer to another facility for their risk of being abused or being an abuser
- (b) Takes place within 72 hours
- (c) Objective screening instrument
- (d) Considers ten areas
- (e) Considers prior acts of violence
- (f) Reassess within 30 days inmates risk
- (g) Reassessed when warranted
- (h) Not disciplined for not answering
- (i) Appropriate controls on dissemination

519.04 Sexually Abusive Behavior Prevention and Intervention Policy and 650.02 Mental Health Services address the requirements of this standard. Documentation reviewed which demonstrates compliance includes a 72 hour Housing Risk Assessment and a 30 day Housing Risk Assessment. The Booking Officer completes a portion of the screen; medical staffs complete a portion of the screen. Corrections Program Officers and mental health staff complete the 30 day review and any warranted reassessments. This screen has been completed on all current inmates. Information is maintained in a computerized format that affords the control of dissemination to only those staff needing to review the information. It further offers the ability to receive notifications if an attempt is made to place a predator and victim in the same cell. Staff and inmate interviews confirm that inmates are not disciplined for refusing to answer.

**Standard number here      §115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Information used to inform housing, bed, work, education to keep separated
- (b) Individualized determinations
- (c) Transgender case by case
- (d) Placement, programming for transgender determined twice a year
- (e) Transgender, intersex own views given serious consideration
- (f) Transgender, intersex given opportunity to shower separately
- (g) Not placed in dedicated facilities unless due to a consent decree

Several policies address the requirements of this standard: 519.04 Sexually Abusive Behavior Prevention and Intervention Policy, 420-07 Classification, 652.06 & .09 Identification, Treatment and Correctional Management of Inmates with GID, 650.01 & .03 Mental Health Services, and 750.11 Hygiene Standards. Additional documentation reviewed included classification plans, mental health treatment plans and memos authorizing separate shower times. As noted, staffs complete the risk assessment. This information is used by staff responsible for housing decisions as well as provides information for comprehensive reviews of program and employment decisions.

<b>Standard number here</b> <b>§115.43 – Protective Custody</b>
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) High risk victimization not placed in involuntary segregation unless no other alternative the less than 24 hours
- (b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations
- (c) Assigned to involuntary until alternative means not to exceed 30 days
- (d) Document
- (e) Review every 30 days

519.04 Sexually Abusive Behavior Prevention and Intervention Policy and CMR 423 Special Management Units address the requirements of this standard. Documentation indicates this facility has not had to place anyone in involuntary restrictive housing due to victimization. The booking area and observation cells, in addition to other options are available to separate

inmates until it can be determined how to address the allegation. Restrictive housing staff confirmed that inmates are not placed in that unit due to making allegations of sexual abuse or harassment.

<b>Standard number here</b> <b>§115.51 – Inmate Reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Multiple internal ways to privately report abuse, harassment, retaliation or staff neglect
- (b) One method to report to public or private entity
- (c) Staff shall accept verbal, writing, anonymous and third parties immediately and document
- (d) Agency provides a method for staff to report privately

519.03 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. The Inmate Orientation Handbook provides information to the inmate population regarding multiple avenues for reporting sexual abuse/harassment. Staff incident reports are marked confidential and go directly to the superintendent. Staff interviews confirmed they believed this system afforded them a private way to report incidents. Inmate interviews confirmed that the population has been educated on the multiple reporting mechanisms available to them. The phone number provided to the inmate population was tested and a live person answered the phone. An inmate PIN number is needed. Phone numbers are stenciled on the walls near the phone or affixed to the telephones for easy access.

<b>Standard number here</b> <b>§115.52 – Exhaustion of Administrative Remedies</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Agency exempt If no administrative procedures to use grievance for inmate abuse
- (b) No time limit on grievance for sexual abuse (1-4)
- (c) Ensures not submitted to staff who is subject and not referred to that staff
- (d) 90 days 1-4
- (e) Third party permitted to file (1-4)
- (f) Procedure for filing emergency grievance

(g) Can discipline where filed in bad faith

CMR 491 Inmate Grievances and Standard Operating Procedure Sexual Abuse Grievances address the requirements of this standard. Inmate and staff interviews confirmed that grievances are always available to inmates. One grievance was used to initiate an investigation which demonstrated that the inmate was not required to talk to the staff who were named.

<b>Standard number here</b>	<b>§115.53 – Inmate Access to Outside Confidential Support Services</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Access to outside victim advocates for emotional support services by mail or telephone, toll free hotline, reasonable communication in a confidential manner
- (b) Informed of the extent that it will be monitored
- (c) Maintain an MOU with community service providers

407.21 Victim Services Unit addresses the requirements of this standard. As noted, the MOU has been signed with an advocate service. Implementation of this process and information dissemination is underway.

<b>Standard number here</b>	<b>§115.54 – Third-Party Reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Method to receive and distribute publicly information on how to report

519.03 & .04 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. Information is available on the Mass. DOC website for third party reports, addressed in the Family & Friends Handbook and noted on PREA posters.

<b>Standard number here</b>	<b>§115.61 – Staff and Agency Reporting Duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Staff required to report immediately
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) Practitioners required to report abuse, limits on confidentiality
- (d) If victim is under 18
- (e) All reports to facility’s designated investigator

519.03 & .06 Sexually Abusive Behavior Prevention and Intervention Policy and MPCH 57.00 Sexual Assault Policy address the requirements of this standard. Medical staff is aware of the requirement for reporting and limitations on confidentiality. Staff interviews confirmed that staff understands the requirement to report immediately and to maintain confidentiality after reporting. Review of completed investigations confirms that reports of abuse or harassment are forwarded immediately to the supervisor, to the superintendent and initiation of an investigation by IPS is started immediately.

**Standard number here      §115.62 – Agency Protection Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Inmate subjected to imminent abuse – immediately action

519.04 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirement of this standard. Review of documentation and staff and inmate interviews support compliance as well.

**No Standard number here      §115.63 – Reporting to Other Confinement Facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Reporting to another facility
- (b) Within 72 hours
- (c) Documented
- (d) Facility head receives notification that investigation

519.03 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. Documentation of reports being sent and received support compliance with this standard.

<b>Standard number here</b> <b>§115.64 – Staff First Responder Duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) First security staff required to , separate, preserve, collect victim, collect abuser
- (b) If not security, staff required to request alleged victim not destroy physical evidence then notify security staff

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. Review of documentation regarding staff response to allegations of sexual abuse/harassment as well as interviews with staff supports compliance as well. Staffs are provided a 1<sup>st</sup> responder card to carry on their person so that they can refer to it in the event that they are the first to be notified of or witness an allegation.

<b>Standard number here</b> <b>§115.65 – Coordinated Response</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Institutional plan

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. MCI Norfolk has an institutional procedure to demonstrate how actions are coordinated at the facility. Staff interviews demonstrate that staffs are knowledgeable regarding how to respond at this facility.

<b>Standard number here</b>	<b>§115.66 – Preservation of ability to protect inmates from contact with abusers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Collective bargaining new contract limiting agency's ability
- (b) This standard doesn't restrict discipline and no-contact assignment

230.06 Disciplines and Terminations addresses this standard. The following current contracts were review and do not prohibit the facility from removing alleged staff: Massachusetts Correction Officer Federated Union, New England Benevolent Association Alliance, National Association of Government Employees (NAGE) and AFSCME/SEIU Local 509.

<b>Standard number here</b>	<b>§115.67 – Agency protection against retaliation</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Policy protects inmates and staff who report
- (b) Agency employs multiple protection measures
- (c) Monitor for retaliation for 90 days or beyond if needed
- (d) Inmates also periodic status checks
- (e) If fear of retaliation expressed, agency shall take appropriate measures
- (f) Do not have to monitor if allegation is unfounded

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. ISP members conduct monitoring for retaliation. Due to the specific nature of the investigations conducted thus far, retaliation monitoring was not required.

<b>Standard number here</b>	<b>§115.68 – Post-Allegation Protective Custody</b>
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- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

See comments regarding §115.43. As noted, no use of restrictive housing for someone making an allegation has occurred; several other options are available to separate the victim.

<b>Standard number here</b>	<b>§115.71 – Criminal and Administrative Agency Investigations</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Investigation done promptly, thoroughly, objectively
- (b) Abuse – investigators have received specialized training
- (c) Investigators gather and preserve direct and circumstantial evidence
- (d) If criminal, will conduct interviews after consulting with prosecutor
- (e) Credibility assessed individually
- (f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
- (g) Criminal investigations thorough description of physical, testimonial and documentary evidence
- (h) Substantiated criminal referred
- (i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
- (j) Departure of alleged abuser or victim does not terminate investigation
- (k) State, DOJ
- (l) Facility cooperates with outside investigators

519.02, .03. & .06 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. Potential criminal matters are handled by staff at central office. IPS investigators work without outside agencies to assist with investigations. A review two completed investigations concludes compliance with the requirements of this standard. Documentation and interviews support that the investigators have received specialized training regarding sexual assaults.

<b>Standard number here</b>	<b>§115.72 – Evidentiary Standard for Administrative Investigations</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

No standard higher than preponderance of evidence

DOC 518 Inner Perimeter Security Team address this standard. Compliance was also demonstrated by review of completed investigations and interviews with investigative staff.

<b>Standard number here</b> <b>§115.73 – Reporting to Inmate</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Inform inmate whether allegation has been substantiated, unsubstantiated, or unfounded
- (b) If agency did not conduct, will request relevant information from investigative agency
- (c) When staff member did abuse (1 - 4)
- (d) When an inmate did abuse (1 – 2)
- (e) Notifications documented
- (f) Obligation terminated if released from custody

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. This policy includes Attachment I Inmate Notification. Due to the unique nature of the investigations, notifications were not required.

<b>Standard number here</b> <b>§115.76 – Disciplinary sanctions for staff</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Staff disciplinary sanctions up to termination
- (b) Termination presumptive when sexual abuse
- (c) Commensurate with act, history, sanctions for similar histories
- (d) All reported to law enforcements unless not criminal and to licensing bodies

230.66 Discipline & Terminations addresses this standard. The facility reports that no disciplinary action or termination has been taken against staff for substantiated PREA allegations.

**Standard number here**    **§115.77 – Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Contractor, volunteer reported unless not criminal
- (b) Facility takes remedial measures, consider prohibiting contact when not criminal

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The facility reports that to date no volunteers or contract staff have been disciplined or terminated due to substantiated PREA allegations.

**Standard number here**    **§115.78 – Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) inmates subject to sanctions
- (b) sanctions commensurate
- (c) consider mental disabilities
- (d) consider whether to require offender to participate in therapy
- (e) against staff if no staff consent
- (f) not falsifying if made in good faith
- (g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

The following policies address the requirements of this standard: 519.02, .04, .06, & .07, Sexually Abusive Behavior Prevention and Intervention Policy, 650.09 Mental Health Services, and 103 CMR Inmate Discipline. Staff interviews confirm compliance with this standard.

**Standard number here**    **§115.81 – Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Prison inmate experienced prior victimization follow up in 14 days
- (b) Prison inmate experienced prior perpetration follow up in 14 days
- (c) Jail inmate experienced prior victimization follow up in 14 days
- (d) This information limited to mental/medical and other staff deemed necessary
- (e) Get informed consent before reporting that didn't occur in an institutional setting

650.03 Mental Health Services addresses the requirements of this standard. Transfer screens were reviewed which reflected the appropriate referral to mental health services based on information obtained during the screening process. Policy reflected the requirements for confidentiality and informed consent as required by the standard.

**Standard number here      §115.82 – Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Victims unimpeded access to emergency services
- (b) If not on duty, first responders
- (c) timely information and timely access to prophylactic treatment
- (d) treatment provided to victims without costs

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. 630 Medical Services and 650 Mental Health Services are referenced in the policy regarding access to emergency services. Medical staffs are on duty 24/7. Documentation was provided that demonstrated compliance with unimpeded access, timely information and services regarding prophylaxis care and no costs incurred to the inmate. Staff interviews support compliance as well.

**Standard number here      §115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Mental, medical to all victims evaluation and ongoing
- (b) Follow up, treatment plans, referrals
- (c) Consistent with community care
- (d) Pregnancy tests
- (e) If pregnant, appropriate legal treatment
- (f) STD tests
- (g) Treatment services without costs
- (h) Mental health evaluation of all know inmate on inmate abusers within 60 days

519.04 &.06 Sexually Abusive Behavior Prevention and Intervention Policy and 650.16 Mental Health Services address this standard. Documentation was reviewed that demonstrated on-going medical and mental health treatment would be provided, and also reflected no charge for the services.

**Standard number here      §115.86 – Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Incident review unless unfounded
- (b) Within 30 days
- (c) Team includes upper level management with supervisors, investigator, medical/mental health
- (d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
- (e) Implement or document why not

519.04 &.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. Multi-disciplinary incident review teams meet monthly (more often if needed) to review all incidents. All areas noted in the standard are considered and documented in the reviews. This information is noted in the data base for future review and analysis. The team did make recommendations to require more frequent rounds in the program area when an incident occurred (determined to be consensual contact). The auditor requested documentation supporting that this recommendation was implemented. Logbook entries for the month of April were provided that demonstrated compliance.

**Standard number here**      **§115.87 – Data Collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Accurate, uniform data, standardized instrument, definitions
- (b) Aggregate annually
- (c) Survey of Sexual Violence
- (d) Maintain from all available incident-based
- (e) Obtain from private facility
- (f) Provide to DOJ June 30

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The 2013 Annual PREA report is available on the website. It includes information from all prisons within the Massachusetts Department of Correction. With the development of the database, statistics regarding the prevalence of abuse and harassment can be easily retrieved for all facilities and trends can be assessed at anytime.

**Standard number here**      **§115.88 – Data Review for Corrective Action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Agency reviews data to assess, improve (1-3) identify problem areas, take corrective action, prepare annual report
- (b) Compare current with prior years
- (c) Available to the public

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The Commissioner has approved the report. It is available on the website, in addition to educational material about the law.

**Standard number here**      **§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Securely retained
- (b) Readily available to the public at least annually
- (c) Removes all personal identification
- (d) Maintained for 10 years

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard in addition to the Record Retention Schedule. It is posted on the website; no personal identification is on the report.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Amy Fairbanks

Date: May 20, 2015