

Prison Rape Elimination Act Report

Name of facility: Souza Baranowski Correctional Center			
Physical address: 1 Harvard Rd., Shirley, MA 01464			
Date report submitted:			
Auditor Information: Amy Fairbanks			
Address: P.O. Box 16054 Lansing, MI 48901			
Email: fairbaa@comcast.net			
Telephone number: (517) 303-4081			
Date of facility visit: August 10-11, 2015			
Facility Information			
Facility mailing address: P. O. Box 8000 Shirley, MA 01464			
Telephone number: (978) 514-6500			
The facility is:	<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		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Michael Rodriguez			Deputy Superintendent
Email address: Michael.Rodriguez@MassMail.MA.State.US			(978) 514-6500
Agency Information			
Name of agency: Massachusetts Department of Correction			
Governing authority or parent agency: Commonwealth of Massachusetts – Executive Office of Public Safety			
Physical address: 50 Maple Street Suite 3, Milford, MA 01757-3698			
Telephone number: (508) 422-3481/3484			
Agency Chief Executive Officer			
Name: Carol Higgins O'Brien			Commissioner
Email address: Carol.Higgins.OBrien@MassMail.MA.State.US			(508) 422-3330
Agency-Wide PREA Coordinator			
Name: Raymond Marchilli			Superintendent
Email address: Raymond.Marchilli@MassMail.MA.State.US			(978) 630-6000

AUDIT FINDINGS

NARRATIVE:

On August 10 & 11, 2015 an audit was conducted at Souza Baranowski 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 10, 2015. The following areas and operations were visited and observed: inmate living areas (rooms, single and double occupancy), medical operations, booking & admissions, education areas, food services (main kitchen and satellite kitchen), recreation areas, programming areas, culinary arts, barbershop (vocational program), library, visitation, industry 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, twelve completed sexual abuse & harassment investigations 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:

Superintendent

PREA Compliance Manager/Deputy Superintendent

Spectrum Program provider - contractual

Four Nurse and mental health staff (administrators, RN and mental health staff) - contractual

11 correctional staff (officers and supervisors) representing all three shifts – including booking operations and housing assignments officers

Inner Perimeter Security (IPS) investigator

Corrections Program Officer (CPO) who routinely conducts intake

Volunteer

Sixteen inmate interviews were conducted that included the following: inmates randomly selected from each housing area, one transgender, one wheel chair bound inmate and one limited English speaking inmate, and four inmates who wrote letters in response to the notices of the audit.

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 posters about PREA (English and Spanish).

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 to discuss the audit process standards, and concerns from their organization on August 10, 2015.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Souza Baranowski Correctional Center is a 1645 bed maximum security facility housing male inmates with an average population count of 1017. There were 1007 inmates at the start of the audit. There are 19 housing units (three not in operation), one unit is single celled, the others have both double and single cells. Medical and mental health services are provided by contractual staff from MPCH. Medical staff is available at the facility 24/7. There is 553 staff who works at this facility. There is a mental health caseload of approximately 400 inmates at this facility. Specialized units include the following: Special Management Housing, Secure Treatment Program, Residential Treatment Program, Protective Custody, Transition Unit, Orientation Unit and General Population Units. The facility separates inmates into two zones, north and south, to control facility operations. Each unit has a recreation deck which affords secure, outdoor covered recreation, located adjacent to the housing wing. Toilets and sinks are in each room. Showers are located in each unit, individual stalls structured to provide privacy while showering. Recommendations were made to enhance privacy for the handicap shower.

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)
- 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 supports a zero tolerance for sexual abuse and harassment as well as defines 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. a

**Standard
number here**

**§115.12 - Contracting with other entities for the confinement of
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) 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

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 an 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.

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.

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) – 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. All 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 and staff interviews demonstrate that staff has been trained. Currently, there is one transgender inmate housed at this facility.

Standard number here	§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
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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) 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. The auditor utilized the Language Line services to interview a non-English speaking inmate. Staff interviews confirm that inmates will not be relied upon to interpret unless no other options are available. Fifty nine staff at this facility can be available to translate the following languages: Spanish, Portuguese, French, Arabic, Chinese, German, Greek, Italian, Korean, and sign language. Currently at this facility there are no deaf inmates and no blind inmates. Processes and equipment are in place to address these needs. Inmates with intellectual or psychiatric disabilities are addressed by the mental health staff.

Standard number here	§115.17 – Hiring and Promotion Decisions
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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, including 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, as well as review of documentation, confirmed that those 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. Documentation was provided demonstrating staff have received the blue book and background checks for five randomly selected staff and one newly hired staff reflecting reference checks and pre hire questionnaires were completed as required.

Standard number here	§115.18 – Upgrades to Facilities and Technology
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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) 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. Monitoring stations were visited; staff on site briefly demonstrated how they operate. One modification has been made to the facility in the past 12 months involving the addition of a satellite kitchen. During this process, consideration for inmate safety was assessed and appropriate safeguards implemented in the process of modification.

Standard number here §115.21 – Evidence Protocol and Forensic Medical Examinations

- 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 to provide services to victims and a MOU has been signed. Implementation is in progress. Phone numbers for a hotline to the Boston Area Rape Crisis Center have been posted. In the meantime, this is provided by trained staff from the

Victim Services Unit, if requested by the inmate. PREA response kits are available to provide the tools needed for evidence collection and written guidelines. A review of one of the investigations from the previous 12 months demonstrate that the inmate was taken to Beth Israel Deaconess Medical Center and offered an examination by a SANE qualified medical professional.

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

- 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 - 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. A complete list of the investigations completed at this facility was provided. Twelve completed investigations from the previous 12 months were thoroughly reviewed and demonstrated compliance with the standards. 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.

Standard number here §115.31 – Employee Training
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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. 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 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.

Standard number here §115.32– Volunteer and Contractor Training

- 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 has been reviewed supporting that volunteers are trained and as noted, recertified. Contract training records have been reviewed and confirm compliance as well as interviews with contractual staff. The interview with the volunteer revealed that she was provided the training and knowledgeable regarding the requirements. All persons visiting (even though under at escort 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).

Standard number here §115.33 – Inmate Education

- 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 and via a video 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. One inmate commented that this issue is taken very seriously at this facility.

Standard number here	§115.34 – Specialized Training: Investigations
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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. The criterion to substantiate is a preponderance of evidence. Six staff are trained to conduct PREA investigations at this facility; however, one primarily conducts the investigations, and one assists with monitoring for retaliation. Documentation of completed training as well as the interview with the investigator support compliance.

Standard number here	§115.35 – Specialized training: Medical and Mental Health Care
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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 - 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. The training curriculum addresses the required topics as well. Forensic exams are not conducted at the facility. There are 78 medical mental health staff at this facility. Review of documentation 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. Interview with the medical and mental health staff demonstrate they have been trained and are knowledgeable regarding their role when prevention, detection and responding to sexual abuse and harassment allegations.

Standard number here	§115.41 – Screening for Risk of Victimization and Abusiveness
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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) 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 (typically conducted immediately upon arrival), 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/mental health staff completes a portion of the screen. Inmates are verbally asked if they perceive themselves as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Corrections Program Officers and mental health staff 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
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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) 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. Individualized treatment and consideration is provided by mental health staff and Correctional Programs Officers (CPOs). There is one transgender inmate, no intersex inmates housed at this facility at the time of the audit. Correctional staff reviews transgender/intersex classification twice annually, as they do for all inmates. Processes are in place to provide separate shower times. Staffs are dedicated full time to making housing and programming decisions. Housing assignment staff and program staffs have access to risk assessment information to determine appropriate housing, education and work assignments. Due to the individualized nature of the housing units and operating the North and South wings separately, staffs are able to make informed, safe decisions in housing and programming placement. Massachusetts Department of Correction does not have a dedicated facility for transgender/intersex inmates.

Standard number here	§115.43 – Protective Custody
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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) 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. Policy indicates that placement in an administrative restrictive setting will only occur for the first 24 hours. Review of records support compliance with the practice. In addition, the physical plant affords numerous options for separating inmates at risk without placing them in restrictive housing to address immediate needs, such as the recreation decks, non-contact visiting or the medical unit.

Standard number here §115.51 – Inmate Reporting

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. 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 newly added number for the Boston Area Rape Crisis Center (BARCC). Interviews with staff and review of the completed investigations support 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.

Standard number here	§115.52 – Exhaustion of Administrative Remedies
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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. Grievances have been received that initiated a PREA investigation in the past 12 months, and demonstrated compliance with this standard. Inmate interviews support that grievance forms are readily available to the inmate population.

Standard number here	§115.53 – Inmate Access to Outside Confidential Support Services
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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) 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 has begun. Phone numbers were visible on some of the inmate phones. The facility reports it is continuing to ensure the inmate population is educated regarding this new option.

Standard number here	§115.54 – Third-Party Reporting
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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

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. Review of the investigations for the past 12 months indicates that no third party complaints have been received. Prior to the past year, a third party complaint had been received and was promptly 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. Review of the investigations support that action needed due to the awareness of imminent abuse was conducted within fifteen minutes. Staff interviews support knowledge of the requirement and how action is to be taken.

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 compliance. One report was received from and sent to another facility in the past twelve months.

Standard number here §115.64 – Staff First Responder 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) 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. The facility maintains PREA response kits to assist with ensuring proper evidence collection. The facility questionnaire reports that four instances requiring this have occurred. A review of the investigations supports compliance. Interviews with staff support compliance as they are very knowledgeable regarding the requirements of the standard and the process established for ensuring proper actions.

**Standard §115.65 – Coordinated Response
number here**

- 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 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.

**Standard §115.66 – Preservation of ability to protect inmates from contact with
number here abusers**

- 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. A review of one of the investigations support compliance as well.

**Standard §115.67 – Agency protection against retaliation
number here**

- 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 the requirements of this standard. IPS members conduct monitoring for retaliation. A review of the monitoring activities indicate that multiple protection measures are utilized regarding those who report the incident including, video, telephone, mail reviews, disciplinary reports and interviews.

Standard number here	§115.68 – Post-Allegation Protective Custody
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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

See comments regarding §115.43.

Standard number here	§115.71 – Criminal and Administrative Agency Investigations
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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) 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. Compliance is based on a thorough review of the 12 completed

investigations conducted in the past 12 months, and interviews with one investigator who primarily handled PREA allegations. Investigators were notified immediately and initiated the investigation immediately, including the gathering and preservation of direct and circumstantial evidence. This evidence is assessed individually, factually and in a standard format, as demonstrated in completed investigations. Potential criminal matters are referred to internal affairs and are handled by staff at the agency's central office. IPS investigators and the Special Investigator work with outside agencies to assist with investigations. Policy requires the retention of the reports for five years past the employment or incarceration of the abuser. Policy and interviews support that the investigation will continue even if the abuser is no longer at the facility.

Standard number here §115.72 – Evidentiary Standard for Administrative Investigations

- 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

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 investigative staff and the review of the 12 completed investigations from the previous 12 months.

Standard number here §115.73 – Reporting to Inmate

- 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 completed investigations support compliance with notification to inmates of the results of investigation.

Standard number here **§115.76 – Disciplinary sanctions for staff**

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 the requirements of this standard. The facility reports that no disciplinary action or termination has been taken against staff for substantiated PREA allegations in the past 12 months.

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

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 the requirements of this standard. The facility reports that no volunteers or contract staff have been disciplined or terminated due to substantiated PREA allegations, in the past 12 months.

Standard number here **§115.78 – Disciplinary sanctions for 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) 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. Policy has 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.

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 - 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. Staff interviews support compliance as well.

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 at all times at this facility. Policy supports that there will be unimpeded access, timely information and services regarding prophylaxis care and no costs incurred to the inmate. Staff interviews support this as well. Documentation for one investigation demonstrated there was a medical transport and that he was provided prophylactic treatment.

Standard number here	§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers
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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) 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 12 months, no allegations have been made that would warrant ongoing medical and mental health care due to sexual abuse.

Standard number here	§115.86 – Sexual abuse incident reviews
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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) 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. Incident reports were reviewed that demonstrated compliance.

Standard number here §115.87 – Data Collection
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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) 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 the requirements of 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 any time. It has been provided to the DOJ by the date required.

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

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

- 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 the requirements of 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