

# Prison Rape Elimination Act Audit Report

<b>Name of facility: Northeastern Correctional Center</b>			
<b>Physical address: 976 Barretts Mill Rd., West Concord, MA 01742</b>			
<b>Date report submitted:</b>			
<b>Auditor Information: Amy Fairbanks</b>			
Address: P.O. Box 16054 Lansing, MI 48901			
Email: fairbaa@comcast.net			
Telephone number: (517) 303-4081			
<b>Date of facility visit: August 9, 2015</b>			
<b>Facility Information</b>			
<b>Facility mailing address: P. O. Box 1069 West Concord, MA 01742</b>			
<b>Telephone number: (978) 371-2646</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	
<b>Name of PREA Compliance Manager: Colette Santa</b>			<b>Deputy Superintendent</b>
<b>Email address: Colette.Santa@MassMail.State.US.MA</b>			(978) 371-2646
<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>			
<b>Telephone number: (508) 422-3481/3484</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name: Carol Higgins O'Brien</b>			<b>Commissioner</b>
<b>Email address: Carol.Higgins.OBrien@MassMail.MA.State.US</b>			<b>(508) 422-3330</b>
<b>Agency-Wide PREA Coordinator</b>			
<b>Name: Raymond Marchilli</b>			<b>Superintendent</b>
<b>Email address: Raymond.Marchilli@MassMail.MA.State.US</b>			<b>(978) 630-6000</b>

# AUDIT FINDINGS

## NARRATIVE:

On August 9, 2015 an audit was conducted at Northeastern Correctional Center, 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 August 9, 2015. The following areas and operations were visited and observed: inmate living areas (rooms, mostly double occupancy), medical operations, farm operations, education areas, food services, recreation areas, barbershop, library, visitation building, dog training area, program areas, culinary arts and laundry. Camera locations were observed during the tour; the monitoring system was reviewed as well.

Documents reviewed for this audit included facility completed questionnaire, policy, contracts, staff training records, documents from personnel files, volunteer training records, random log book entries, post orders, one sexual abuse & harassment investigation from the previous 12 months, population reports, accreditation report, and training curriculums. Documentation demonstrating compliance for each standard was provided by the facility prior to the visit.

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 day prior to the audit.

Facility staff interviews were conducted with the following:

Deputy Superintendent/PREA Compliance Manager

10 correctional staff (officers and supervisors) representing all three shifts

Inner Perimeter Security (IPS) Investigator

Volunteer

Nine randomly selected inmate interviews were conducted (two prerelease and seven minimum custody). Three random inmate interviews were conducted spontaneously during the tour. No letters were received from inmates at this facility in response to the audit notice.

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, as well as informative posters regarding PREA.

Contact was made with Prison Legal Services in April 2015 as they were identified as an advocacy group that has acted upon the interests of inmates housed in the Massachusetts Department of Correction. The auditor's contact information was provided along with an explanation of the role of the auditor certifying PREA compliance with the state agency and a tentative schedule of audits. A meeting was held with Leslie Walker, Executive Director,

Prisoners' Legal Services on the evening of August 10, 2015 to discuss the audit process, standards, and concerns from their organization relating to the Prison Rape Elimination Act.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Northeastern Correctional Center is a 304 bed minimum security/prerelease facility housing males inmates with an average daily count of 267 inmates, 269 inmates housed at this facility at the start of the audit. Currently, 76 staff works at this facility. There is no fence or perimeter for the facility. A beef cattle operation is onsite at the facility where inmates work. Medical and mental health staffs are provided by contractual staff from MPCH. Medical coverage is M-F eight hours. There are two holding cells available to staff, to assist when control measures are needed. One unit has toilets in the room, the other units has them in a common area. Showers are individual stalls located off the hallway. Visibility affords correctional staff to maintain security while also providing privacy to the inmates as curtains are used.

### **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 as well as the institutional procedural attachment 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. Staffs from the PDCU were present during the audit to address questions and provided further documentation as requested. 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 as well and confirmed compliance.

**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 a step down program with the Houses of Corrections operated by county government.

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

- 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) 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
- (e) 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 which includes as assessment as defined by the eleven specific requirements; the last review was finalized 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. Random daily assignment sheets were reviewed (one from each month for the past 12 months on the same day) which confirmed that all posts were assigned staff. No deviations from the staffing plan were noted as overtime is used to meet required mandatory staffing. The PREA manager and coordinator have input in staffing levels as confirmed by interviews and documentation. Post orders additionally require unannounced rounds by supervisors which prevent staff from alerting other staff of these rounds. Documentation, staff and inmate interviews support compliance with unannounced rounds by supervisors.

<b>Standard number here</b>	<b>§115.14 – Youthful Inmates</b>
-----------------------------	-----------------------------------

- 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.

<b>Standard number here</b>	<b>§115.15 – Limits to Cross-Gender Viewing and Searches</b>
-----------------------------	--

- 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) – NA no females housed at this facility.
- (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. Cross gender strip searches has not occurred. Interviews confirmed compliance as well. Staff and inmate interviews as well as demonstration while touring the facility confirm that female staff announces their presence in the units. Inmates housed at the end of the hall were questioned regarding if they hear the announcement. Both confirmed they do. Inmate interviews confirmed that they are able to perform bodily functions, change clothes and use the shower without female staff watching them. Training curriculums addresses how to professionally conduct clothed and unclothed searches as well as pat down searches of transgender inmates. Training records demonstrate that staff has been trained. Currently, there are no transgender inmates housed at this facility.

**Standard number here**      **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

- 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) 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. Three staffs are available to translate the following languages: Spanish, German, Italian and Portuguese. Language Line services are available. There are no deaf or blind inmates housed at this facility. The inmate handbook is available in Spanish and posters throughout the facility were also in Spanish to provide limited English inmates the information.

**Standard number here**      **§115.17 – Hiring and Promotion Decisions**

- 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, including inquiry into incidents of previous sexual harassment. Potential staffs and contractors 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 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 confirmed that background checks have been completed for staff in this department. 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. Compliance was demonstrated by providing documentation that staff has received the blue book and background checks for nine staff randomly selected at this facility. Documentation for the requirements for one staff hired in the previous 12 months was also provided demonstrating references were checked, the pre hire questionnaire was signed, and the background check was conducted.

**Standard number here**

**§115.18 – Upgrades to Facilities and Technology**

- 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) 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. Staffs have conducted an extensive review of operations. Camera placement was pointed out during the tour of the facility. Approval and receipt of new cameras was in progress. Monitoring stations were visited, staff on site interviewed briefly which demonstrated compliance with safety & security needs of inmates as well as maintaining privacy.

<b>Standard number here</b> <b>§115.21 – Evidence Protocol and Forensic Medical Examinations</b>
--

- 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 – Protocols appropriate for youths
- (b) Offer forensic medical exams, document efforts if they cannot
- (c) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person.
- (d) Accompany the victim if requested
- (e) Request investigating agency follow the requirements
- (f) Includes State entity or DOJ
- (g) 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, IPS Field Manual 9.25A Evidence Gathering address the requirements of this standard (uniform evidence protocol). 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, awaiting finalization. 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, Boston Area Rape Crisis Center, to provide services to victims and a MOU has been signed. Implementation is in progress. The phone number is operational, has been posted and was tested during the audit. A live person answered the phone. 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.

**Standard number here**      **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

- 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 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 – MOU with State Police, and Internal Affairs Policy.
- (e) DOJ - NA

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. Compliance was supported by staff interviews. The superintendent ensures that the proper investigating entity is contacted (Office of Investigation Services, outside law enforcement or the staff investigator). 522 Internal Affairs is posted on the website. One investigation was reviewed that demonstrated compliance.

**Standard number here**      **§115.31 – Employee Training**

- 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) 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. A review of the training curriculum supports compliance as well with the ten elements required in the standard. It also addresses the gender of inmates and how sexual abuse and sexual harassment can manifest itself differently among the different genders. Training is provided annually. Training documents indicate all staffs have been trained. 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. Documentation showing all staff has been trained was provided.

<b>Standard number here</b> <b>§115.32– Volunteer and Contractor Training</b>
---

- 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) 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 was provided supporting that volunteers are trained and as noted, recertified. The interview with one volunteer, who has been providing service for several years, demonstrated compliance with knowledge and understanding of his role in the facility relating to PREA. All persons visiting (even though under escort at all times) are provided information regarding the law and requirements of the standards relevant to their visit. A form is signed acknowledging this information before entering the facility (including the auditor).

<b>Standard number here</b> <b>§115.33 – Inmate Education</b>
---

- 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) 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. At intake, the specific needs

of the inmate are identified to ensure appropriate communication is provided. 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 is available in Spanish as well. Inmates sign noting receipt of the information. It includes the Department Duty Station phone number and information that it is not monitored. Additional education is provided at orientation verbally 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. All inmate interviews supported compliance as well.

<b>Standard number here</b> <b>§115.34 – Specialized Training: Investigations</b>
---

- 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) 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, within a correctional setting. The criterion to substantiate is a preponderance of evidence. Documentation of completed training, as well as the interview with the investigator, support compliance.

<b>Standard number here</b> <b>§115.35 – Specialized training: Medical and Mental Health Care</b>
---

- 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) 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 - NA
- (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. Medical staff is contractual. Review of documentation indicates that medical staff receives additional training regarding PREA, their role as medical staff in detecting signs, preserving evidence, how to respond effectively and when and how to report allegations. Review of the completed investigation demonstrated that the medical person involved understand the requirements of the standards.

<b>Standard number here</b>	<b>§115.41 – Screening for Risk of Victimization and Abusiveness</b>
-----------------------------	--

- 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 72 hour Housing Risk Assessments (completed upon arrival at booking), 30 day Housing Risk Assessments, and reassessments, when warranted. The risk screening includes the nine areas and is objective in that there are yes and no responses that determine what status an inmate is considered. The screening instrument includes 15 specific questions and criteria to determine vulnerability, and five questions to determine predatory behavior. It includes the ability to make notation, override the decision and provide the rationale. No inmates are detained solely for civil immigration purposes at this facility or this agency. The Booking Officer completes a portion of the screen; medical staff completes a portion of the screen. Inmates are verbally asked if they perceive themselves as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmate interviews confirmed that this is occurring. Corrections Program Officers complete the 30 day review and any warranted reassessments. Inmates are again asked how they perceive their gender orientation. The facility reports that the screen has been completed on all current inmates. Inmates are not disciplined for refusing to answer. This was confirmed by staff and inmate interviews. 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 room.

**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. There are no transgender inmates, no intersex inmates housed at this facility at the time of the audit (and have not been housed here in the past). Correctional staff would review their classification twice annually, as they do for all inmates. Processes are in place to provide separate showers and give transgender/intersex inmates their own views consideration. As noted, staffs complete the risk assessment. This information is used by staff responsible for housing decisions in addition to input received from staff and inmates to make informed decisions about placement. Program staffs have access to risk assessment information to determine appropriate education and work assignments. Massachusetts Department of Correction does not have a dedicated facility for transgender/intersex inmates.

**Standard number here**      **§115.43 – Protective Custody**

- 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. Restrictive housing is not located at this facility. A holding cell, medical area, and/or office areas would be utilized to separate inmates until it can be determined how to address the allegation. Transfer to another facility is the likely strategy. That facility is located across the street.

<b>Standard number here</b>	<b>§115.51 – Inmate Reporting</b>
-----------------------------	-----------------------------------

- 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) 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. Inmate interviews confirmed that the population has been educated on the multiple reporting mechanisms available to them, including verbal reports, anonymous reports and third party reports. It includes information to the inmates that for the "privileged numbers" (attorney, clergy, mental health professional), calls are not monitored, but that an inmate PIN number is needed. Prison Legal Services number is considered a privileged number, as well as the Boston Area Rape Crisis Center (BARCC). Interviews with staff and review of the completed investigation supports compliance with staff accepting verbal, written, anonymous and third party reports of sexual abuse or harassment and taking immediate action. 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.

<b>Standard number here</b>	<b>§115.52 – Exhaustion of Administrative Remedies</b>
-----------------------------	--

- 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 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. No grievances have been received that have warranted a PREA investigation. Inmate interviews support that grievance forms are readily available.

<b>Standard number here</b>	<b>§115.53 – Inmate Access to Outside Confidential Support Services</b>
-----------------------------	---

- 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, Boston Area Rape Crisis Center (BARCC). Implementation of this process and information dissemination is underway. The hotline is in place and operational as confirmed by calling it during the tour from the inmate phone.

<b>Standard number here</b>	<b>§115.54 – Third-Party Reporting</b>
-----------------------------	--

- 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 (also posted on the website) and

noted on PREA posters. It was reported that one third party complaint has been received and was investigated.

**Standard number here      §115.61 – Staff and Agency Reporting 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**

- (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 - NA*
- (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. This is addressed with the inmates at their facility intake interview. Staff interviews confirmed that staff understands the requirement to report immediately and to maintain confidentiality after reporting. All interviews confirmed that their report will go to the shift commander, then superintendent and investigator, 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 and MPCH 57.00 Sexual Assault Policy address the requirement of this standard. Staff interviews support compliance. It was reported there have been no instances of imminent abuse reported since implementation of the PREA standards.

**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, a review of the data base and staff interviews support that no reports have been received or sent to another institution.

<b>Standard number here</b> <b>§115.64 – Staff First Responder Duties</b>
---

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) 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. Interviews with staff support compliance. Staffs are provided a First 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. PREA response kits are available and maintained which contains items to help ensure proper evidence collection.

<b>Standard number here</b> <b>§115.65 – Coordinated Response</b>
---

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**

Institutional plan

519.06 Sexually Abusive Behavior Prevention and Intervention Policy as well as the institutional procedural attachment demonstrate compliance with this standard. 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>
-----------------------------	---

- 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) 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 reviewed 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>
-----------------------------	--

- 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) 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. IPS members conduct monitoring for retaliation. A review of the completed investigation supported compliance as well.

<b>Standard number here</b>	<b>§115.68 – Post-Allegation Protective Custody</b>
-----------------------------	---

- 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**

See comments regarding §115.43.

<b>Standard number here</b>	<b>§115.71 – Criminal and Administrative Agency Investigations</b>
-----------------------------	--

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 this standard. Potential criminal matters are handled by staff at the agency’s central office. IPS investigators work with outside agencies to assist with investigations. One investigator at this facility has received specialized training regarding sexual assaults. The current Director of Security was an investigator and has been trained as well.

<b>Standard number here</b>	<b>§115.72 – Evidentiary Standard for Administrative Investigations</b>
-----------------------------	---

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 demonstrates compliance with this standard. Compliance was also demonstrated by the interview with the investigator and the review of the one completed investigation from the previous 12 months.

<b>Standard number here</b> <b>§115.73 – Reporting to Inmate</b>
--

- 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) 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 supports compliance with the requirements of this standard. This policy includes Attachment I, Inmate Notification. Review of the completed investigation supports compliance with notification to two inmates of the results of investigation.

<b>Standard number here</b> <b>§115.76 – Disciplinary sanctions for staff</b>
---

- 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) 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. Review of documentation supports compliance with this standard.

<b>Standard number here</b> <b>§115.77 – Corrective action for contractors and volunteers</b>
---

- 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) Contractor, volunteer reported unless not criminal

(b) Facility takes remedial measures, consider prohibiting contact when not criminal

519.07 & .08 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.

<b>Standard number here</b> <b>§115.78 – Disciplinary sanctions for inmates</b>
---

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) 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 430.16, .24, & .25 Inmate Discipline. Inmates are sanctioned for sexual abuse, sexual harassment as well as consensual sexual activity. There is an established sanctioning process to ensure they are commensurate with the action. Mental disabilities are considered before determining guilt. The elements of the charge will not find an inmate guilty if the activity was with a staff person who consented. If an inmate is to be sanctioned for making a false report, it is seriously considered by administration before action is taken.

<b>Standard number here</b> <b>§115.81 – Medical and mental health screenings; history of sexual abuse</b>
--

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) 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 - NA
- (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. As this initial intake screen is conducted by medical staff, referral is automatically set up for prior victims and prior perpetrators to be assessed for possible continued treatment. Policy reflected the requirements for confidentiality and informed consent as required by the standard.

<b>Standard number here</b>	<b>§115.82 – Access to emergency medical and mental health services</b>
-----------------------------	---

- 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 8 hours 5 days a week. Policy supports that there will be unimpeded access, timely information and services regarding prophylaxis care and no costs incurred to the inmate. Staff interviews revealed that medical staff will be contacted from the facility located across the street in the event medical assistance is needed outside of the scheduled hours.

<b>Standard number here</b>	<b>§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers</b>
-----------------------------	--

- 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) 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 indicating that on-going medical and mental health treatment would be provided, and also reflected no charge for the services. In the past 21 months, no allegations have been made that would warrant ongoing medical and mental health care due to sexual abuse.

<b>Standard number here</b> <b>§115.86 – Sexual abuse incident reviews</b>
--

- 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) 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 included in the assessment requiring that it be addressed, and documented in the reviews which are noted in the data base for future review and analysis. An appropriate review of the completed investigation was conducted.

<b>Standard number here</b> <b>§115.87 – Data Collection</b>
--

- 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 2014 Annual PREA report is available on the website. It includes information from all prisons within the Massachusetts Department of Correction. It utilizes the Survey of Sexual Violence, compares statistics with the previous year and includes information from contractual entities housing inmates. With the development of the database, statistics regarding the prevalence of abuse and harassment from all facilities can be easily retrieved for all facilities and trends can be assessed at anytime. It has been provided to the DOJ by the date required.

<b>Standard number here</b> <b>§115.88 – Data Review for Corrective Action</b>
--

- 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 supports compliance with this standard. The Commissioner has approved the 2014 report. It is available on the website, in addition to educational material about the law.

<b>Standard number here</b> <b>§115.89 – Data Storage, Publication, and Destruction</b>
---

- 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) 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 in 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 her ability to conduct an audit of the agency under review.

Amy Fairbanks

Date: August 24, 2015

*Amy Fairbanks*