

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: July 7, 2021

Date of Final Audit Report: October 8, 2021

Auditor Information

Name: Kendra Prisk	Email: 2KConsultingLLC@gmail.com
Company Name: 2K Consulting, LLC.	
Mailing Address: PO Box 204	City, State, Zip: Malone, FL 32445
Telephone: 814-883-9766	Date of Facility Visit: May 24-26, 2021

Agency Information

Name of Agency: Massachusetts Department of Corrections			
Governing Authority or Parent Agency (If Applicable):			
Physical Address: 50 Maple Street		City, State, Zip: Milford, MA 10757	
Mailing Address: 50 Maple Street		City, State, Zip: Milford, MA 10757	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.mass.gov/service-details/learn-about-the-prison-rape-elimination-act-prea			

Agency Chief Executive Officer

Name: Carol Mici	
Email: Carol.Mici@doc.state.ma.us	Telephone: 508-422-3330

Agency-Wide PREA Coordinator

Name: Russell Caissie	
Email: Russell.Caissie@doc.state.ma.us	Telephone: 508-422-3646
PREA Coordinator Reports to: Michael Grant, Deputy Commissioner	Number of Compliance Managers who report to the PREA Coordinator: 14

Facility Information			
Name of Facility: Souza-Baranowski Correctional Center			
Physical Address: 1671 Shirley Road		City, State, Zip: Lancaster, MA 01464	
Mailing Address (if different from above): PO Box 8000		City, State, Zip: Shirley, MA 01464	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.mass.gov/service-details/learn-about-the-prison-rape-elimination-act-prea			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
Warden/Jail Administrator/Sheriff/Director			
Name: Dean Gray			
Email: Dean.Gray@doc.state.ma.us		Telephone: 978-514-6500	
Facility PREA Compliance Manager			
Name: James Mitchell			
Email: James.Mitchell@doc.state.ma.us		Telephone: 978-414-6500	
Facility Health Service Administrator			
Name: David Mburu			
Email: DMburu@wellpath.us		Telephone: 978-414-6500	
Facility Characteristics			
Designated Facility Capacity:		1410	
Current Population of Facility:		534	

Average daily population for the past 12 months:	651	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-80	
Average length of stay or time under supervision:	560 Days	
Facility security levels/inmate custody levels:	Maximum	
Number of inmates admitted to facility during the past 12 months:	252	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	252	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	252	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	548	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	170	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	238	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	15	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	21
<p>Number of single cell housing units:</p>	4
<p>Number of multiple occupancy cell housing units:</p>	17
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	127
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input checked="" type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe):</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">149</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input checked="" type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">149</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Souza Baranowski Correctional Center (SBCC) located in Lancaster, Massachusetts was conducted on May 24, 2021 through May 26, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. SBCC is a state correctional institution under the authority of the Massachusetts Department of Corrections (MADOC). The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency directly and has a contract with the Massachusetts Department of Corrections. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract described the specific work required according to the DOJ standards and PREA auditor handbook to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on September 29, 2020.

The previous PREA audit was conducted by PREA auditor Amy Fairbanks on February 6-8, 2018. The previous auditor found that the facility exceeded six standards and met 37.

Pre-Audit

The auditor had correspondence with the PREA Coordinator (PC) on January 15, 2021 related to audit logistics. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received an assurance memo from the Wardenⁱ indicating the audit announcements was placed throughout the facility six weeks prior to the on-site portion of the audit. The auditor provided the PC with the audit announcements on February 15, 2021. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through third party software. On May 10, 2021 the auditor sent the PC questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). During the next two weeks the PC provided updated information and additional documentation to the auditor via email. On May 24, 2021 the auditor provided the PC with information on the listings that would be needed on the first day of the on-site portion of the audit. The auditor received one letter from an inmate at SBCC and no correspondence from staff at SBCC.

The agency utilizes Beth Israel Deaconess Medical Center (Beth Israel) to provide all inmates within the MADOC with access to forensic medical examinations. The auditor contacted Beth Israel related to forensic medical examinations. The staff member as well as the website confirmed that Beth Israel is a Sexual Assault Nurse Examiner (SANE) certified site and that SANE certified nurses provide exams and collect forensic evidence from sexual assault survivors. The auditor spoke with the Boston Area Rape Crisis Center (BARCC) related to victim advocacy services. The agency as a whole has a contract with BARCC to provide victim advocacy services to all inmates within the MADOC. The staff member at BARCC confirmed that they have a Memorandum of Understanding (MOU) with MADOC and the MOU includes SBCC. He stated that the MOU was renewed in June 2020 and that they offer a free and confidential hotline and provide information and a variety of resources through the mail. The staff member stated they also provide advocates for forensic examinations and inmates can request an advocate for investigatory interviews. The BARCC staff member stated that they provide a fifteen minute presentation for all new MADOC inmates and that their services have been regularly utilized by inmates over the last six years. The staff member stated that there was a concern related to inmates being placed in segregation after an allegation of sexual abuse. He stated inmates had voiced this concern and that he had spoken with the PC about this issue in 2020. In addition to BARCC, the auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-

sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at SBCC and RAINN stated that they do not track the location of individuals they provide services to, and as such they were not aware of any correspondence with inmate at SBCC.

The auditor conducted a web-based search related to SBCC. The auditor located a few articles related to the facility; however none were related to sexual abuse or sexual harassment. The auditor confirmed that the agency website contained PREA information including the PREA policy, PREA posters, the inmate PREA educational videos, the agency's annual reports, prior PREA audit reports and information on methods to report allegations (including the online form).

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (534), the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units with the exception of the housing unit under quarantine/isolation due to COVID-19. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. The auditor interviewed the inmate that sent correspondence prior to the on-site portion of the audit as part of the random interview selection.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	15
Targeted Inmates	17
Total Inmates Interviewed	32 ¹

¹ A total of 30 inmates were interviewed, however there were inmates who answered questions in more than one targeted category.

Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	2
• Inmates who are LEP	4
• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	2
• Inmates who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	4
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below list of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff were selected on all three shifts and included a representative sample from morning, day and evening shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness

- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	17
Specialized Staff	22
Total Staff Interviews	39
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	2
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	3
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Michael Grant (Agency Head Designee Designee)
- Mr. Dean Gray (Superintendent)

- Mr. Russell Caissie (PREA Coordinator “PC”)
- Mr. James Mitchell (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on May 24, 2021 through May 26, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. A tour of the facility was conducted on May 24, 2021. The tour included all areas associated with SBCC including housing units, visitation, recreation, booking, vocation and education, the kitchen, laundry, the warehouse, maintenance and health services. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditors spoke to staff and inmates informally about PREA and the facility in general. Additionally, the auditor tested the BARCC and PREA hotline numbers during the tour. The auditor reached a live person on each hotline, confirming that they both were functional and available for inmates to utilize through the inmate telephones in the housing units.

During the tour, the auditor identified cross-gender viewing and privacy issues in housing units, in an inmate waiting area and in booking. A more detailed description of the issues is described under Standard 115.15.

Interviews were conducted on May 25, 2021 and May 26, 2021. Day and evening shift staff were interviewed on May 25, 2021 and May 26, 2021 while evening shift was interviewed on May 26, 2021. The auditor was provided a private office to conduct inmate and staff interviews.

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 548 staff assigned. The auditor reviewed a random sample of 38 personnel and training records that included thirteen individuals hired within the past twelve months and three staff hired more than five years ago. Staff files were reviewed for staff on all three shifts and included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for thirteen contractors, seven volunteers and nine medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 36 inmate files were reviewed, although some files were only reviewed for a specific area the auditor was reviewing. 21 inmate files were of those that arrived within the previous twelve months, four were disabled inmates, seven were LEP inmates and eight were inmates who reported prior victimization or had prior perpetration identified during the risk screening. Most inmate files reviewed were of those selected for interviews.

Medical and Mental Health Records. During the past year, there were sixteen inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed the medical and mental health records for ten of the inmate victims as well as mental health documents for eight inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had one grievance of sexual abuse. The auditor reviewed the grievance log for the previous twelve months, the one sexual abuse grievance as well as sample of additional grievances.

Hotline Calls. The facility had eleven calls received through the hotline. One of the sexual abuse allegations was documented to have been received through the hotline. Additionally, the auditor tested the hotline in housing units and determined it was functional for the inmates.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months, ten incident reports associated with the sexual abuse investigations and a sample of ten additional incident reports.

Investigation Files. During the previous twelve months, there were sixteen allegations reported to have occurred at the facility, fifteen of which were closed during the on-site portion of the audit. The auditor reviewed ten of the closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were three allegations that involved a criminal investigation and none that were referred for prosecution.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	2	1	0	1
Unfounded	0	7	0	4
Ongoing	0	0	0	1
Total Allegations	2	8	0	6

Post-Audit

At the completion of the on-site portion of the audit, the PC provided the auditor with a few additional audit documents via email. The auditor spoke to the PC about the corrective action under 115.15, 115.33, 115.63, 116.67 and 115.73. On June 1, 2021 the auditor was provided a memo from the PC to the facility related to standard 115.63. Two of the four Warden to Warden notifications were past the 72 hour timeframe, although all four were completed. The memo indicated that leadership staff are required to ensure this notification is within 72 hours and to ensure all future notifications are within the timeframe. As such, the auditor determined based on training through the PC with the Warden and Assistant Wardenⁱⁱ, this standard has been corrected during the interim report period.

Additionally, during documentation review in April for another MADOC facility the auditor identified missing policy information related to standards 115.17, 115.64 and 115.68. The PC provided the auditor with a memo indicating that the policy changes had been made, however they were being routed through the appropriate agency process, which takes some time. Provisions a, b, d and e were missing the required policy language for standard 115.17, provision b related to non-security first responder duties was missing from the agency's current policy and policy was missing information related to the use of segregated housing for inmates who reported sexual abuse as it relates to 115.68. Based on a review of the assurance memo from the PC related to the policy updates the auditor determined these issues were corrected. On September 7, 2021 the auditor was provided the finalized Selection and Hiring Policy (103 DOC 201) with the updated language. Page 21 of the policy indicated that all candidates for employment,

regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about the three required questions (spelled out in the procedure, condensed here for documentation purposes). Additionally it states that if a candidate for employment answers yes they will be prohibited from being hired or prohibited by the MADOC. With regard to provision e, page 114 states that to ensure the department complies with the above criteria in PREA standard 115.15, a criminal background check will be conducted on all employees every four years, to include contractors. The Division of Human Resources (DHR) will be responsible for completing the criminal background process. On September 9, 2021, the auditor received the updated Sexual Harassment/Abuse Response and Prevention Policy (103 DOC 519). Page 16 has the non-security first responder duties added, which stated that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Page 11 had the language related to prohibition of segregated housing for inmates who reported sexual abuse and stated that inmates at high risk of sexual harassment/abuse, and those who have reported being a victim of sexual harassment/abuse in the past, whether in the community or in a prison setting, shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made.

With regard to 115.33, during the on-site portion of the audit the auditor identified five inmates that were not documented with PREA education after the release of the PREA standards in 2013. As such corrective action is required for provision (c) of the standard. A review of a sample of four disabled inmate files and seven LEP inmate files indicated that eight were documented with PREA education. Two of the LEP inmates were documented with receiving a handbook in Spanish but not comprehensive education in Spanish. One LEP inmate did not have any comprehensive education documented. None of the LEP inmates signed Spanish education acknowledgments. Additionally, information from the PC and from two previous MADOC audits indicated that the MADOC had not been utilizing the Spanish PREA video until recently. As such, LEP inmates were not provided the comprehensive PREA education in a format that allows them to benefit from the agency's sexual abuse and sexual harassment policies. It should also be noted that three of the disabled inmates were those that received the PREA education prior to 2013. On May 24, 2021 the auditor was provided documentation from the PC related to the direction that was sent to all MADOC facilities. The PC advised all MADOC facilities to provide comprehensive PREA education in the inmates' primary language. He also provided all MADOC facilities with the link to the Spanish PREA video. On May 28, 2021 the auditor was provided a list of twelve identified LEP inmates as well as copies of their Spanish acknowledgment forms, indicating they received and understood orientation materials, including comprehensive PREA education. Additionally, the PCM provided confirmation that all inmates that were identified with arriving at the facility prior to 2013 had been provided updated PREA education. Thus, based on the memo from the PC, the assurance from the PCM related to inmates arriving prior to 2013 and the sample of LEP inmate orientation acknowledgments, 115.33 was corrected during the interim report period.

During the on-site portion of the audit the auditor discovered that allegations referred to the Internal Affairs Unit (IAU) for investigation did not include monitoring for retaliation or an inmate victim investigative outcome notification. It was determined that when an allegation was referred to IAU, facility staff were under the assumption that they were not responsible for monitoring or reporting to the inmate, and believed it was IAU's responsibility. On August 3, 2021 the PC sent a memo to all MADOC Superintendents related to standards 115.67 and 115.73. The memo directed (and educated) facility staff to conduct the 90 day monitoring regardless of who conducts the investigation. The memo also advised (and educated) that upon completion of an investigation by IAU (and upon notification to the facility about the outcome of the investigation by IAU), the facility is responsible for providing the inmate victim the outcome notification advising them of the investigation results. The memo from the PC educating facility staff on the requirements under IAU investigations paired with the fact that the facility otherwise exceeded both of these standards lead the auditor to determine that with education/training the facility corrected standards 115.67 and 115.73. The staff at the facility were under a false assumption related to responsibilities once IAU initiated an investigation. The facility was documented with monitoring for

retaliation for all other allegations that did not involve an IAU investigation, including sexual harassment allegations (which exceeds the requirements). Additionally, the facility monitored all staff and inmates associated with the investigation, regardless of whether they feared retaliation (which also exceeds the requirements). The facility also provided an inmate notification for all other investigations (other than those conducted by IAU), including sexual abuse and sexual harassment allegations (which exceeds the requirement of only sexual abuse allegations). Thus, the auditor determined that the facility was exceeding the actual requirements for both the standards, but just had misinformation related to their responsibilities under these standards when IAU investigated. As such, with the appropriate information disseminated and appropriate staff educated on the memo directives, the auditor determined that the facility has corrected these standards with training.

During the tour the auditor identified numerous areas that did not provide privacy for inmates from opposite gender staff when showering, using the restroom and changing their clothes. Toilets were visible through large windows in the Health Services Unit (HSU) and health services as well as were visible on camera. Holding cells in booking and in health services were also under video observation and did not provide privacy for inmates using the toilet or when inmates were being strip searched. Additionally, all showers in each housing unit required modification as inmate genitals were visible through the current doors. On August 26, 2021 the auditor was provided six photos of updated camera views within the holding cells in booking and health services. The cameras were updated with black out spots in the areas where the toilets are located. The photos gave numerous angles confirming that when inmates are using the restroom they have privacy from opposite gender staff viewing the cameras. Additionally, the blacked out area provides privacy when staff conduct strip searches. Additional mobile privacy barriers can also be utilized to block camera view during strip searches. On September 1, 2021 and September 10, 2021 the auditor was provided six photos of the shower modifications in the housing units. Black privacy film and opaque privacy cover were added to the shower doors, blocking the view of inmates in the shower from the shoulders to below the knees. On September 14, 2021 the auditor was provided two photos of the restroom window in the waiting area in health services. The facility added black privacy film to half of the window, obstructing the view from the officer's station to the restroom, preventing cross-gender viewing. On October 2, 2021 the auditor was provided three photos of the modifications made to the HSU living areas. The facility installed sliding curtains around the toilet area of the living space to allow privacy when using the restroom and changing clothes. The curtains obstruct possible cross-gender viewing by the video cameras and through the large living space windows. In addition to all of the photographic evidence of modifications, the auditor was provided an assurance memo from the Superintendent indicating all modifications displayed in the sample photos were made across all applicable areas of the facility, to include HSU, health services, living unit showers and booking.

Facility Characteristics

Souza Baranowski Correctional Center is a state prison under the authority of the Massachusetts Department of Corrections, located at 1671 Shirley Road, in Lancaster, Massachusetts. The facility is the MADOC's only maximum level facility and is located adjacent to Massachusetts Correctional Institution Shirley. The facility is located in Worcester County, approximately 45 miles northwest of Boston, Massachusetts. The facility opened in September 1998 with one of the highest degrees of technical integration of any prison in the country. The facility has three buildings located on eighteen acres of land, with the main building containing the vast majority of functional elements at SBCC. The total capacity for the facility is 1410. The average daily population over the previous twelve months was 651. On the first day of the on-site portion of the audit the population at the facility was 534. The facility houses adult male inmates. The age range of the facility's population is 18-80 years of age. The facility houses maximum security inmates and has an average length of stay of 560 days.

The facility employs 548 staff. Security staff make up three shifts; day shift works from 7:00am-3:00pm, evening shift works from 3:00pm-11:00pm and morning shift works from 11:00pm-7:00am. Each shift has a Shift Commander (Lieutenant) as well as Corridor Lieutenants, numerous Sergeants and at least three staff per housing unit. Additional staff are assigned to other areas to include control, perimeter, visiting room, reception, corridor, pod rover, booking, property, operations, vocation, education, gym (recreation), laundry, yard tower and the kitchen. On January 20, 2020 the facility increased their staffing levels by over 70 staff members. The current staffing levels at the facility, based on the current population, is approximately a two inmate to one staff member ratio (during daytime hours). At full capacity the facility would be staffed at approximately three inmates to one staff member ratio. This staffing far exceeds the adequate level to protect inmates from sexual abuse. The facility employs 238 contractors and has fifteen active volunteers.

The facility comprises three building, the main building with all housing, work and program areas as well as a sallyport and a generator building. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and BARCC contact information was observed throughout the facility. The below describes the basics of SBCC.

Administration – This area contains numerous offices, including the Warden's office.

Education – The space contains the library, law library and classrooms.

Food Service – The dining area is open with tables and stools and is no longer utilized as inmates eat in their housing units. The kitchen contains necessary materials to feed over 500 inmates including coolers, freezers, ovens, kettles, grills, a food preparation area, a dish area, dry storage and serving lines. The inmate restroom has a solid door for privacy. An additional space for the culinary arts vocational program is located in food service.

Health Services – This space includes medical and dental. Dental has a chair and work stations. Medical has exam rooms, a trauma room and a waiting room. Exam rooms have doors that provide privacy. The inmate restroom in the waiting area has a door with a large window (see 115.15 related to cross gender viewing issues). Additionally, medical has two holding cells equipped with toilets (see 115.15 related to cross gender viewing issues). Medical records are paper and electronic, paper files are located behind a locked door with limited access. Additionally, a triage room is located outside each housing unit for medical and mental health purposes.

Booking – Contains holding cells and offices. Holding cells are all equipped with cameras (see 115.15 related to cross gender viewing issues). Strip searches are conducted in the holding cells. The risk screening is conducted in an office with a security window.

Laundry – This area has washers, dryers and a folding area. The inmate restroom has a solid door for privacy.

Recreation – Is both indoor and outdoor. The outdoor recreation area consists of two yards, both contain a track, basketball court, picnic tables and telephones. The indoor recreation area includes two gymnasiums with basketball courts. The inmate restroom has a door with a security window.

Visitation – Is both indoor and outdoor, however outdoor is no longer utilized. Indoor visitation is open with chairs, a children's play area, attorney rooms and a separate area with no contact visitation booths. The strip search rooms have doors with privacy tint and the inmate restroom has a raised half wall and a curtain for privacy. The outdoor area is equipped with picnic tables.

Vocation/Programs – Includes classrooms, the barbershop, a computer room and a chapel. One inmate restroom has a half wall and the second has a solid door for privacy.

All general population housing units as well as specialized housing units, with the exception of the Restricted Housing Unit (RHU), Secure Treatment Program (STP) and the Health Services Unit (HSU), have the same physical layout. Each unit is two tiered with the dayroom located on the first tier consisting of tables, stools, telephones and televisions. Inmate cells are double bunked with a desk, stool, toilet and sink. Cell doors are solid with a security window. Showers are outside of the cell and are individual with open bar stock/lattice type doors (see 115.15 for cross gender viewing issues). Each unit has an additional outdoor recreation area with a basketball court, weights and telephones.

The HSU has a hospital floor layout with a nurse's station and inmate rooms. Rooms are single or double bunked and contain hospital bed(s), a toilet and a sink. The rooms have many open windows as well as a door with a large window (see 115.15 for cross gender viewing issues). Showers are outside of the rooms and are single person with lattice type material doors (see 115.15 for cross gender viewing issues).

The STP and the RHU have the same physical plant, with the exception of modifications of cells in the STP for program areas and additional observation cells. The units have two sides and contain a dayroom with restraint chairs and telephones. There is an area with no contact visitation rooms and holding cells as well. Cells are single bunked with beds, a desk, a stool, a toilet and a sink. Cell doors are solid with a security window. Showers are outside of the cells and are individual with open bar stock/lattice type doors (see 115.15 for cross gender viewing issues). Additionally, each unit has a separate laundry storage area as well as outdoor recreational enclosures.

Unit	Capacity	Style	Inmate Population
G1	92	Double Occupancy	General Population - Closed
G2	92	Double Occupancy	General Population
H1	92	Double Occupancy	General Population - Closed
H2	92	Double Occupancy	General Population - Closed
I1	92	Double Occupancy	General Population - Closed

I2	92	Double Occupancy	General Population - Closed
J1	92	Double Occupancy	General Population – Residential Treatment Unit
J2	92	Double Occupancy	General Population
J3	36	Single Occupancy	Restricted Housing Unit
K1	92	Double Occupancy	General Population
K2	92	Double Occupancy	General Population
K3	36	Single Occupancy	Restricted Housing Unit – Closed
L1	92	Double Occupancy	Protective Custody
L2	92	Double Occupancy	General Population
L3	36	Single Occupancy	Restricted Housing Unit
M1	92	Double Occupancy	General Population
M2	92	Double Occupancy	General Population – Quarantine
M3	19	Single Occupancy	Secure Treatment Program
N1	92	Double Occupancy	General Population
N2	92	Double Occupancy	General Population
P1	92	Double Occupancy	General Population
P2	92	Double Occupancy	General Population
HSU	24	Double Occupancy	Health Services Unit

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.13, 115.21, 115.34, 115.53 & 115.71

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy (SHARRP)

3. PREA Coordinator Appointment Letter
4. Agency Organizational Chart
5. Facility PREA Manager Appointment Letter
6. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA policy, 103 DOC 519. Page 8 states that the Department has a zero-tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. The policy address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Chief of PREA Audits, Operations and Investigations. The PC reports to the Deputy Commissioner of Prisons. The appointment letter states that the PC's responsibility is to ensure that the Department is in compliance with Department of Justice PREA standards and the Department's PREA related policies. Additionally, it states that the PC is also responsible for collaborating with facility PREA Managers on implementing and monitoring of the Sexual Harassment/Abuse Response Prevention Policy. The PC has fourteen PREA Compliance Managers that report to him. The interview with the PC indicated he has enough time to manage all of his PREA related responsibilities. He stated that his position is a dedicated full-time upper-level management position.

115.11 (c): The facility has designated the Deputy Superintendent as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. That PAQ stated that the PCM reports to the Superintendent. The appointment letter confirms that the Deputy Superintendent has been selected as the PREA Coordinator for SBCC. A review of the facility's organization chart confirms that the Deputy Superintendent of Reentry, who is the PCM, reports directly to the Superintendent. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance. He stated that he manages his time well and that he has a great relationship with the facility investigators.

Based on a review of the PAQ, 103 DOC 519, the appointment letters, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the Superintendent
3. Interstate Compact Contracts

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicates the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit and that all of the contracts require contractors to adopt and comply with PREA standards. The PAQ indicated that there are 21 agency contracts. Further review indicates that these contracts are in regard to interstate compact housing. A review of a sample of contracts indicates that contract language states that the contracting parties shall adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and agrees to provide information to each other, upon request, concerning the party state's compliance with the PREA standards.

115.12 (b): he PAQ indicates the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit and that all of the contracts require contractors to adopt and comply with PREA standards. The PAQ indicated that there are 21 agency contracts. Further review indicates that these contracts are in regard to interstate compact housing. A review of a sample of contracts

indicates that contract language states that the contracting parties shall adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and agrees to provide information to each other, upon request, concerning the party state's compliance with the PREA standards. The interview with the Agency Contract Administrator confirmed that the agency's current contracts contain specific PREA language and that every state that the agency does business with is required to adopt and comply with the PREA. He stated that all the states they have contracts with are either PREA compliant or working toward PREA compliance. He further indicated that the agency only has interstate compact contracts and that each state conducts and keeps their own PREA audit results.

Based on the review of the PAQ, sample contracts with other state agencies and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 510 – Security Staffing and Analysis
3. 103 DOC 512 – Post Orders
4. Post Order 1 – Shift Commander
5. The Staffing Plan
6. Positions Needed Worksheet
7. Weekly FTE Status Report
8. Annual Staffing Plan Review
9. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 103 DOC 510, page 4 states that the staffing plan must provide for adequate levels of staffing, and where applicable, video monitoring, to protect inmate's against sexual abuse. When calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing plan is based off of 783 inmates. The facility employs 548 staff. Security staff make up three shifts; day shift works from 7:00am-3:00pm, evening shift works from 3:00pm-11:00pm and morning shift works from 11:00pm-7:00am. Each shift has a Shift Commander (Lieutenant) as well as Corridor Lieutenants, numerous Sergeants and at least three staff per housing unit. Additional staff are assigned to other areas to include control, perimeter, visiting room, reception, corridor, pod rover, booking, property, operations, vocation, education, gym (recreation), laundry, yard tower and the kitchen. On January 20, 2020 the facility increased their staffing levels by over 70 staff members. The current staffing levels at the facility, based on current population, is approximately a two inmate to one staff member ratio (during daytime hours). At full capacity the facility would be staffed at approximately a three inmate to one staff ratio. This staffing far exceeds the adequate level to protect inmates from sexual abuse. A review of documentation indicated that the facility utilizes the Positions Needed Worksheet, the Weekly FTE Status Report and shift rosters to determine and/or adjust the staffing plan. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels to protect inmates from sexual abuse and that they comply with the plan on a regular basis. Both indicated that the required

components under this provision are included in determining staffing levels. The Warden stated that the staffing plan is based off of trends of other facilities, incidents of sexual abuse allegations, American Correctional Association and National Institute of Corrections guidelines and findings from federal lawsuits and audits. He stated that they look at the physical plant related to blind spots and that they had just increased their staffing levels due to staff assaults. The Warden further stated that there are more staff on days and shifts when programs occur and that there are supervisors, from the Captain level down, on each shift to assist with monitoring. He indicated that video monitoring is part of their staffing plan and that they do an analysis each year to determine if additional cameras or monitoring technology are needed. He stated that they check for compliance daily with the shift rosters and that they also do an annual review with the Deputy Commissioner. The PCM stated that the facility conducts audits and annual safety assessments related to staffing levels. He indicated there is also monthly and yearly video monitoring assessments completed. The PCM further stated that there are at least three staff on each housing unit and that there are additional staff who serve as rovers and monitor halls and corridors. He indicated that there are cameras everywhere within the facility and that they had just revamped the cameras system and added a few cameras in some of the vulnerable areas such as the kitchen.

115.13 (b): 103 DOC 510, page 4 states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The PAQ indicated that no deviations from the staffing plan have occurred in the previously twelve months. The interview with the Warden confirmed that they never deviate from the staffing plan. He stated that they fill every position and that the only time a post would not be filled is if the area was closed.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 103 DOC 510, page 3 indicates that at least annually, each facility and special unit in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to: the official staffing analysis; the deployment of video monitoring technology systems and other monitoring technology; and resources the facility/special unit has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on January 16, 2020. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The current years plan was revised on January 30, 2020 to add seventeen staff on the day and evening shift and five staff on the morning shift. The prior year staffing plan review was completed on December 5, 2019. The PC confirmed he reviews staffing plans annually in conjunction with the Superintendents. He stated he signs off on every MADOC facility staffing plan.

115.13 (d): 103 DOC 512, page 8 indicates that supervisory level employees shall conduct and document unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. Additionally, page 4 states that alerting staff members of unannounced supervisory rounds is prohibited unless the announcement is related to the operational functions of the facility. Page 8 of Post Order 1 states that the Shift Commander is required to conduct at least one round of all areas of the facility to ensure that all rules, regulations, department and institutional policies are adhered to. A review of the PAQ supplemental documentation indicated that unannounced rounds were conducted on three separate days by each shift supervisor. An additional review of documentation on-site of five random days selected by the auditor indicated that on all five selected days the Shift Commander on all three shifts conducted rounds in the housing units. The interviews with intermediate-level or higher-level staff confirmed that they make unannounced rounds and that the rounds are documented in the housing unit logs. All three staff confirmed that they do their rounds randomly and irregularly and that they do not do them in a pattern and they surprise the staff.

Based on a review of the PAQ, 103 DOC 510, 103 DOC 512, Post Order 1, the Staffing Plan, Weekly FTE Status Report, Positions Needed Worksheet, annual staffing reviews, documentation of unannounced rounds, observations made during the tour and interviews with intermediate-level or higher-level staff, this standard appears to exceed this standard. The facility employs 548 staff. Security staff make up three shifts; day shift works from 7:00am-3:00pm, evening shift works from 3:00pm-11:00pm and morning shift works from 11:00pm-7:00am. Each shift has a Shift Commander (Lieutenant) as well as Corridor Lieutenants, numerous Sergeants and at least three staff per housing unit. Additional staff are assigned to other areas to include control, perimeter, visiting room, reception, corridor, pod rover, booking, property, operations, vocation, education, gym (recreation), laundry, yard tower and the kitchen. On January 20, 2020 the facility increased their staffing levels by over 70 staff members. The current staffing levels at the facility, based on current population, is approximately a two inmate to one staff member ratio (during daytime hours). At full capacity the facility would be staffed at approximately a three inmate to one staff ratio. This staffing far exceeds the adequate level to protect inmates from sexual abuse. Additionally, the facility never deviates from the staffing plan. All posts are required to be filled through overtime. The facility has over 450 cameras to supplement monitoring. There are very few places within the facility that are not under 24 hours video observation. Further, the level of staffing paired with the monitoring technology provides more than adequate supervision to prevent, detect and respond to sexual abuse. In addition, supervisory staff routinely make rounds on each shift, which exceeds the requirements under this standard.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy (SHARRP)
3. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at the facility. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offendersⁱⁱⁱ. The Warden and PCM confirmed that the agency as a whole does not house inmates under the age of eighteen. As such, this provision is not applicable.

115.14 (b): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at the facility. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders. The Warden and PCM confirmed that the agency as a whole does not house inmates under the age of eighteen. As such, this provision is not applicable.

115.14 (c): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at the facility. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders. The Warden and PCM confirmed that the agency as a whole does not house inmates under the age of eighteen. As such, this provision is not applicable.

Based on a review of the PAQ, 103 DOC 519 and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 506 – Search Policy
3. 103 DOC 519 – Sexual Harassment/Abuse Response Prevention Policy (SHARPP)
4. Body Searches – Clothed Training Curriculum
5. Body Searches – Unclothed Searches Training Curriculum
6. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy in Shower and Bathroom Areas
2. Observation of Absence of Female Inmates

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does conducts cross gender visual body cavity searches of inmates and that there have been two searches of this kind in the previous twelve months. 103 DOC 506, page 7 states that except for gender non-conforming inmates, cross-gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report. A review of two incident reports confirmed that there were two inmates who had strip searches conducted. Both searches were entered by a female staff member who was present during the search but did not conduct the strip search.

115.15 (b): The PAQ indicated that no female inmates are housed at the facility and therefore this provision of the standard does not apply. 103 DOC 506, page 13 also states that fully clothes searches (pat search) should be employed for the relatively quick scrutiny of an inmate's person. Searches are to be conducted professionally and respectfully, and in the least intrusive manner possible, consistent with

security needs. Cross-gender pat searches of female inmates shall not be permitted absent exigent circumstances.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 103 DOC 506, page 7 states that except for gender non-conforming inmates, cross-gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report. A review of two incident reports confirmed that there were two inmates who had strip searches conducted. Both searches were entered by a female staff member who was present during the search but did not conduct the strip search.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 103 DOC 519, page 18 states that Superintendents shall implement procedures which enable inmates to shower, perform bodily functions, and change clothing, without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that pursuant to 103 DOC 512, Superintendents shall require staff of the opposite gender to verbally announce, or have verbally announced for them, their presence when entering an inmate housing unit whenever such entry changes the status quo of the gender of staff on duty in that area. 103 DOC 512, page 8 states that a verbal announcement shall be made at the commencement of a shift for any staff working in a unit of the opposite sex. This announcement shall be documented in the unit activity log. It also states that whenever entering a housing unit of the opposite sex, staff shall announce their presence. This shall be logged in IMS in the unit visitor log. A review of the PAQ supplemental documentation confirmed that female staff make a log entry when they make the announcement. Interviews with seventeen staff indicated that sixteen stated that inmates have privacy when showering, using the restroom and changing clothes. Additionally, all seventeen confirmed that staff of the opposite gender announce their presence when entering a housing unit. Interviews with 30 inmates indicated that 29 had never been naked in front of a staff member of the opposite gender and 23 stated that staff of the opposite gender announce when they enter housing units. During the tour, the auditor heard the opposite gender announcement being made when entering housing units. The auditor observed that all housing units, with the exception of the HSU, have solid cell doors with security window that provide privacy. Additionally, most program areas contained half walls, curtains, solid doors or doors with security windows in the inmate restrooms. While touring, the auditor observed that all showers had open bar stock/lattice type material doors, which was open and allowed for staff of the opposite gender to view inmate genital areas. Additionally, there were holding cells in health services and in booking that were under video monitoring and did not provide privacy for inmates when utilizing the toilets. Health services also had an inmate restroom in the waiting area that was open and did not provide privacy from the staff in the officer's station. Lastly, all inmate rooms in the HSU have large windows and doors with windows that allow staff to view inmates using the restroom and changing their clothes. Additionally, these cells are also equipped with video monitoring which does not provide inmates privacy when using the restroom and changing their clothes.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status

and that no searches of this nature have occurred within the previous twelve months. 103 DOC 512 page 7, states that searches or physically examining a gender non-conforming inmate for the sole purpose of determining the inmate's genital status shall not be permitted. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the contracted medical provider. Additionally, page 6 of the Body Searches – Unclothed training curriculum states that searches or physically examining a gender non-conforming inmate for the sole purpose of determining the inmate's genital status shall not be permitted. Interviews with seventeen staff indicated that fourteen were aware of a policy prohibiting searching a transgender inmate for the sole purpose of determining their genital status. There were no transgender inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted. It should be noted that during interviews one inmate stated he identifies as transgender, however after further communication with the inmate and staff it was determined that he has refused to go through the identification process with medical and mental health. The agency does not identify inmates as transgender until they go through the medical and mental health process in order to prevent manipulation of the gender identify process.

115.15 (f): 103 DOC 506, page 13 states that fully clothes searches (pat search) should be employed for the relatively quick scrutiny of an inmate's person. Searches are to be conducted professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. Page 13 also describes the recommended fully clothed search technique. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of the fully clothed and unclothed training curriculums confirm that staff are trained to be professional and composed. Additionally, the training indicates that gender, sex and search preference will be found on the inmate's identification card and that the search should be conducted professionally and respectfully in the least intrusive manner possible. The training encompasses step by step instruction on how to conduct a professional search. Interviews with seventeen staff indicated that ten had received training on cross gender searches and searches of transgender inmates. A review of a sample of 22 staff training records indicated that all 22 had received the fully clothed and unclothed training during the academy.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, Body Searches – Clothed, Body Searches – Unclothed, a random sample of staff training records, observations made during the tour to include half walls, saloon doors and the opposite gender announcement as well as information from interviews with random staff, random inmates and a transgender inmate indicate this standard requires corrective action. During the tour the auditor identified numerous areas that did not provide privacy for inmates from opposite gender staff when showering, using the restroom and changing their clothes. Toilets were visible through large windows in the HSU and health services as well as were visible on camera. Holding cells in booking and in health services were also under video observation and did not provide privacy for inmates using the toilet or when inmates were being strip searched. Additionally, all showers in each housing unit required modification as inmate genitals were visible through the current doors.

Corrective Action

The facility will need to make the necessary modifications to all housing units showers, the holding cells in booking, the bathroom area in health services, the holding cells in health services and the inmate rooms in the health services unit to ensure inmates have privacy when showering, using the restroom and changing their clothes, including views from the monitored cameras in these areas. Once modifications are completed the facility will need to send photos of modifications to each of the areas from different angles to confirm corrective action is appropriate.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents

1. Photographs of Facility Modifications
2. Assurance Memo from the Warden

On August 26, 2021 the auditor was provided six photos of updated camera views within the holding cells in booking and health services. The cameras were updated with black out spots in the areas where the toilets are located. The photos gave numerous angles confirming that when inmates are using the restroom they have privacy from opposite gender staff viewing the cameras. Additionally, the blacked out area provides privacy when staff conduct strip searches. Additional mobile privacy barriers can also be utilized to block camera view during strip searches. On September 1, 2021 and September 10, 2021 the auditor was provided six photos of the shower modifications in the housing units. Black privacy film and opaque privacy cover were added to the shower doors, blocking the view of inmates in the shower from the shoulders to below the knees. On September 14, 2021 the auditor was provided two photos of the restroom window in the waiting area in health services. The facility added black privacy film to half of the window, obstructing the view from the officer's station to the restroom, preventing cross-gender viewing. On October 2, 2021 the auditor was provided three photos of the modifications made to the HSU living areas. The facility installed sliding curtains around the toilet area of the living space to allow privacy when using the restroom and changing clothes. The curtains obstruct possible cross-gender viewing by the video cameras and through the large living space windows. In addition to all of the photographic evidence of modifications, the auditor was provided an assurance memo from the Superintendent indicating all modifications displayed in the sample photos were made across all applicable areas of the facility, to include HSU, health services, living unit showers and booking.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 401 – Booking and Admissions
3. 103 DOC 408 – Reasonable Accommodations for Inmates
4. 103 DOC 488 – Interpreter Services
5. Inmate Handbook
6. Bilingual Staff List
7. Lionbridge Interactive Voice Response Information

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 301 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the ADA. The Department shall ensure that its programs, activities and services when viewed in their entirety, are readily accessible to, and usable by inmates with a disability. Additionally, it states that the Department shall provide inmates access to trained, qualified individual(s) who are educated in the problems and challenges faced by inmates with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist inmates with a disability, as well as in all the legal requirements for the protection of inmates with disabilities. The interview with the Agency Head Designee confirmed that the agency has a language access program that provides translation in over 100 languages. He also stated that the agency has an Americans with Disabilities Act staff member that coordinates all actions for disabled inmates. The Agency Head Designee indicated that the agency meets with inmates to afford them accommodations such as talking or buzzing watches. He also confirmed that they have specific telephones for inmates with hearing impairments and they also have the option of closed captioning. Interviews with seven disabled and LEP inmates indicated that all seven were provided information in a format that they could understand. During the tour, the PREA signage was observed to be in painted in large block lettering. Additionally, posters had bright colors and were easily visible.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts

to prevent, detect and respond to sexual abuse and sexual harassment. 103 DOC 401, page 13 indicates that each Superintendent/designee shall ensure that new inmates (to include inmates admitted directly to a Restrictive Housing Unit) receive written orientation materials in English and Spanish. When necessary, other non-English speaking inmates shall receive translation into their own language via the telephone interpreter service. When a literacy problem exists, a staff member may assist the inmate in understanding the problem. A review of the inmate handbook confirmed that PREA information is available in Spanish. 103 DOC 488, page 4 states that telephonic interpreter services may be used to translate for inmates in the following areas: Internal Perimeter Security (IPS), Booking and Admissions, Health Services Unit (HSU), Classification Boards, Inmate Grievances and Disciplinary Hearings. If an inmate requests an interpreter or correctional or medical staff believe the use of an interpreter is necessary, then the telephonic interpreter service shall be utilized. This policy does not prevent IPS or Department investigators from utilizing bilingual staff to interview inmates if the situation does not lend itself to the use of the telephonic interpreter service during the course of an investigations. Page 29 of the inmate handbook informs inmates that the Department of Corrections has contracted a service provider to provide over-the-phone interpretation, 24 hours a day, seven days a week. This service can provide translation of 140 different languages to any non-English speaking inmate. This service can only be used with a speaker telephone in the following areas whenever an inmate declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A provided memo indicated the facility has 47 staff that can be utilized to interpret twelve different languages. A review of the Lionsbridge user's guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. The auditor utilized Lionsbridge at another MADOC audit to confirm the availability of the services. Interviews with seven disabled and LEP inmates indicated that all seven were provided information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 103 DOC 488, page 4 state that inmates shall not be used as interpreters for other inmates in IPS, Booking and Admissions, HSU, Classification Boards, Inmate Grievances and Disciplinary Hearings. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with seventeen staff indicated that ten were aware of a policy prohibiting inmates from being utilized to interpret, translate or read for sexual abuse allegations. Interviews with seven disabled and LEP inmates indicated none had an inmate translator, interpreter or assistant utilized.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the inmate handbook, the bilingual staff list, the Lionbridge information, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee, random staff, LEP inmates and disabled inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 201 – Selection and Hiring
3. Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections
4. Memo from the Director of Human Resources
5. MA Department of Correction Application for Employment
6. MA Department of Correction Application for Employment Attachment X
7. PREA 201 Employer Addendum
8. Personnel Files of Staff

9. Contractor Background Files
10. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. During documentation review the auditor verified that while the Director of Human Resources issued a memo on February 21, 2019 indicating that the agency prohibits hiring or promoting anyone who has engaged in the actions under this provision, the information was not added to policy. The PC immediately took action to modify the current policy. On May 28, 2021 the PC provided the auditor with a memo indicating that the required language under this provision was added to 103 DOC 201 and was in the final approval process. On September 7, 2021 the auditor was provided the finalized Selection and Hiring Policy (103 DOC 201) with the updated language. Page 21 of the policy indicated that all candidates for employment, regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about the three required questions (spelled out in the procedure, condensed here for documentation purposes). Additionally it states that if a candidate for employment answers yes they will be prohibited from being hired or prohibited by the MADOC. Page 2 of the MA Department of Corrections Application for Employment indicates that an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable: Criminal Offender Record Information (C.O.R.I); and Sex Offender Registry Information (S.O.R.I); and the Central Registry of Child Abuse/Neglect reports. If an offer of employment is made, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licensure, driver's license (if required for job) and/or a tax and background check. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?" and "Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?". A review of personnel files for eight staff who were hired in the previous twelve months indicated that they all had a completed criminal background check. All eight staff completed the Attachment X; however they completed the version that was prior to January 1, 2021 which only included two questions. A review of an additional five MADOC background checks indicated that all five staff had a completed criminal background check and all those hired after January 1, 2021 completed the updated Attachment X which includes the required three questions plus the two previously utilized questions.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 103 DOC 201, page 44 as well as page 113 indicate that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractors, who may have contact with inmates. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the question "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?". Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 103 DOC 201, pages 21-23 indicate that a criminal record check is conducted on all new employees prior to their assuming their duties in order to identify whether there are criminal convictions that may have a specific relationship to job performance in accordance with state and federal statutes. The background investigation shall include, but not be limited to, the following: a criminal records check including local police departments, Massachusetts Board of Probation, National Crime Information Center (NCIC), Nation Law Enforcement Telecommunications System (NLETS), Registry of Motor Vehicles, FBI fingerprints and Warrant Management Systems (WMS); past employment check, including the investigator's best efforts in contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an alleged sexual abuse and character reference check. The PAQ indicated that 170 people were hired in the previous twelve months and that 100% of those hired had a criminal background record check. A review of personnel files for eight staff who were hired in the previous twelve months indicated that all eight had a completed background check. All eight staff completed the Attachment X; however they completed the version that was prior to January 1, 2021 which only included two questions. A review of an additional five MADOC background checks indicated that all five staff had a completed criminal background check and all those hired after January 1, 2021 completed the updated Attachment X which includes the required three questions plus the two previously utilized questions. Human Resource staff confirmed that a criminal background check is completed for all applicants and that the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 103 DOC 201, page 28 indicates that a full criminal record check and fingerprinting shall be conducted regarding all contractors as described in 103 DOC 201.09(1). The PAQ indicated that there have been five contracts for services where criminal background checks were conducted on all staff covered under the contract. This indicates that 100% of contracts for services had criminal background record checks conducted on all staff covered under the contract. A review of seven contractor personnel files indicated that all seven had a criminal background check completed. Human Resource staff indicated that all contractors have a criminal background check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. During documentation review the auditor verified that while the Director of Human Resources issued a memo on February 21, 2019 indicating that the agency shall either conduct criminal background checks at least every five years on current employees and contractors, the information was not added to policy.

The PC immediately took action to modify the current policy. On May 28, 2021 the PC provided the auditor with a memo indicating that the required language under this provision was added to 103 DOC 201 and was in the final approval process. On September 7, 2021 the auditor was provided the finalized Selection and Hiring Policy (103 DOC 201) with the updated language. Page 114 states that to ensure the department complies with the above criteria in PREA standard 115.15, a criminal background check will be conducted on all employees every four years, to include contractors. The Division of Human Resources (DHR) will be responsible for completing the criminal background process. A review of three staff hired more than five years ago as well as four contractors hired more than five years ago indicated that all seven had a criminal background check completed at least every five years. The Human Resource staff stated that criminal backgrounds include a query of the criminal justice information system, Inlets and the National Crime Information Center (NCIC). He also confirmed that staff have a criminal background check completed at least every five years.

115.17 (f): 103 DOC 201, pages 20-21 state that all candidates for employment, regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about whether he/she has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Page 2 of the MA Department of Corrections Application for Employment indicates that an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable: Criminal Offender Record Information (C.O.R.I.); and Sex Offender Registry Information (S.O.R.I.); and the Central Registry of Child Abuse/Neglect reports. If an offer of employment is made, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licensure, driver's license (if required for job) and/or a tax and background check. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?" and "Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?". The Human Resource staff stated they have always had an attachment with PREA information, however in January 2021 the attachment was updated to include the three questions under this standard. He stated there are now a total of five PREA questions. The Human Resource staff also confirmed that staff have a continuing duty to disclose any misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 103 DOC 201, page 25 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Page 3 of the Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections states that staff are required to report promptly in writing to the Superintendent, DOC Department Head, or their designee, any changes of events regarding residential address, home telephone number, marital status, and any involvement with law-enforcement officials pertaining to any investigation, arrest or court appearance.

115.17 (h): Human Resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, 103 DOC 201, Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections, the memo from the Director of Human Resources, the memo from the PC, the MA Department of Correction Application for Employment, the MA Department of Correction Application for Employment Attachment X, the PREA 201 Employer Addendum, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 703 – Design Criteria and Planning Guidelines
3. Annual PREA Safety Assessment
4. Memo from the Superintendent

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. 103 DOC 703, page 3 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design or modification upon the agency's ability to protect inmates from sexual abuse. The interview with the Warden confirmed that there have not been any substantial modifications to the existing physical layout of the facility during the audit period. He stated that they had modified some doors and showers but none of it was substantial. During the tour, the auditor did not observe any substantial renovations, modifications or expansions. The interview with the Agency Head Designee confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protect inmates against sexual abuse. He stated that the agency uses the PREA standards when they do any modifications to any units and that they utilize recommendations from the PREA Resource Center (PRC). He also confirmed that the Division Head has been trained on the requirements under this provision.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 103 DOC 703, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The interview with the Agency Head Designee confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protect inmates against sexual abuse. He stated that video monitoring is used as one of the agency's security systems on a regular basis. He indicated that staff are assigned daily to review video and audit staff and inmate actions. He stated anything that is found that is incorrect is addressed through incident reports and discipline. The Agency Head Designee stated that the agency utilizes cameras to eliminate blind spots and provide supplemental monitoring in high traffic areas. During the tour, the auditor observed video monitoring technology in housing units and common areas. The facility has enhanced video monitoring technology during the previous three years. They currently have over 450 cameras with the addition of eight cameras during the previous twelve months. A review of the Facility Annual PREA Safety Assessments (completed April 1, 2020) indicated that camera placement was discussed during the assessments to ensure current adequate placement and whether any additional cameras were needed. The interview with the Warden confirmed that when they update or install video monitoring technology they consider how the technology will enhance their ability to protect inmates from sexual abuse.

Based on a review of the PAQ, 103 DOC 73, the memo from the Superintendent, observations from the tour and information from interviews with the Agency Head Designee and Warden, this facility appears to comply with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Contract with Boston Area Rape Crisis Center (BARCC)
4. Memorandum of Understanding (MOU) with the Massachusetts State Police
5. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE

3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting both administrative and criminal investigations and that the Massachusetts State Police also conducts criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 103 DOC 519, page 23 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. It further explains the uniform evidence protocol including that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the necessary items to facilities their response to sexual assault allegations. It describes staff first responder duties including separating the inmates, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the inmate to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the inmate's transport to an outside hospital. Evidence collected at the outside hospital involving inmate-on-inmate allegations shall be retained by the transporting officer while evidence collected involving a staff member shall require the outside hospital to notify the State Police who shall transport any evidence collected to the State Police Crime Lab for analysis. Interviews with seventeen staff indicated sixteen knew and understood the evidence protocol. Additionally, sixteen of the seventeen were aware that the Special Investigations Section (SIS) or the Special Investigations Agents (SIA) were responsible for conducting the sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 103 DOC 519, pages 19-20 and page 22 explains the uniform evidence protocol including that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the necessary items to facilities their response to sexual assault allegations. It describes staff first responder duties including separating the inmates, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the inmate to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the inmate's transport to an outside hospital. Evidence collected at the outside hospital involving inmate-on-inmate allegations shall be retained by the transporting officer while evidence collected involving a staff member shall require the outside hospital to notify the State Police who shall transport any evidence collected to the State Police Crime Lab for analysis.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination on-site. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 103 DOC 519, page 20 states that upon completion of the medical and mental health evaluation, the Superintendent/designee, in consultation with medical and mental health personnel, shall determine whether a referral to an outside hospital with a rape crisis unit and SANE Program services is warranted. If the determination is made that the inmate victim should be sent to an outside hospital, and if the inmate victim consents, the inmate victim shall be transported to an outside hospital with a SANE Program where he/she shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted disease, and pregnancy, if appropriate. The PAQ stated that there zero forensic

exams conducted in the previous twelve months. A review of documentation confirmed there were no inmates who required a forensic medical examination. Staff at Beth Israel confirmed that they provide forensic medical examinations at the hospital. The staff confirmed that examinations are provided by SANE.

115.21 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 103 DOC 519, page 22 states that community based victim advocacy services are offered to the inmate as part of the SANE examination at the outside hospital/rape crisis center. Any contracted advocate or community-based advocate assigned shall be coordinated by the Director of Victim Services Unit. The advocate assigned shall accompany and support the victim through the forensic medical examination process and investigatory interview, informational meetings, and referrals. Rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. The most recent contract with BARCC, executed June 3, 2020 indicates that the scope of services includes advocates for Sexual Assault Evidence Collection Kits (SANE cases) as well as advocates for PREA investigatory interviews. The interview with the PCM indicated that the facility utilizes BARCC for victim advocacy services, including hospital accompaniment during a forensic medical examination. He stated he was unfamiliar with the actual process because he has not had to utilize them for accompaniment but that he would look up the information when needed. The interviews with the four inmates who reported sexual abuse indicated that one was able to contact someone after his allegation. He stated he contacted his family. None of the four indicated they were provided information for a local rape crisis center or victim advocacy center. It should be noted that none of the inmates who reported sexual abuse that were interviewed had allegations that involved a forensic medical examination. Additionally, BARCC provides a fifteen minute presentation for all new inmates into the MADOC related to their available services. Inmates are also provided BARCC information through the inmate handbook, posted signs, painted phone numbers and the information is printed on the back of their identification cards.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 103 DOC 519, page 22 states that community based victim advocacy services are offered to the inmate as part of the SANE examination at the outside hospital/rape crisis center. Any contracted advocate or community-based advocate assigned shall be coordinated by the Director of Victim Services Unit. The advocate assigned shall accompany and support the victim through the forensic medical examination process and investigatory interview, informational meetings, and referrals. Rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. The most recent contract with BARCC, executed June 3, 2020 indicates that the scope of services includes advocates for Sexual Assault Evidence Collection Kits (SANE cases) as well as advocates for PREA investigatory interviews. The interview with the PCM indicated that the facility utilizes BARCC for victim advocacy services, including hospital accompaniment during forensic medical examination. He stated that BARCC is a local rape crisis center. The interviews with the four inmates who reported sexual abuse indicated that one was able to contact someone after his allegation. He stated he contacted his family. None of the four indicated they were provided information for a local rape crisis center or victim advocacy center. It should be noted that none of the inmates who reported sexual abuse that were interviewed had allegations that involved a forensic medical examination. Additionally, BARCC provides a fifteen minute presentation for all new inmates into the MADOC related to their available services. Inmates are also provided BARCC information through the inmate handbook, posted signs, painted phone numbers and the information is printed on the back of their identification cards.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. The agency/facility is responsible for conducting both administrative and criminal investigations and the Massachusetts State Police is also authorized to conduct criminal investigations. The agency has an MOU with the MSP that requires them to comply with PREA standards.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has a contract with BARCC to provide all advocacy services. BARCC is the local rape crisis center for Boston and surrounding areas and always provides advocacy services to inmates under this standard.

Based on a review of the PAQ, 103 DOC 519, the contract with BARCC and information from interviews with the random staff, the SAFE/SANE and the PREA Compliance Manager the facility/agency appears to exceed this standard. The agency transports all inmates to Beth Israel for forensic examination and BARCC provides all advocacy services to MADOC inmates and as such all inmates receive the same care with regard to forensic medical examinations and victim advocacy services. BARCC has a partnership with Beth Israel and provides victim advocacy services to not only inmates but all sexual assault victims who undergo a forensic examination at the hospital. Additionally, the agency and the MSP have a uniform evidence protocol that maximizes evidence collection for investigations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP)
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 103 DOC 519, page 23 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Pages 24-25 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. The interview with the Agency Head Designee confirmed that the agency investigates everything and that there is a PREA section in the policy related to investigations. The Agency Head Designee stated that the agency has an investigative database where information is entered and that staff will investigate the allegation to determine if it is substantiated or unsubstantiated. He further stated that if it is substantiated it will be provided to the District Attorney's Office and they would then assign it to the Massachusetts State Police. The PAQ indicated that there were sixteen allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and that all sixteen resulted in an administrative investigation. A review of documentation confirmed there were sixteen sexual abuse and sexual

harassment allegations reported during the previous twelve months. All sixteen were forward for investigations with three involving a criminal investigation. During the on-site portion of the audit, fifteen of the sixteen investigations were closed. The auditor reviewed ten of the investigations, all ten were reported and forwarded to SIS or the Internal Affairs Unit (IAU) for investigation.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 103 DOC 519, pages 24-25 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. Investigations of reported allegations of sexual harassment/sexually abusive behavior between inmates shall be initiated by the Superintendent utilizing appropriately trained facility investigative staff or upon request to the Chief of the OIS/IAU, in conjunction with an investigator from OIS. If a staff member is accused of sexual harassment/sexually abusive behavior with an inmate, the Superintendent shall request a Category II investigation by submitting an Investigative Services Intake Form and shall notify his/her respective Assistant Deputy Commissioner. A review of the agency website (<https://www.mass.gov/lists/departments-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. A review of documentation confirmed there were sixteen sexual abuse and sexual harassment allegations reported during the previous twelve months. All sixteen were forward for investigations with three involving a criminal investigation. During the on-site portion of the audit, fifteen of the sixteen investigations were closed. The auditor reviewed ten of the investigations, all ten were reported and forwarded to SIS or IAU for investigation. The interview with investigative staff confirmed that all allegations are forwarded to an investigative agency with the legal authority to conduct criminal investigations.

115.22 (c): 103 DOC 519, page 10 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegation involves a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. A review of the agency website (<https://www.mass.gov/lists/departments-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. The MOU with the MSP indicates that the MSP screens cases referred to their agency to determine if the MADOC may handle the case utilizing internal investigators, or if the case is most appropriately investigated by the MSP.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 103 DOC 519, the MOU with the MSP, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and investigative staff, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 – Training and Staff Development
3. Massachusetts Department of Corrections Annual Training Plan
4. Massachusetts Department of Corrections PREA Refresher
5. Prison Rape Elimination Act (PREA) Lesson Plan
6. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting laws. 103 DOC 216, pages 10 states that all employees shall receive training on PREA. A review of the Annual Training Plan indicates that PREA is included in the annual training plan. A review of the PREA Lesson Plan confirmed that the following topics are included: the agency's zero -tolerance policy (pages

2 and 19), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (page 25), the inmates' right to be free from sexual abuse and sexual harassment (page 18), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 18), the dynamics of sexual abuse and sexual harassment in a confinement setting (page 9), the common reactions of sexual abuse and sexual harassment victims (page 13), how to detect and respond to signs of threatened and actual sexual abuse (page 25), how to avoid inappropriate relationship with inmates (page 37), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 41) and how to comply with relevant laws related to mandatory reporting laws (page 26). A review of a sample of 22 staff training records indicated that 100% of those reviewed received PREA training. Interviews with seventeen staff confirmed that all seventeen had received PREA training. Staff indicated that they receive training annually and they also received it at the academy and during on the job training at the facility. All staff confirmed that the required topics are covered during training. Most staff stated that the training covered the steps to take if an inmate reports they were sexually abused.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are given additional training. 103 DOC 216, pages 10-11 state that the employee shall receive additional training if the employee is reassigned from an institution that houses only male inmates to an institution that houses only female inmates, or vice versa, as well as the training requirement of 103 DOC 652 and 103 DOC 653 regarding the care and treatment of gender non-conforming inmates. A review of the PREA Lesson Plan confirmed that the anticipated responses section on page 13 includes information for male and female victims. Additionally, there are numerous lesson plans for how to handle female inmates and all staff that are assigned to female facilities complete these trainings. The facility houses male inmates and as such no additional training was required for staff.

115.31 (c): The PAQ indicated that 548 or 100% of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are trained at least every two years and that between trainings staff are provided information via policy and procedure updates and informal training during briefings. 103 DOC 216, page 11 states that employees with inmate contact shall receive refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. A review of documentation indicated that nineteen of the 22 staff had received training at least every two years. One staff member was hired in 2019 and had the academy training in 2019 and the regular staff training in 2020 and two other staff had training in 2020, however the auditor was not provided the second year of training. Both staff have been employed for ten plus years and have received PREA training on numerous occasions.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. A review of a sample of 22 staff training records indicated that all 22 signed the acknowledgment form.

Based on a review of the PAQ, 103 DOC 216, the Annual Training Plan, the PREA Lesson Plan, a review of a sample of staff training records as well as interviews with random staff indicate that the facility appears to meet this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 – Training and Staff Development
3. Volunteer Orientation Handbook
4. New Employee Orientation PREA Form
5. Sample of Contractor Training Records
6. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 103 DOC 216, page 11 states that volunteers and contractors who have contact with inmates shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures.

Pages 15 and 16 of the Volunteer Orientation Handbook contains information on PREA, including the zero-tolerance policy, responsibility to report, remedial measures for violating the sexual abuse and sexual harassment policies. The PAQ indicated that fifteen volunteers had received PREA training. Further correspondence indicated that not all contractors receive training as most are escorted. The PCM stated that all the medical and mental health contractors receive the training and all volunteers prior to COVID-19 received the training. He further indicated that there were no active volunteers now due to COVID-19. A review of a training documents for thirteen contractors and seven volunteers indicated that all 20 had received PREA training. Additionally, the interviews with the two contractors confirmed that they had received training related to the agencies sexual abuse and sexual harassment policies. They both indicated they were provided training upon hire and that they were told about the zero-tolerance policy and how to report incidents of sexual abuse.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 103 DOC 216, page 11 states the level and type of training provided shall be based on the services they provide and the level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Pages 15 and 16 of the Volunteer Orientation Handbook contains information on PREA, including the zero-tolerance policy, responsibility to report, remedial measures for violating the sexual abuse and sexual harassment policies. A review of a training documents for thirteen contractors and seven volunteers indicated that all 20 had received PREA training. Additionally, the interviews with the two contractors confirmed that they had received training related to the agencies sexual abuse and sexual harassment policies. They both indicated they were provided training upon hire and that they were told about the zero-tolerance policy and how to report incidents of sexual abuse.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. A review of a sample of training documents for thirteen contractors and seven volunteers indicated that 100% of those reviewed had signed an acknowledgment form. Each form has an acknowledgment above the signature stating that the individual has reviewed/read the information and understands the content.

Based on a review of the PAQ, 103 DOC 216, the Volunteer Orientation Handbook, the New Employee PREA Form, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicates that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 401 – Booking and Admissions
3. 103 DOC 401 – Inmate Handbook
4. 103 DOC 408 – Reasonable Accommodations for Inmates
5. 103 DOC 488 – Interpreter Services
6. Initial Orientation Packet
7. PREA What You Need to Know Video
8. PREA Posters
9. Inmate Training Records

Documentation Received During the Interim Period

2.

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 103 DOC 401, page 9 states that all PREA orientation information contained within Attachment #2 shall be included in all correctional facilities inmate orientation manuals. A review of Attachment #2 confirms that it contains information on the zero-tolerance policy, information on the facility PCM, ways to report, information on the local rape crisis center, information on investigations and ways to avoid becoming a victim. Additionally, a review of the inmate handbook confirmed that pages 53-54 include the same information as Attachment #2, however it is facility specific information for SBCC. The PAQ indicated that 252 inmates received information at intake on the zero-tolerance policy and how to report incident of sexual abuse/sexual harassment. The is equivalent to 100% of inmates who arrived at the facility over the previous twelve months. A review of 21 inmate files of those received in the previous twelve months indicated that 20 received PREA information at intake either at SBCC or another MADOC facility. One inmate was documented with receiving the information at SBCC; however it was over ten days from

arrival when the inmate was documented with receiving the information. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the initial orientation packet which includes Attachment #2 and the inmate handbook. The interview with intake staff confirmed that inmates receive information on the zero-tolerance policy and how to report sexual abuse at intake. The staff member stated that every inmate sees the orientation video and PREA is a section included in the orientation video. The staff member also stated that all inmates get the handbook at the initial intake and information on the zero-tolerance policy and how to report incidents of sexual abuse is included in it. 29 of the 30 inmates that were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): 103 DOC 401, page 8 states that inmates transferred from other institutions within the correctional system shall receive an orientation to the new institution. Except in unusual circumstances, this orientation is completed within seven calendar days after admission. New inmates entering the correctional system for the first time receive an initial reception and orientation to the institution. Except in unusual circumstances, this orientation is completed within 30 calendar days after admission. The initial reception and orientation includes a review of the orientation video contains the "PREA What You Need to Know" video. Additionally, a review of the initial orientation packet confirms that it contains information on the zero-tolerance policy, information on the facility PCM, ways to report, information on the local rape crisis center, information on investigations and ways to avoid becoming a victim. The inmate handbook also contains the same information but includes facility specific information (such as the PREA hotline number). All inmates receive the PREA video upon admission to the MADOC. All MADOC facilities have the same policies, procedure and information, with the exception of the IPS facility specific hotline. As such, inmates are not required to be provided additional comprehensive education upon transfer to MADOC unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ indicated that 252 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of 21 inmate files of those received in the previous twelve months indicated that all 21 had received comprehensive PREA education within 30 days of intake within the MADOC, however two of those reviewed had received the comprehensive education prior to 2013. The interview with the intake staff member indicated that every inmate sees the orientation video and PREA is a section included in the orientation video. The staff member stated that each inmate at SBCC watches the video whether they are documented with receiving it previously or not. She stated that the video is shown on Wednesdays, so most inmates receive the information within seven days of arrival. Interviews with inmates indicated that 28 of the 30 were told about their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation from reporting.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 103 DOC 401, page 8 states that each Superintendent shall develop written procedures to ensure that each inmate receives an orientation upon admission within 24 hours of arrival. Additionally, it states that inmates transferred from other institutions within the correctional system shall receive an orientation to the new institution. Except in unusual circumstances, this orientation is completed within seven calendar days after admission. The staff member stated that each inmate at SBCC watches the video whether they are documented with receiving it previously or not. She stated that the video is shown on Wednesdays, so most inmates receive the information within seven days of arrival. During the on-site portion of the audit the auditor identified five inmates that did not have PREA education after the release of the PREA standards in 2013. Further review indicated there were additional inmates who received

PREA education prior to 2013 that did not receive the updated education after the release of the PREA standards.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 103 DOC 401, page 13, states that each Superintendent/designee shall ensure that new inmates receive written orientation material in English and Spanish. When necessary, other non-English speaking inmates shall receive translation into their own language via the telephonic interpreter service. When a literacy problem exists, a staff member may assist the inmate in understanding the problem. 301 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the ADA. The Department shall ensure that its programs, activities and services when viewed in their entirety, are readily accessible to, and usable by inmates with a disability. Additionally, it states that the Department shall provide inmates access to trained, qualified individual(s) who are educated in the problems and challenges faced by inmates with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist inmates with a disability, as well as in all the legal requirements for the protection of inmates with disabilities. 103 DOC 488, page 4 states that telephonic interpreter services may be used to translate for inmates in the following areas: Internal Perimeter Security (IPS), Booking and Admissions, Health Services Unit (HSU), Classification Boards, Inmate Grievances and Disciplinary Hearings. If an inmate requests an interpreter or correctional or medical staff believe the use of an interpreter is necessary, then the telephonic interpreter service shall be utilized. This policy does not prevent IPS or Department investigators from utilizing bilingual staff to interview inmates if the situation does not lend itself to the use of the telephonic interpreter service during the course of an investigations. Page 29 of the inmate handbook informs inmates that the Department of Corrections has contracted a service provider to provide over-the-phone interpretation, 24 hours a day, seven days a week. This service can provide translation of 140 different languages to any non-English speaking inmate. This service can only be used with a speaker telephone in the following areas whenever an inmate declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A provided memo indicated the facility has 47 staff that can be utilized to interpret twelve different languages. A review of the inmate handbook and PREA posters confirmed that they are available in both English and Spanish. Additionally, they are available in large print and bright colors. A review of a sample of four disabled inmate files and seven LEP inmate files indicated that eight were documented with PREA education. Two of the LEP inmates were documented with receiving a handbook in Spanish but not comprehensive education in Spanish. One LEP inmate did not have any comprehensive education documented. None of the LEP inmates signed Spanish education acknowledgments. Additionally, information from the PC and from two previous MADOC audits indicated that the MADOC had not been utilizing the Spanish PREA video until recently. As such, LEP inmates were not provided the comprehensive PREA education in a format that allows them to benefit from the agency's sexual abuse and sexual harassment policies. It should also be noted that three of the disabled inmates were those that received the PREA education prior to 2013. On May 24, 2021 the auditor was provided documentation from the PC related to the direction that was sent to all MADOC facilities. The PC advised all MADOC facilities to provide comprehensive PREA education in the inmates' primary language. He also provided all MADOC facilities with the link to the Spanish PREA video.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 103 DOC 401, page 14 states that completion of all types of orientation and receipt of all materials shall be documented in the IMS Orientation Checklist screen. Reception Centers, if using an approved alternative orientation checklist that is signed and dated by the inmate, shall be exempt from signing and dating an IMS printout. It shall also be documented by the inmate signing and dating a printout of the completed IMS Orientation Checklist screen. If the inmate refuses or is incapable of reading and signing for the information included in the orientation manual, the staff member providing the inmate with the copy shall indicate such refusal/incapability in the IMS Orientation Checklist Screen, as well as the

assistance offered/given to the inmate who is incapable of reading and signing. The checklist shall be filed in the inmate's case record. A review of 21 inmate files of those received in the previous twelve months indicate that all 21 were documented to have received PREA education, sixteen at a prior MADOC facility, three at SBCC and two prior to 2013.

115.33 (f): The PAQ indicates that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. 103 DOC 401, page 14 states that in addition to the required orientation topics, all institutions shall be required to provide training for the inmates during the orientation sessions that cover, but is not limited to, the following: how to avoid becoming a victim while incarcerated; treatment available for victims of sexual abuse and how to report sexual misconduct incidents. A review of documentation indicates that the facility has PREA information via the inmate handbook, PREA posters and the initial orientation packet. During the tour, the auditor observed the PREA posters and painted PREA information in each housing unit and in common areas.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the inmate handbook, the initial orientation packet, PREA posters, a review of inmate records, observations made during the tour to include the intake area and posted/painted PREA information as well as information from interviews with intake staff and random inmates indicate that this standard requires corrective action. During the on-site portion of the audit the auditor identified five inmates that were not documented with PREA education after the release of the PREA standards in 2013. As such corrective action is required for provision (c) of this standard. A review of a sample of four disabled inmate files and seven LEP inmate files indicated that eight were documented with PREA education. Two of the LEP inmates were documented with receiving a handbook in Spanish but not comprehensive education in Spanish. One LEP inmate did not have any comprehensive education documented. None of the LEP inmates signed Spanish education acknowledgments. Additionally, information from the PC and from two previous MADOC audits indicated that the MADOC had not been utilizing the Spanish PREA video until recently. As such, LEP inmates were not provided the comprehensive PREA education in a format that allows them to benefit from the agency's sexual abuse and sexual harassment policies. It should also be noted that three of the disabled inmates were those that received the PREA education prior to 2013. On May 24, 2021 the auditor was provided documentation from the PC related to the direction that was sent to all MADOC facilities. The PC advised all MADOC facilities to provide comprehensive PREA education in the inmates' primary language. He also provided all MADOC facilities with the link to the Spanish PREA video. On May 28, 2021 the auditor was provided a list of twelve identified LEP inmates as well as copies of their Spanish acknowledgment forms, indicating they received and understood orientation materials, including comprehensive PREA education. Additionally, the PCM provided confirmation that all inmates that were identified with arriving at the facility prior to 2013 had been provided updated PREA education. Thus, based on the memo from the PC, the assurance from the PCM related to inmates arriving prior to 2013 and the sample of LEP inmate orientation acknowledgments, 115.33 was corrected during the interim report period.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Memorandum of Understanding (MOU) with the Massachusetts State Police
4. PREA/Sexual Assault Investigator Training Curriculum

5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 103 DOC 519, page 13 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. The agency as a whole has 149 staff that conduct criminal and administrative sexual abuse cases. A review of documentation confirmed that all 149 of the staff have received the PREA/Sexual Assault Investigator Training, including the 21 facility investigators at SBCC. The interviews with the investigative staff confirmed that they received specialized training through the PREA Sexual Assault Investigative Training which is a 40 hours training course.

115.34 (b): 103 DOC 519, page 13 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum confirms that it covers; techniques for interviewing sexual abuse victims (course 2, page 2-6 and course 4, pages 3-16), proper use of Miranda and Garrity warnings (course 4, page 2), sexual abuse evidence collection in a confinement setting (course 3, pages 3-10) and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (course 5, page 1). A review of documentation confirmed that all 149 of the staff have received the PREA/Sexual Assault Investigator Training, including the 21 facility investigators at SBCC. The interviews with the investigators confirmed that they all received specialized training. They stated that the training is 40 hours and includes information on evidence collection, interviewing inmates, investigative steps, the forensic examination at Beth Israel and follow-up and conclusion of the investigation. All staff indicated that the required topics were covered during the training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that one facility investigator had completed the required training. A review of documentation indicated that 21 facility investigators had completed the training as well as 128 other agency staff.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 103 DOC 519, PREA/Sexual Assault Investigator Training Curriculum, investigator training records as well as information from interviews with investigative staff the facility appears to exceed this standard. The MADOC created the training curriculum for the specialized investigator training. This curriculum is utilized by numerous other local and state law enforcement agencies. The agency conducts this training in person and it is a three day intensive training program. All agency and facility investigators are required to complete the training program and 149 agency staff were documented with the training. Interviews with investigators confirmed that they received the training and the interviews confirmed that the investigators were knowledgeable on the elements required for PREA investigations and the process of conducting PREA investigation due to the training.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 – Training and Staff Development
3. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
4. Wellpath – Prison Rape Elimination Act (PREA) Lesson Plan
5. Medical and Mental Health Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 103 DOC 519, page 13 states that the Division of Staff Development and the PREA Coordinator shall provide ongoing training to ensure that all Department employees and contractors are educated regarding their responsibilities to prevent and report incidents of sexual harassment/sexually abusive behavior. In addition, specialized training shall be provided for those employees who respond to and investigate PREA incidents. Specialized training is provided through the medical and mental health contractor, Wellpath. A review of the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirms that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 88 medical and mental health care staff and that 100% of the staff received the specialized training. Interviews with medical and mental health staff confirmed that they received specialized training through Wellpath. The staff stated the training covers how to collect evidence, protocols when an inmate reports sexual abuse, who to report information to and signs and symptoms. All four staff confirmed that the required topics were discussed during the training. A review of nine medical and mental health training records indicated that eight had received the specialized training. The one staff member that was not documented with the specialized training has been out for over a year.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at Beth Israel Deaconess Medical Center. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. A review of training documents for nine medical and mental health care staff confirm that the training is documented via a training certificate.

115.35 (d): 103 DOC 216, page 11 states that volunteers and contractors who have contact with inmates shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. A review of the nine medical and mental health staff training documents indicated that seven had completed the contractor PREA training. Two of the documents were not provided to the auditor.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 519, the Wellpath PREA lesson plan, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 650 – Mental Health Services
3. Housing Risk Screen Assessment
4. Memorandum from the Superintendent
5. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area

2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 103 DOC 650, page 9 states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Interviews with fifteen inmates that arrived within the previous twelve months indicated that twelve had been asked the risk screening questions upon their arrival at SBCC. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake for their risk of being sexually abused or being sexually abusive. During the tour, the auditor observed the intake area. The risk screening is conducted in private offices.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 103 DOC 650, page 9 states that intake screenings shall ordinarily take place within 72 hours of the arrival at the facility. The PAQ stated that 124 inmates, or 100% of those that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. A review of a 21 inmate files of those that arrived within the previous twelve months confirmed that 20 were screened within 72 hours. One inmate was screened over the 72 hour timeframe. Interviews with fifteen inmates that arrived within the previous twelve months indicated that twelve had been asked the risk screening questions upon arrival at SBCC. The interview with the staff responsible for the risk screening confirmed that inmates are screened at intake for their risk of being sexually abused or being sexually abusive within 72 hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 103 DOC 650, page 9 states that such assessments shall be conducted using an objective screening tool. A review of Housing Risk Screen Assessment indicates that the assessment includes fifteen questions for sexual victimization factors and five questions for sexual aggressor factors. At the end of each section a computer generated score is determined and a designation is assigned to the inmate as either unknown victim, unknown predator, known victim or known predator based on the score.

115.41 (d): 103 DOC 650, page 9 indicates that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. A review of the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions for sexual victimization factors, including whether the inmate; has been a victim of institutional sexual assault, has a mental disability, has a physical disability, has a history of sexual victimization, had a perception of self as vulnerable, is or is perceived to LGBTI, has prior incarcerations, has any convictions for sex against a child or adult, has an exclusively non-violent criminal history, has a history or protective custody placements. Additionally it includes the inmate's age and the staff members observation of the inmate regarding presentation. The interview with staff who perform the risk screening indicated that the risk screening is yes or no questions and that they take the inmate's response even if they know it's incorrect. The staff member stated the risk screening asks about history of victimization, vulnerability, physical disability,

mental disability, LGBTQ and gender non-conforming, history of sexual abuse, prior perpetration, age, height, stature and if they consider themselves vulnerable.

115.41 (e): A review of the Housing Risk Screen Assessment confirms that the screening tool considers any history of sexual abuse, any history of domestic violence, any gang affiliations, a history of extortion or assault and a history of violent offenses in assessing inmates for risk of being sexually abusive. The interview with staff who perform the risk screening indicated that the risk screening is yes or no questions and that they take the inmate's response even if they know it's incorrect. The staff member stated the risk screening asks about history of victimization, vulnerability, physical disability, mental disability, LGBTQ and gender non-conforming, history of sexual abuse, prior perpetration, age, height, stature and if they consider themselves vulnerable.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 103 DOC 650, page 9 states that within a time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. The PAQ indicated that 252, or 100% of inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The interview with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with fifteen inmates that arrived within the previous twelve months indicated that only one remembered a reassessment. A review of a sample of 21 inmate files indicated that all 21 inmates had a reassessment completed. Nineteen were completed within 30 days while two were completed outside of the 30 days.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 103 DOC 650, page 10 states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The interview with staff responsible for risk screening indicated that inmates are reassessed when warranted through a for cause risk screening. Interviews with fifteen inmates that arrived within the previous twelve months indicated that only one remembered a reassessment. A review of sexual abuse investigations indicated that zero were substantiated and as such a reassessment was not required. Additionally, the agency has "for cause" risk assessments which the facility utilizes when required. While reviewing audit documentation the auditor observed two for cause risk screenings.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 103 DOC 650, page 10 states that inmates may not be disciplined for refusing to answer, or for not disclosing completed information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8) or (d)(9). The memo from the Superintendent confirmed there were no instances where an inmate was disciplined for refusing to answer or not disclosing complete information regarding their risk of sexual abuse or being sexually abusive. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 103 DOC 650, page 10 states that the agency shall implement appropriate controls on the dissemination within the facility of response to the questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The memo from the Superintendent indicated that medical records are securely stored in the Health Services

Unit and only authorized staff member have access to the records. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening confirmed that the agency has outlined who should have access to the risk screening information to ensure it is not exploited. This would include the individual completing the risk assessment (medical or classification) and mental health.

Based on a review of the PAQ, 103 DOC 650, Housing Risk Screening Assessment, the memo from the Superintendent, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 DOC 652 – Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
4. 103 DOC 750 – Hygiene Standards
5. 103 DOC 401 – Inmate Handbook
6. Sample of Housing Determination Documents
7. Transgender/Intersex Inmate Biannual Reviews
8. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 103 DOC 519, page 13 states that the Department shall utilize an internal risk housing tool to assess inmates for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 – Booking and Admissions. Page 14 further states that once an inmate is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the inmate needs and housing assignment of that inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate's victimization history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. Additionally, page 16 continues that upon learning that an inmate has been identified as a predator, or is at risk for such, the Superintendent shall carefully assess the immediate needs and housing assignment of the inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate's predatory history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. The interview with the PREA Compliance Manager indicated that inmates are assessed to determine if they are a known or unknown victim. That is then utilized to look at housing factors, including whether to assign the inmate to a certain room, a single room or near the officer's station. He further stated that they would not place a known victim with a known predator and that their system would not allow them to house victims and predators together. The interview with the staff responsible for the risk screening indicated that based on the risk screening inmates are designated as a known predator, known victim, unknown predator or unknown victim. The staff stated they base housing, programming and services on their designation. The staff member further stated that if there is an inmate who may not fall under one of the categories from the risk screening but they feel the inmate may be at risk they can speak to IPS and the PCM to discuss the inmates during the PREA meeting. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 103 DOC 519, page 14 states that once an inmate is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the inmate needs and housing assignment of that inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in

selecting a cellmate for the inmate, keeping in mind the inmate's victimization history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. Additionally, page 16 continues that upon learning that an inmate has been identified as a predator, or is at risk for such, the Superintendent shall carefully assess the immediate needs and housing assignment of the inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate's predatory history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. The interview with the staff responsible for the risk screening indicated that based on the risk screening inmates are designated as a known predator, known victim, unknown predator or unknown victim. The staff stated they base housing, programming and services on their designation. The staff member further stated that if there is an inmate who may not fall under one of the categories from the risk screening but they feel the inmate may be at risk they can speak to IPS and the PCM to discuss the inmates during the PREA meeting.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 103 DOC 652, page 13 states that at the time of commitment, adjudicated individuals are court ordered into Department of Corrections custody and are transported to the reception institution based upon said court order. For all new commitments, an Internal Housing Risk Factor Assessment (Attachment #2) is completed and examines issues of risk of victimization and risk of violence/predatory behavior and/or abusiveness. Should an individual identify as Gender Dysphoric (GD) or appear to need additional clinical assessment, the process of confirmation will commence as outlined in 103 DOC 652.05. An assessment will inform housing, work, education and program assignments and will focus on individual safety. These assessments will occur on a case by case basis and will include security level, criminal and disciplinary history, medical and mental health assessment needs, vulnerability of sexual victimization and potential of perpetrating abuse based on prior history. Further information from the agency indicated that inmates who self-identify as transgender are referred to mental health for a clinical assessment. Mental health will determine if inmates are designated as transgender. All inmates who identify as transgender can request to be housed at the facility of the gender with which they identify. Inmates would then be reviewed to determine appropriate male or female housing. The agency as a whole houses 52 inmates who identify as gender non-conforming. Of the 52, two transgender females are housed at female facilities and zero transgender males are housed at male facilities. The PCM stated that transgender or intersex inmate's male or female housing determination is not made at the facility level. He stated once they are at the facility they would house the inmate based on their risk factors. He indicated they may be housed in a single cell or may be housed closer to the officer's station, if necessary. There was one inmate who self-identified as transgender, however she refused to go through the agency's process in order to classify the inmate as gender non-conforming, as such no transgender inmates were housed at the facility. It should be noted the agency requires inmates who identify as transgender to go through a process in order to prevent manipulation of gender identify.

115.42 (d): 103 DOC 652, page 13 states that an Internal Housing Risk Factor Assessment will be completed at least every six months in collaboration with medical, mental health and correctional professional to assess ongoing placement for each GD inmate. The biannual review will include a review of any threats to safety experienced by the inmate. The agency as a whole houses 52 inmates who identify as gender non-conforming, while SBCC does not house any inmates who identify as gender non-conforming. A review of ten percent or six transgender inmate files across the agency indicated that all six had received biannual assessments ranging in dates in 2019 to 2021. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates would be reassessed at least twice a year.

115.42 (e): 103 DOC 652, page 13 states that a GD inmate's own views with respect to his or her own safety will be given serious consideration. The interviews with the PCM and staff responsible for the risk

screening indicated that transgender and intersex inmates' view with respect to their safety are given serious consideration. There was one inmate who self-identified as transgender, however she refused to go through the agency's process in order to classify the inmate as gender non-conforming, as such no transgender inmates were housed at the facility. It should be noted the agency requires inmates who identify as transgender to go through a process in order to prevent manipulation of gender identify.

115.42 (f): 103 DOC 652, page 14 states that inmates diagnosed with GD shall be given the opportunity to shower separately from other inmates per 103 DOC 750 – Hygiene Standards. Transgender inmates are provided letters from the PCM indicating their separate shower time. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates would be provided the opportunity to shower separately. The PCM stated that transgender or intersex inmates would shower at a different time from the others and they would be provided a memo stating the times they are afforded separate showers. There was one inmate who self-identified as transgender, however she refused to go through the agency's process in order to classify the inmate as gender non-conforming, as such no transgender inmates were housed at the facility. It should be noted the agency requires inmates who identify as transgender to go through a process in order to prevent manipulation of gender identify.

115.42 (g): The facility does not have a tracking mechanism for LGB inmates, as such the auditor requested that staff identify at least one inmate for interview purposes. A review of housing assignments for eight inmates who identified as LGBTI indicated that inmates were not assigned to one floor, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in one housing unit or one facility based on their gender identify and/or sexual preference. The interviews with the two LGBTI inmates indicated that they did not feel they were placed in any specific housing unit or facility based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, inmate housing determinations, transgender housing determinations, biannual reviews, LGBTI inmate housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 CMR 423 – Restrictive Housing
4. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Special Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 103 DOC 519, page 14 states that inmates at high risk for sexual harassment/abuse victimization shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the inmate from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the inmate in segregated housing for less than 24 hours while completing the assessment. Additionally, page 8 of 103 CMR 423 states that upon verification that an inmate requires separation from general population to protect the inmate from harm by others, the inmate shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the inmate may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An inmate shall not be held in Restrictive Housing to protect the inmate from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the inmate may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. Such inmates will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that the agency has a policy that restricts placing inmates at high risk of victimization in involuntary segregated housing unless there are no alternative means of separation from likely abusers. He stated that they have the ability to transfer inmates to another facility if they need to but because they are a maximum facility they have limited transfer ability so they typically try to find alternative housing within the facility. A review of housing assignments for inmates at high risk of victimization indicated that none were involuntarily segregated due to their risk of sexual abuse.

115.43 (b): 103 DOC 519, page 14 states that inmates at high risk for sexual harassment/abuse victimization shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the inmate from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the inmate in segregated housing for less than 24 hours while completing the assessment. The interviews with the staff who supervise inmates in segregated housing indicated inmates who were involuntarily segregated due to their risk of sexual victimization would be afforded access to programs, privileges, education and work opportunities to the extent possible. One staff member stated that inmates more than likely would not be able to have a job while in the RHU. Both staff stated that any restrictions would be documented. During the tour the auditor observed the segregation housing area and did not witness any inmates segregated for their risk of victimization. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): Page 8 of 103 CMR 423 states that upon verification that an inmate requires separation from general population to protect the inmate from harm by others, the inmate shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the inmate may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An inmate shall not be held in Restrictive Housing to protect the inmate from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the inmate may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would be placed in involuntary segregated housing only until they could find alternative housing. He stated that they have not placed any inmates at high risk in involuntary segregated housing, however a few have requested to be placed in the RHU. He further stated that it is tough to give an typical length of time an inmate would remain involuntarily segregated but they would release him as soon as possible from the status. The interviews with the staff who supervise inmates in segregated housing confirmed that inmates at high risk of victimization would only be placed in involuntary segregated housing until they could determine a means of separation from the likely abuser. Both staff indicated that timeframe could vary based on bed space. One staff stated he has never seen an inmate involuntarily segregated due to their risk in his twelve years working and the other stated the inmates would typically be released the following business day from involuntary segregated housing. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): Page 8 of 103 CMR 423 states that upon verification that an inmate requires separation from general population to protect the inmate from harm by others, the inmate shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the inmate may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An inmate shall not be held in Restrictive Housing to protect the inmate from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the inmate may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 103 CMR 423, page 8 states that such inmates will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. Additionally, it states that all inmates in Restrictive Housing for 30 days or more shall be provided a review of his or her Restrictive Housing placement. The interviews with the staff who supervise inmates in segregated housing confirmed that the administration would review inmates in involuntary segregated housing at least every 30 days. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregation areas as well as information from the interview with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 DOC 401 – Inmate Handbook
4. PREA Posters

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting Information in all Housing Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 103 DOC 519, pages 10-11 state that the Department shall maintain for inmates, multiple internal mechanisms for privately reporting sexual harassment/abuse, retaliation by other inmates or staff members for reporting sexual harassment abuse, and/or staff member neglect or violation of responsibilities that may have contributed to incidents of sexual harassment/abuse and retaliation. A Department hotline (508-422-3486) shall be designated within the inmate telephone system. The Department shall allow for universal and unimpeded access by all inmates within the Department to the hotline number and it shall be listed in all institutional inmate orientation manuals. It is recorded and is available to all inmates without using their PIN number. Additionally, methods to report sexual harassment/abuse or retaliation include, but are not limited to, the

inmate grievance system, staff access periods, the institution's PREA Manager, inner perimeter security staff (IPS) staff members and third party reporting. A review of additional documentation to include the inmate handbook and PREA posters, indicated that there are multiple ways for inmates to report. These methods include: the PREA hotline, a site specific IPS hotline (978-514-6534), the inmate grievance system, staff access periods, the facility PREA manager, inner perimeter security staff, to an outside entity (the Massachusetts State Police) and through a third party (who can then report on the website (www.mass.gov/doc) or via two phone numbers 508-422-3481 and 508-422-3483). During the tour, it was observed that information pertaining to how to report PREA allegations was posted and painted in all housing units. Interviews with 30 inmates confirm that they were all aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through the hotline numbers. Interviews with seventeen staff confirm that inmates can report multiple ways, including to any staff member and through the hotline number.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 103 DOC 519, page 12 states that the Department also provides a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates can write to the Massachusetts State Police at 470 Worcester Road, Framingham, MA 01702. Page 51 of the handbook states that the MSP is identified as an outside agency or entity allowing inmates to report an allegation of sexual abuse and/or harassment. The handbook stated that "the Department also provides a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates can write to the following address: Massachusetts State Police, Division of Investigative Services, 470 Worcester Road, Framingham, MA 01701, Attn: PREA Coordinator". During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units. During another MADOC facility audit the auditor sent a letter to the MSP to confirm that the outside reporting mechanism was functional. The auditor received a call from the MSP four days after the letter was sent confirming that the letter was received. The interview with the PCM indicated that inmates can report to the Massachusetts State Police as the outside reporting entity. He indicated that the MSP would contact the agency's internal affairs who would pass along the information to the facility for investigation. Interviews with 30 inmates indicated that five were aware of the outside reporting mechanism, while eleven stated they knew they could report anonymously. The PAQ and the memo from the Superintendent indicated that inmates are not detained solely for civil immigration purpose.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 103 DOC 519, page 10 states that staff members shall accept reports made verbally, in writing, anonymously and/or from third parties. All verbal reports shall be promptly documented using the IMS's Confidential Incident Report. The Inmate Handbook, page 6 notifies inmates that the department shall accept and investigate verbal, written, anonymous and third party reports of sexual abuse and harassment. Interviews with 30 inmates confirm indicated that 27 knew they could report verbally or in writing to staff and 29 knew they could report through a third party. Interviews with seventeen staff confirm that inmates can report verbally, in writing, anonymously and through a third party. Staff stated if they receive a verbal report they document it as soon as possible and/or immediately.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can submit a confidential

incident report to the Warden. 103 DOC 519, page 9 states that allegations of inmate-on-inmate or staff-on-inmate sexual harassment/sexually abusive behavior shall immediately be reported by staff members to the Shift Commander verbally and followed up with a confidential incident report to the Superintendent before the end of the staff member's shift. Interviews with seventeen staff indicate that all seventeen knew they could report sexual abuse of an inmate privately through a confidential report.

Based on a review of the PAQ, 103 DOC 519, the inmate handbook, PREA posters, observations from the facility tour related to PREA information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

Recommendation

The auditor recommends that the outside reporting mechanism be emphasized to the inmate population upon arrival at the facility and during other interactions. The facility should emphasize the ability for inmates to report anonymously to the MSP. Only five of the 30 inmates interviewed were aware of the outside reporting mechanism and only eleven knew they could report anonymously. The auditor observed that the information was contained in the inmate handbook, however it would be best practice to reiterating the information verbally to ensure the inmates retain the information. The auditor further recommends that the outside reporting mechanism information be posted in housing units and redistributed to the inmates.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

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

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 CMR 491 – Inmate Grievances
3. 103 DOC 401 – Inmate Handbook
4. Sexual Abuser Grievance
5. Grievance Log and Sample Grievances

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 103 CMR 491 is the agency's grievance policy.

115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, it indicated that the policy does not require the inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. 103 CMR 491, page 7 states that time limits established in 103 CMR 491.14(1) shall not apply to grievances alleging

sexual abuse. Inmates shall not be required to exhaust informal processes with regard to allegations of sexual abuse.

115.52 (c): The PAQ indicated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject of the complaint. Additionally, it indicated that policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 103 CMR 491, page 7 states that an inmate shall not be required to submit their grievance to a staff member who is the subject of the grievance. Additionally, page 9 states that employees named in a grievance shall not participate in any capacity in the processing, investigation or decision of the grievance.

115.52 (d): The PAQ indicated that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. 103 CMR 491, page 10 states that the institutional grievance coordinator (IGC) shall respond to the grievance within ten business days from the receipt of the grievance unless the inmate has been provided a written extension of time periods. Page 12 states that the time periods for filing a grievance may be extended by ten business days and the time period for responding to a grievance may be extended by ten business days if the IGC or Superintendent determine that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension. Unless extenuating circumstances exist, the time frame for responding to a grievance shall not exceed 30 business days. Page 13 states that a written notice of all extensions shall be provided to the grievant on the applicable form. Additionally, page 9 indicates that the absence of a grievance response after six months shall be deemed a denial of the grievance. The PAQ stated that there has been one grievance of sexual abuse in the previous twelve months. A review of the grievance indicated it was filed by the inmate on January 27, 2020 and received by the facility on January 31, 2020. The inmate was provided a response on April 15, 2020 indicating the allegation was referred to internal affairs for investigation. An additional review of the grievance log and five sample grievances confirmed none were sexual abuse.

115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing grievances for administrative remedies related to allegations of sexual abuse and to file such request on behalf of inmates. It also states that agency policy and procedure require that if the inmate declines to have third-party assistance in filing a grievance of sexual abuse, the agency documents the inmate's decision to decline. 103 CMR 491, page 7 states that allegations of sexual abuse reported by third parties, including, but not limited to, other inmates, staff members, family members, attorneys, and outside advocates shall be addressed in accordance with 103 DOC 519. The Department of Corrections shall document if an inmate declines to have the request processed on his or her behalf. The PAQ indicated there were zero grievances filed by inmates in the previous twelve months in which the inmate declined third-party assistance. A review of the one sexual abuse grievance, the grievance log and five sample grievances confirmed none were submitted by a third party.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse. It also indicated that an initial response is required within 48 hours and a final agency decision be issued within five days. 103 CMR 491, pages 7-8 state that whenever an inmate files an emergency grievance alleging that he or she is at substantial risk of imminent sexual abuse, the grievance shall be responded to within 48 hours of receipt. Emergency grievance appeals shall be responded to within five calendar days of receipt. A review of the one sexual abuse grievance, the grievance log and five sample grievances confirmed none involved imminent risk of sexual abuse.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. 103 DOC 491, page 1 states that abuse of the grievance process includes, but is not limited to, the filing of repetitive grievances, addressing the same issue where the required time frames have not elapsed or where a final decision has already been rendered, the filing of an excessive number of frivolous grievances, the appeal of a grievance settled in the inmate's favor, the submission of knowingly false documents, the intentional filing of emergency grievances that are not emergencies or repetitive grievances concerning issues not grievable under 103 CMR 491.

Based on a review of the PAQ, 103 DOC 491, the sexual abuse grievance, the grievance log and sample grievances, this standard appears to be compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 401 – Booking and Admissions
3. 103 DOC 401 – Inmate Handbook
4. Contract with the Boston Area Rape Crisis Center (BARCC)

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 103 DOC 401, page 21 states that the Boston Area Rape Crisis Center provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This abuse does not need to have occurred during incarceration in order to seek support from BARCC. An inmate can contact BARCC either in writing or via use of a dedicated hotline. All calls are free of charge from any inmate telephone. Hours of operation are seven days a week from 9:00am to 9:00pm. These confidential support services can be provided in English and in Spanish. BARCC is not a third party entity to which you should report allegations of abuse, BARCC's purpose is to provide confidential support services. The policy states that BARCC can be contacted via 844-774-7732 or 99 Bishop Allen Drive, Cambridge, MA 02130. A review of the inmate handbook confirmed that page 53 contains the same information as the policy, including the contact information and notifies inmates that they can contact BARCC through the dedicated hotline. Additionally, the contract with BARCC indicates that BARCC provides a fifteen minute presentation to all newly received inmates at the two intake facilities. During the tour the auditor observed that the BARCC number was painted above the phones in each of the housing units and it was contained on the back of every inmate's identification card. The auditor tested the BARCC hotline and reached a live staff member that was able to confirm they would provide services to inmates at SBCC. Interviews with 30 inmates indicates that 21 were familiar with the advocacy information. Most inmates stated the information is painted in the housing units and that they can contact the number anytime. Most inmates indicated they believed that any contact with these services would be confidential and that it was free to utilize their services. Interviews with four inmates who reported sexual abuse indicated that none spoke to an advocate after they reported their allegation and none were provided contact information for an advocate or local rape crisis center. Inmates are not

detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 103 DOC 401, page 21 and the inmate handbook page 53 indicates that calls to “privileged” numbers including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, foreign national’s pre-authorized telephone numbers to his/her consular office or diplomat, pre-authorized clergy telephone numbers and pre-authorized licensed psychologist, social worker and/or mental health professional telephones numbers are not subject to telephone monitoring and are not recorded. Additionally, it states that an inmate can contact BARCC either in writing or via use of the dedicated hotline. It indicates that all calls are free of charge from any inmate telephone and that hours of operation are seven days a week from 9:00am to 9:00pm. It further states that confidential support services can be provided in English or Spanish. Interviews with 30 inmates indicates that 21 were familiar with the advocacy information. Most inmates stated the information is posted in the housing units and that they can contact the number anytime. Most inmates indicated they believed that any contact with these services would be confidential and that it was free to utilize their services. Interviews with four inmates who reported sexual abuse indicated that none spoke to an advocate after they reported their allegation and none were provided contact information for an advocate or local rape crisis center.

115.53 (c): The PAQ indicated that the agency or facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. The agency has a contract with BARCC that was signed on June 3, 2020. The agency maintains copies of the contract with BARCC.

Based on a review of the PAQ, 103 DOC 401, the inmate handbook, the contract with BARCC, observations from the facility tour related to posted information and interviews with random inmates the facility appears to exceed this standard. The agency had a contract with BARCC to provide services across the state. BARCC provides a fifteen minute educational session related to their services and how to contact them to all inmates entering MADOC. Information on how to contact BARCC is located in numerous places, including the inmate handbook, on the back of every inmate’s identification card and above the phones in each of the housing units. Additionally, 21 of the 30 inmates interviewed were aware of BARCC.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Department of Corrections Family and Friends Handbook
4. PREA Posters

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the agency website. 103 DOC 519, page 12 states that the Department shall accept and investigate all verbal, written and anonymous third party reports of sexual harassment/abuse. Third party entities may report abuse to the Department Duty Station at 508-422-3481 and 508-422-3483. These reports shall be immediately forwarded to the appropriate Superintendent or Division head. The Family and Friends Handbook states that if a person suspects a loved one is being sexually harassed or pressured they should report to the facility Superintendent or call the Department hotline (508-422-3481). A review of the agency's website confirms that third parties can report by calling the PREA Division (508-422-3481) or by completing an online form. The third party reporting information is found at <https://www.mass.gov/how-to/report-a-prea-allegation>.

Based on a review of the PAQ, 103 DOC 519 the Family and Friends Handbook and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Wellpath Sexual Assault/PREA Compliance
4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden

4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 103 DOC 519, pages 9-10 state that allegations of inmate-on-inmate or staff-on-inmate sexual harassment/sexually abusive behavior shall immediately be reported by staff members to the Shift Commander verbally and followed up with a confidential incident report to the Superintendent before the end of the staff member's shift. This includes specific knowledge, reasonable suspicion, or credible information, regarding an allegation of sexual harassment/abuse which occurred at an institution, an act of retaliation against an inmate or staff member who reported such an allegation, and any staff neglect or violation of responsibilities that may have contributed to an incident, allegation and/or an act of retaliation. Interviews with seventeen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types. All staff stated they would report to their immediate supervisor and do a confidential report to the Superintendent.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 103 DOC 519, page 10 states that apart from reporting to designated supervisors and/or officials, staff members shall not reveal any information related to an allegation of sexual harassment/abuse or anyone other than to the extent necessary to provide treatment, to conduct an investigation, and/or to make other security and management decision. Interviews with seventeen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types. All staff stated they would report to their immediate supervisor and do a confidential report to the Superintendent.

115.61 (c): Wellpath Sexual Assault/PREA Compliance, page 3 states that medical and mental health practitioners are required to inform patients at the initiate of services of their duty to report, and the limitations of confidentiality, unless otherwise precluded by Federal, State or Local law. Interviews with medical and mental health care staff confirm that they are required to report any allegation of sexual abuse that occurred within a confinement setting. Three of the four staff stated that they have had inmates directly report an allegation to them and all three stated they immediately reported the information to security. Additionally, all four stated that they disclose to inmates limitations of confidentiality and their duty to report.

115.61 (d): The memo from the Superintendent states that SBCC does not house offenders under the age of eighteen. The PC stated that the MADOC does not house inmates under the age of eighteen. He further stated that they would follow any mandatory reporting law requirements as it relates to this provision. The interview with the Warden indicated that they do not house inmates under eighteen.

115.61 (e): 103 DOC 519, page 10 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involve a possible violation under the law, the Chief of OIS/IAU shall be promptly notified and shall notify the

jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to facility investigators. A review of ten investigative reports indicated eight were reported directly by the victim, one was reported through a Warden to Warden notification and one was reported via a staff member who found information in an inmate's email.

Based on a review of the PAQ, 103 DOC 519, Wellpath Sexual Assault/PREA Compliance, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Memorandum from the Superintendent

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 103 DOC 519, page 13 states that if the Department learns that an inmate is subject to a substantial risk of imminent sexual harassment/abuse, it shall take immediate action to protect that inmate. The PAQ and the memo from the Superintendent stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interviews with the Agency Head Designee indicated that any inmate at imminent risk would be placed in an area with direct staff observation, either through a housing unit move with internal locking doors or in a unit where the officer's station directly observes that inmate's cell. He stated they could also transfer the inmate to another facility

or they could place one of the inmates in special housing. The Warden stated that they would look at the inmate's assessment and determine housing based on the assessment. He stated they would make sure he was not housed with the potential abuser and that they would move the inmate to a different housing unit if needed. He further stated that they would not utilize segregation unless the inmate specifically asked to go or if they refused housing. The interviews with seventeen staff indicated that all would take immediate actions. All stated they would contact their supervisor and most indicated they would either remove the inmate from the area or keep him separated until they could move him from the unit or take other action.

Based on a review of the PAQ, 103 DOC 519, the memo from the Superintendent and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Investigative Reports
4. Warden to Warden Notification Letters

Documents Received During the Interim Report Period:

1. Training Memorandum from the PREA Coordinator

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 103 DOC 519, page 11 states that upon a Superintendent's receipt of an allegation that an inmate was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had four inmates report that they were sexually abused while confined at another facility. A review of the four allegations indicated that all four were reported to the appropriate agency/facility head via a letter.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 103 DOC 519, page 11 states such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of the four allegations indicated that two were reported to the appropriate agency/facility head via a letter within 72 hours while two were sent via letter past the 72 hour timeframe. On June 1, 2021 the auditor was provided a memo from the PC to the facility related to standard 115.63. Two of the four Warden to Warden notifications were past the 72 hour timeframe, although all four were completed. The memo indicated that leadership staff are required to ensure this notification is within 72 hours and to ensure all future notifications are within the timeframe. As such, the auditor determined based on training through the PC with the Warden and Assistant Warden, this standard has been corrected during the interim report period.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 103 DOC 519, page 11 states such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of the four allegations indicated that all four were reported to the appropriate agency/facility head via a letter.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 103 DOC 519, page 11 states the Superintendent or agency office receiving such notifications shall ensure the allegation is investigated, and shall provide periodic updates and a copy of the final investigation report to the notifying institutions which currently houses the alleged inmate victim. The Agency Head Designee stated that the process would involve getting as much information as possible from the providing facility and forwarding that information for investigation. He stated that one Superintendent would send a form to the other Superintendent or agency head about the allegation. The interview with the Warden confirmed that the facility would conduct an investigation into the allegation. The PAQ stated that there were five allegations received from another Warden/Agency Head within the previous twelve months. A review of a sample of ten investigations indicated that one was reported via Warden to Warden and was investigated at the

facility level. A review of the investigative tracking log confirmed the other four allegations had a completed investigation.

Based on a review of the PAQ, 103 DOC 519, investigative reports, Warden to Warden notification letters, the training memorandum from the PC and interviews with the Agency Head Designee and Warden, this standard appears to be corrected and as such compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a). The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 103 DOC 519, page 19 states that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing and ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.). The PAQ indicated that during the previous twelve months, there have been sixteen allegation of sexual abuse and none required any first responder duties, including separating the alleged victim and abuser. Additionally, none occurred within a timeframe to collect evidence and as such no staff were required to protect the crime scene or request that the alleged victim and abuser not take any actions to destroy evidence. A review of ten investigative reports indicated none involved the immediate separation of the alleged victim and abuser. Most allegations were staff-on-inmate and did not require first responder duties. One inmate-on-inmate allegation was reported by the inmate at another facility and the other had one inmate advise it was consensual and the other deny it every occurred. Interviews with first responders indicated that they would separate the victim and perpetrator, notify the supervisor, secure the crime scene, instruct the inmates not to shower, brush their teeth or change their clothes, identify any staff or witnesses and take the inmate to medical.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. During the documentation review the auditor determined that non-security first responder duties were not outlined in policy. The PC immediately initiated a policy update. On May 28, 2021 the PC provided the auditor a memo indicating that the language under this standard has been added to 103 DOC 519, section A and is currently in final process of approval. On September 9, 2021, the auditor received the updated Sexual Harassment/Abuse Response and Prevention Policy (103 DOC 519). Page 16 has the non-security first responder duties added, which stated that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse that involved a non-security staff first responder. The interview with the non-security first responders confirmed that she would notify security and not leave the inmate alone. She also stated she would inform the inmate not to shower, use the toilet, etc. All seventeen staff interviewed were well versed on their first responder duties. Staff all had a card that they can utilize during incidents to ensure they

complete all the required steps. All seventeen staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would notify their supervisor. A few staff indicated they would instruct the inmates not to take action to destroy evidence. A review of ten investigative reports indicated there were two allegations reported to non-security staff. Both were immediately reported to security but did not require any other first responder duties.

Based on a review of the PAQ, 103 DOC 519, investigative reports and interviews with random staff and first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. SBCC Emergency Response Plan: PREA Incidents
3. Wellpath Sexual Assault/PREA Compliance
4. 103 DOC 518 Inner Perimeter Security Team

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The facility utilizes three documents as their coordinated response. SBCC Emergency Response Plan: PREA Incidents provides direction for staff first responders, Shift Commanders and facility leadership. The Wellpath Sexual Assault/PREA Compliance outlines the duties of medical and mental health care and 103 DOC 518 covers the uniform actions and response of all agency/facility investigators. The Warden confirmed that the facility has a plan that goes over the details of how everyone should respond and handle the situation.

Based on a review of the PAQ, SBCC Emergency Response Plan: PREA Incident, Wellpath Sexual Assault/PREA Compliance, 103 DOC 518 and the interview with the Warden, this standard appears to be compliant.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Agreement with the Massachusetts Correctional Officers Federated Union (MCOFU)
3. Agreement with the Alliance, AFSCME-SEIU Local 509 Units 8 & 10

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. The agency has numerous collective bargaining agreements. A review of a sample of two of the agreements confirmed that they did not prohibit the agency's ability to remove alleged staff abusers from contact with inmates. A review of the Agreement with the Massachusetts Correctional Officers Federated Union confirms that page 64 states that no employee who has been employed in Bargaining Unit 4 for six consecutive month or more, except for nine consecutive months for entry-level Correction Officers, shall be discharged, suspended or demoted for disciplinary reasons without just cause. It additionally states that any discipline imposed shall be

consistent with Departmental policy. A review of the Agreement with the Alliance, AFSCME-SEIU Local Units 8 & 10, page 68 has similar language in that it states that no employee who has been employed in the bargaining units described in Article 1 for nine months or more, except for three consecutive years for teachers shall not be discharged, suspended, or demoted for disciplinary reasons without just cause. The interview with the Agency Head Designee confirmed that the agency has collective bargaining agreements however they state that staff can still be placed on no inmate contact under any allegation of inmate misconduct, which would include any allegations of sexual abuse or sexual harassment.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, Agreements between the MCOFU and the Alliance, AFSCME-SEIU as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire

2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Investigative Reports
4. Sexual Abuse Retaliation Monitoring Log – Attachment V

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 103 DOC 519, page 26 states that retaliation by any staff member against another employee, contractor, volunteer or inmate, for reporting an allegation of sexual harassment/sexually abusive behavior, for assisting in making such a report, or for cooperating in the investigation of such an allegation, regardless of the merits or disposition of the allegation, is strictly prohibited. Any such occurrence is a very serious matter that may result in discipline, up to and including termination. The Department protects all inmates and staff members who report sexual harassment/abuse, or who cooperate with sexual harassment/abuse investigations, from retaliation by other inmates or staff members. The PAQ indicated that SIS is responsible for monitoring for retaliation.

115.67 (b): 103 DOC 519, page 26 states that the Department employs multiple protective measures including, but not limited to, housing changes or transfers for inmate victims or inmate abusers from contact with victims. The Department also provides emotional support services for inmates or staff members who fear retaliation for reporting sexual harassment/abuse or for cooperating with an investigation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head Designee stated that the agency has a stringent no tolerance policy and that staff are constantly trained on the issue. He indicated that if there is a violation related to retaliation that they have a disciplinary process and a rule book that addresses retaliation. The Agency Head Designee stated that inmates can be moved, however they are not segregated as that is a form of retaliation. He stated they can be moved to a different housing unit or transferred to another facility. He confirmed that the inmate would be removed from the climate where he/she is at risk. The Warden indicated that the MADOC does not tolerate retaliation. He indicated that they do follow-up with the inmate victim for 90 days and that the investigator checks in with them related to retaliation. He confirmed that if retaliation is suspected that they would investigate and inmates and staff would be disciplined (up to and including termination for staff). He further stated that one of the inmates would be moved in order to ensure safety. The staff member responsible for monitoring stated that his role in protecting inmates is through monitoring them and checking on them. He stated that possible protective measures they take include separating the inmate from a certain area, making a housing change, prohibiting staff from working in certain units or transferring an inmate or staff member to another facility. He further stated that he monitors the inmate's emails, phone calls, incident reports, disciplinary reports, housing changes and his verbal admission during in-person status checks. Interviews with four inmates who reported sexual abuse indicated that two felt protected against retaliation and three felt safe at the facility. One inmate stated he did not feel protected because all the gang members are after him and the other stated that anytime he reports a PREA allegation the staff come in and make jokes about it and spread the information to other inmates.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 103 DOC 519, pages 26-27 state that for a period of at least 90 days following a report of sexual harassment/abuse, IPS staff shall regularly meet with and monitor the conduct and treatment of inmates or staff members who reported the sexual abuse, and of inmates who were reported to have suffered sexual abuse, to see if there are claims and/or changes that may suggest possible retaliation by inmates or staff members, and shall act promptly to remedy any such retaliation. IPS staff should monitor any inmate disciplinary reports, housing changes, program changes, or negative performance reviews or reassignments of staff members. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continued need. The PAQ as indicated that there had been no instances of retaliation in the previous twelve months. The Warden stated that the MADOC does not tolerate retaliation. He indicated that they do follow-up with the inmate victim for 90 days and that the investigator checks in with them related to retaliation. He confirmed that if retaliation is suspected that they would investigate and inmates and staff would be disciplined (up to and including termination for staff). He further stated that one of the inmates would be moved in order to ensure safety. Monitoring staff indicated that he monitors the inmate's emails, phone calls, incident reports, disciplinary reports, housing changes and his verbal admission during in-person status checks. A review of monitoring documents for eight sexual abuse allegations indicated that monitoring was completed for six of the eight allegations. The monitoring for the six allegations included at least weekly monitoring until the allegations was deemed unfounded or at least weekly for the full 90 day monitoring period if the allegation was substantiated or unsubstantiated. The two allegations that did not include monitoring were those that were forwarded to IAU for investigations. It was discovered during the audit that when an allegation is referred to IAU, facility staff were under the assumption that they were not responsible for monitoring. As such facility staff did not monitor the inmate victims related to the two reviewed IAU investigations.

115.67 (d): 103 DOC 519, page 27 indicates that in the case of inmates, such monitoring shall also include periodic status checks. The interview with staff responsible for monitoring indicated that they have 30 days to complete the investigation but that they would monitor until needed. He stated there is not a maximum timeframe for monitoring and that he conducts three or four periodic status checks during the monitoring period. A review of monitoring documents for eight sexual abuse allegations indicated that monitoring was completed for six of the eight allegations, including periodic status checks. The monitoring for the six allegations included at least weekly monitoring until the allegations was deemed unfounded or at least weekly for the full 90 day monitoring period if the allegation was substantiated or unsubstantiated. During the time period all included in-person status checks. The two allegations that did not include monitoring were those that were forwarded to IAU for investigations. It was discovered during the audit that when an allegation is referred to IAU, facility staff were under the assumption that they were not responsible for monitoring. As such facility staff did not monitor the inmate victims related to the two reviewed IAU investigations and did not conduct periodic status checks.

115.67 (e): 103 DOC 519, page 27 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against any form of retaliation. The interview with the Agency Head Designee indicated that the agency would do an inquiry to check into the inmate's concerns. He stated the inmate could be transferred to a different setting or location to alleviate any issues and that they also have the ability to transfer outside the state if necessary. The Warden stated that the MADOC does not tolerate retaliation. He indicated that they do follow-up with the inmate victim for 90 days and that the investigator checks in with them related to retaliation. He confirmed that if retaliation is suspected that they would investigate and inmates and staff would be disciplined (up to and including termination for staff). He further stated that one of the inmates would be moved in order to ensure safety. It should be noted that the facility exceeds this

requirement and monitors all staff and inmates involved in the allegations, whether they fear retaliation or not. All allegations investigated at the facility level included monitoring of the victim, alleged perpetrator and any witnesses.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 103 DOC 519, investigative reports, sexual abuse retaliation log and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. While all allegations that included a facility investigation including monitoring for retaliation, it was discovered that allegations referred to IAU for investigation did not include monitoring for retaliation. A review of monitoring documents for eight sexual abuse allegations indicated that monitoring was completed for six of the eight allegations. The monitoring for the six allegations included at least weekly monitoring until the allegations was deemed unfounded or at least weekly for the full 90 day monitoring period if the allegation was substantiated or unsubstantiated. The two allegations that did not include monitoring were those that were forwarded to IAU for investigations. It was discovered during the audit that when an allegation is referred to IAU, facility staff were under the assumption that they were not responsible for monitoring. As such facility staff did not monitor the inmate victims related to the two IAU investigations and provisions (c) and (d) require corrective action.

Corrective Action

The facility will need to develop a process related to monitoring responsibilities for all allegations referred to IAU or any other non-facility investigative authority. The facility will need to provide the auditor with a memo indicating the process. The facility will need to provide the auditor with information related to their sexual abuse allegations and the investigating authority. The facility will need to provide the monitoring documents for allegations investigated by IAU or any other non-facility investigative authority to confirm that the 90 day monitoring is being completed as well as periodic status checks.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents

3. Memo Directive from the PREA Coordinator

On August 3, 2021 the PC sent a memo to all MADOC Superintendents related to standard 115.67. The memo directed (and educated) facility staff to conduct the 90 day monitoring regardless of who conducts the investigation. The memo from the PC educating facility staff on the requirements under IAU investigations paired with the fact that the facility otherwise exceeded this standard lead the auditor to determine that with education/training the facility has met corrective action. The staff at the facility were under a false assumption related to responsibilities once IAU initiated an investigation. The facility was documented with monitoring for retaliation for all other allegations that did not involve an IAU investigation, including sexual harassment allegations (which exceeds the requirements). Additionally, the facility monitored all staff and inmates associated with the investigation, regardless of whether they feared retaliation (which also exceeds the requirements). Thus, the auditor determined that the facility was exceeding the actual requirements for this standard, but just had misinformation related to their responsibilities under the standard when IAU investigated. As such, with the appropriate information disseminated and appropriate staff educated on the memo directives, the auditor determined that the facility has corrected the standard with training.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Memorandum from the PREA Coordinator
4. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. During documentation review the auditor determined that the required language related to involuntary segregated housing of inmates who reported sexual abuse was not in policy. The PC immediately initiated a policy update. On May 28, 2021 the PC provided the auditor with a memo indicating that the appropriate language under this standard has been added to 103 DOC 519, section 1. The memo stated that the language was added to the same section of the restriction of involuntary segregated housing for inmates at high risk of victimization. On September 9, 2021, the auditor received the updated Sexual Harassment/Abuse Response and Prevention Policy (103 DOC 519). Page 11 had the language related to prohibition of segregated housing for inmates who reported sexual abuse and stated that inmates at high risk of sexual harassment/abuse, and those who have reported being a victim of sexual harassment/abuse in the past, whether in the community or in a prison setting, shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days.

During the tour, it was observed that there were no inmates in segregated housing due to a reported sexual abuse allegation. A review of documentation for ten investigations indicated eight inmate victims remained in their current housing status, one was not at the facility at the time of the report and one indicated the allegation was consensual and was placed in restrictive housing due to violation of facility rules. The interview with the Warden confirmed that the agency has a policy that restricts placing an inmate who report sexual abuse in involuntary segregated housing unless there are no alternatives for separation from likely abusers. He stated that they have the ability to transfer inmates to another facility however because they are the maximum security facility they have limited options for transferring and as such typically have to find alternative housing at the facility. He further stated that while there have been no examples that he can remember of inmates involuntarily segregated due to their reporting sexual abuse, if an inmate was to be involuntarily segregated they would only be placed there until they could find alternative housing, which would be done as quickly as possible. The interviews with the staff who supervise inmates in segregated housing indicated inmates who placed in involuntarily segregated housing due to an allegation of sexual abuse would be afforded access to programs, privileges, education and work opportunities to the extent possible. They stated the only thing inmates would not have access to is a job assignment. Staff stated any restrictions would be documented and the inmate would only remain in involuntary segregated housing until alternative housing was located. Staff further stated that inmates would not remain in involuntary segregated housing for longer than a day and that if an inmate remained over 30 days they would be reviewed at least every 30 days.

Based on a review of the PAQ, 103 DOC 519, the memo from the PREA Coordinator, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

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

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 518 – Inner Perimeter Security Team (IPS)
3. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
4. Investigator Training Records
5. Memorandum from the Superintendent

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 103 DOC 519, page 25 states that investigations of reported allegations of sexual harassment/sexually abusive behavior between inmates will be initiated by the Superintendent utilizing appropriately trained facility investigative staff or, upon request to the Chief of OIS/IAU, in conjunction with an investigator from OIS. The investigator assigned is responsible for producing an investigative report and completing the PREA database case file within 30 days. There were sixteen allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. A review of ten closed investigations confirmed that eight were investigated by facility investigators and two were investigated by IAU. Five of the investigations were completed within 30 days while four were completed

after 30 days but within six months. It should be noted that three of the investigations that were over the 30 days involved inmates at numerous facilities and with COVID-19 restrictions the investigators had barriers with traveling to conduct in-person interviews. All investigations were thorough and objective. All investigations followed a template that included information related to the allegation, statements/interviews, evidence collected and facts and findings. The interviews with the investigators confirmed that an investigation is initiated immediately but per policy they have 72 hours to initiate. The facility investigator stated that if it was Monday through Friday he would begin initially and his first step would be to make sure the inmate victim was seen by medical and mental health. Both investigators stated that anonymous and third party allegations would be investigated the same as any other allegation.

115.71 (b): 103103 DOC 519, page 13 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum confirms that it covers; techniques for interviewing sexual abuse victims (course 2, page 2-6 and course 4, pages 3-16), proper use of Miranda and Garrity warnings (course 4, page 2), sexual abuse evidence collection in a confinement setting (course 3, pages 3-10) and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (course 5, page 1). A review of documentation confirmed that all 149 of the staff have received the PREA/Sexual Assault Investigator Training, including the 22 facility investigators at SBCC. The interviews with the investigators confirmed that they all received specialized training. They stated that the training is 40 hours and includes information on evidence collection, interviewing inmates, investigative steps, the forensic examination at Beth Israel and follow-up and conclusion of the investigation. All staff indicated that the required topics were covered during the training.

115.71 (c): 103 DOC 519, pages 23-24 state that the assigned trained sexual assault investigator shall ensure that all evidence collected at the institution or at any hospital is transported to the State Police Laboratory as soon as possible. Potential witnesses shall be interviewed in an attempt to gather information, corroborate the victim's statement, and/or to identify any suspect(s). There were sixteen allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. A review of ten closed investigations confirmed that all included statements and interviews of the victim, alleged perpetrator and witnesses, if applicable. All investigations included documentation of video review or why it was unavailable, a query of the PREA database, a review of calls and emails, if applicable, and a review of disciplinary reports and incident reports, if applicable. If evidence was not applicable the investigative report still indicated why the evidence was not gathered. The interviews with investigative staff indicated that the first steps in the investigative process involve ensuring the inmate victim was medically evaluated and seen by mental health. The investigators indicated that they would review confidential incident reports and start the interview process. The investigators further stated that they would collect evidence, including physical, DNA, video, statements, phone calls and emails, and they would review and analyze the information to determine a finding.

115.71 (d): 103 DOC 519, page 23 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS/IAU, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's office and shall ensure that the Department seeks assistance and begins a cooperative investigation with these agencies. The interviews with the investigators confirmed that they would consult with prosecutors prior to conducting any compelled interviews. The criminal investigator stated that typically the determination would be made prior to any interviews because they need to know whether to Mirandize or give the Garrity warning. A review of investigative reports indicated that none were substantiated or involved enough evidence to submit for prosecution.

115.71 (e): 103 DOC 519, page 22 states that all reports of sexual activity are to be considered PREA until a full investigation indicates otherwise. The interviews with the investigators confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. Additionally, the investigators stated that credibility is handled individually and that it is determined through evidence. The four inmates who reported sexual abuse or sexual harassment indicated they were never required to a polygraph test.

115.71 (f): 103 DOC 519, pages 24-25 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine appropriate course of action. Thirteen administrative investigations were completed in the previous twelve months. A review of the investigative reports confirmed that all were documented in a written report. All reports included a summary of the allegation, description of statements/interviews, description of evidence, facts and finding and a conclusion. The interviews with investigative staff confirmed that they would review logs, check video and make determine if there were any errors or negligence by staff. Both staff stated that administrative investigations are documented in written reports and includes a summary, statements, evidence description, steps taken in the investigation, facts and findings and a conclusion.

115.71 (g): 103 DOC 519, pages 25-26 state that the Chief of the OIS/IAU shall provide necessary access to the complaint intake and status screens of PREA cases for review by the institution's Superintendent. The format for the investigative report shall follow the procedures set forth in 103 DOC 519. The Chief of OIS/IAU, having oversight of the investigation shall also ensure that a PREA database case file is promptly opened and completed within 30 days. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and include the same information as an administrative investigation. They stated reports would include the who, what, where, when, why and how. This includes a summary, statements, evidence description, steps taken in the investigation, facts and findings and a conclusion. There were three criminal investigations completed by IAU within the previous twelve months. A review of the three investigations confirmed that they included a summary, information related to interviews with the victim, alleged perpetrator and witnesses, a description of any evidence reviewed, fact and findings and a conclusion.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 103 DOC 519, page 10 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involve a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interviews with the investigators confirmed that they would refer allegations for prosecution when they believe there is a credible allegation or evidence that a crime occurred.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 103 DOC 518, page 9 states that the departure of the alleged abuser or victim from the employment or control of the institution or the Department shall not provide a basis for terminating an investigation. The interviews with the investigators confirmed that an investigation would continue whether or not the staff member and/or inmate remained employed/incarcerated with the MADOC.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): The interview with the Warden indicated that the facility remains informed of the investigators. The interview with PC indicated that the MSP would provide information about staff-on-inmate investigations to the Internal Affairs Unit and that they would provide information about inmate-on-inmate investigation to the PREA office. The PCM stated that if an outside agency conducts an investigation that updates and findings would be relayed to the PREA Division or the Superintendent. Investigative staff stated that they would serve as the liaison and assist with whatever the outside agency needs.

Based on a review of the PAQ, 103 DOC 519, investigator training records, investigative reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, the facility appears to exceed this standard. A review of the ten closed investigations indicated that 50% of the investigations were completed within 30 days and 75% were included within 60 days. All of the investigations included statements and interviews of the victim, alleged perpetrator and witnesses, if applicable. All investigations included documentation of video review or why it was unavailable, a query of the PREA database, a review of calls and emails, if applicable, and a review of disciplinary reports and incident reports, if applicable. If evidence was not applicable the investigative report still indicated why the evidence was not gathered. The facility investigators went above and beyond in their evidence collections and inmate queries to ensure that they uncovered any possible information related to the investigation. All reports were thorough and exhaustive and included excellent narrative and summary of facts and findings. All investigators interviewed were extremely knowledgeable on the investigative process and gave detailed answers related to their process, the steps they take and their responsibilities. Additionally, the training the staff receive is excellent and it utilized to train other agencies across the state, including the Massachusetts State Police.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 518 – Inner Perimeter Security Team (IPS)
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 103 DOC 518, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the ten sexual abuse or sexual harassment investigations indicated that all were completed with findings of unsubstantiated or unfounded. The review confirmed that all investigative findings were accurate based on the evidence. The interviews with the investigators indicated that a preponderance of evidence is the threshold utilized to substantiate an allegation.

Based on a review of the PAQ, 103 DOC 518, the memo from the Superintendent, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Attachments I, II and III (Notification Letters)
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 103 DOC 519, page 27 states that following an investigation into an inmate's allegation that he/she suffered sexual harassment/abuse in a Department institution, the Superintendent shall inform the alleged victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by utilizing Attachment I. The interviews with the Warden and the investigators confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that all four were aware they were to be informed of the outcome of their investigations. One inmate stated he was provided a paper with the outcome, two stated they had not received anything and one indicated he received information after he requested it for a lawsuit. The PAQ indicated that there were fifteen investigations completed within the previous twelve months and all fifteen inmates were notified, verbally or in writing, of the result of the investigation. A review of a sample of ten investigations indicated that eight had inmate notifications completed and documented via a signed letter. The auditor determined that the two that did not have a notification were investigations completed by IAU. Further information revealed that the facility was under the impression that IAU would notify the inmate of the outcome of the investigation and as such IAU investigations did not include the requirements under this provision.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency shall request the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 103 DOC 519, page 17 states that if the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 27 states that following the inmate's allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim inmate of the staff member's status utilizing Attachment II. A review of Attachment II confirms that it includes information on whether: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months and the agency informed the inmates of the above in necessary cases. A review of the investigative log indicated that there were zero substantiated staff-on-inmate allegations. Interviews with inmates who reported sexual abuse indicated that three were staff-on-inmate allegations. One inmate stated the staff member was moved from the RHU but due to other complaints, one inmate stated he has not had contact with the staff member and hasn't heard anything and the last stated his allegation was against a staff member who does not work at the facility.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency

learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 27 states that following an inmate's allegation that he or she has been sexually harassed/abused by another inmate, the Department shall subsequently inform the alleged victim inmate of the legal status of the incident utilizing Attachment III. A review of Attachment III confirms that it contains information on whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports indicated that there were zero substantiated inmate-on-inmate allegations and as such there were no required notifications under this provision. The interviews with inmates who reported sexual abuse indicated that one allegation involved another inmate and that he attacked the other inmate so he was moved to the RHU and nothing happened to the inmate that he knew of.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 103 DOC 519, page 27 states that following an investigation into an inmate's allegation that he/she suffered sexual harassment/abuse in a Department institution, the Superintendent shall inform the alleged victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by utilizing Attachment I. Additionally it states that following the inmate's allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim inmate of the staff member's status utilizing Attachment II. And finally, it states that following an inmate's allegation that he or she has been sexually harassed/abused by another inmate, the Department shall subsequently inform the alleged victim inmate of the legal status of the incident utilizing Attachment III. The PAQ stated that there were sixteen notifications to inmates under this standard. Further clarification with the PCM confirmed there were only fifteen notifications under this standard. A review of a sample of ten investigations indicated that eight had inmate notifications completed and documented via a signed letter. The auditor determined that the two that did not have a notification were investigations completed by IAU. Further information revealed that the facility was under the impression that IAU would notify the inmate of the outcome of the investigation and as such IAU investigations did not include the requirements under this provision.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 103 DOC 519, Attachments I, II and III, a review of investigative files, and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard appears to require corrective action. While the facility does a great job with notifications related to allegations investigated by the facility (eight of eight were completed), those allegations investigated by the IAU or another non-facility related investigative authority did not have inmate notifications completed and documented. A review of a sample of ten investigations indicated that eight had inmate notifications completed and documented via a signed letter. The auditor determined that the two that did not have a notification were investigations completed by IAU. Further information revealed that the facility was under the impression that IAU would notify the inmate of the outcome of the investigation and as such any IAU investigation did not include the requirements under this provision.

Corrective Action

The facility will need to develop a process related to notifying inmates of investigative outcomes for all allegations referred to IAU or any other non-facility investigative authority. The facility will need to provide the auditor with a memo indicating the process. The facility will need to provide the auditor with information related to their sexual abuse allegations and the investigating authority. The facility will need

to provide the inmate investigative outcome notifications for allegations investigated by IAU or any other non-facility investigative authority during the corrective action period.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents

1. Memo Directive from the PREA Coordinator

On August 3, 2021 the PC sent a memo to all MADOC Superintendents related to standard 115.73. The memo directed (and educated) staff that upon completion of an investigation by IAU (and upon notification to the facility about the outcome of the investigation by IAU), the facility is responsible for providing the inmate victim the outcome notification advising them of the investigation results. The memo from the PC educating facility staff on the requirements under IAU investigations paired with the fact that the facility otherwise exceeded this standard lead the auditor to determine that with education/training the facility has met corrective action. The staff at the facility were under a false assumption related to responsibilities once IAU initiated an investigation. The facility was documented with provided an inmate notification for all other investigations (other than those conducted by IAU), including sexual abuse and sexual harassment allegations (which exceeds the requirement of only sexual abuse allegations). Thus, the auditor determined that the facility was exceeding the actual requirements for this standard, but just had misinformation related to their responsibilities under the standard when IAU investigated. As such, with the appropriate information disseminated and appropriate staff educated on the memo directives, the auditor determined that the facility has corrected the standard with training.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 230 – Discipline and Terminations
3. Memorandum from the Superintendent

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that staff shall be subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies and no staff had been terminated for violating the sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The memo from the Superintendent confirmed there were not allegations of sexual abuse or sexual harassment at the facility over the previous twelve months.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 103 DOC 230, page 10 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and

to relevant licensing bodies. 103 DOC 230, page 10 states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that there have been no staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and as such no staff members have been reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 103 DOC 230 and the memo from the Superintendent, indicates that this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Memorandum from the Superintendent

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 103 DOC 519, page 25 states that contractors who are accused of sexual harassment/sexually abusive behavior may be removed from the institution until the investigation is completed. Additionally, it states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. The memo from the Superintendent indicated that there were no instances of substantiated PREA cases involving a volunteer or contractor at the facility over the previous twelve months.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 103 DOC 519, page 25 states that contractors who are accused of sexual harassment/sexually abusive behavior may be removed from the institution until the investigation is completed. Additionally, it states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being barred from the facility until the investigation was completed. He confirmed they have not had any volunteers or contractors violate the sexual abuse and sexual harassment policies.

Based on a review of the PAQ, 103 DOC 519, the memo from the Superintendent and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 CMR 430 – Inmate Discipline
4. 103 DOC 650 – Mental Health Services

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 103 DOC 519, page 8 states that all intentional acts of sexual harassment/sexually

abusive behavior or intimacy between an inmate and a staff member, or between inmates, regardless of consensual status, are prohibited. The perpetrators shall, where appropriate, be subject to administrative, criminal and/or disciplinary sanctions. The PAQ indicated there have been two administrative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. Further clarification from the PCM indicated that this was a typo and that there were zero findings of guilt for inmate-on-inmate sexual abuse allegations. A review of investigations log and ten investigative reports confirm there were zero substantiated inmate-on-inmate sexual abuse allegations.

115.78 (b): 103 DOC 430, states that if the inmate is found guilty, the Hearing Officer may recommend one or more of the sanctions listed in 103 CMR 430.25. Specifically 103 CMR 430.25 outline the sanctions that can be imposed based on the category and offense. The interview with the Warden indicated that the inmate perpetrator would be charged with a category one offense and that possible sanctions could include the reduction of good time, loss of privileges (such as phone, media, etc.), referral to the disciplinary unit, and possible criminal charges. The Warden further confirmed that the sanctions would be proportionate to the nature and circumstances of the offense and would be commensurate with inmates with similar offenses and disciplinary histories.

115.78 (c): 103 DOC 650, pages 75-75 state that site mental health staff shall be notified prior to service of a disciplinary report on any inmate with severe mental illness who is charged with a Category 1 or Category 2 disciplinary offense. Additionally, it states that following the entry of a guilty finding for an inmate with a mental health classification of MH-4, the hearing office shall consult with mental health staff. The Warden confirmed that the inmates' mental health would be considered in the disciplinary process.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying reasons or motivations for committing sexual abuse. Staff stated that all treatment is voluntary though and they do not force inmates to participate.

115.78 (e): The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. 103 CMR 430 outlines the category one offense of sexual assault on a staff member, contract employee, member of the public or volunteer. Inmates would be charged with this category one offense if they had sexual contact with a staff member who did not consent.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 103 CMR 430 outlines the category three offense of lying or providing false information to a staff member. Inmates would be disciplined under this code if they falsely report sexual abuse.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 103 DOC 519, page 6 states that inmate-on-inmate sexual abuse is defined as any of the following acts if the inmate victim does not consent, is coerced into such act by over or implied threats, or is unable to consent or refuse: contact between the penis and the vulva or the penis and anus; contact between the mouth and the penis; penetration of the anal or genital opening of another person, however slight by a

hand, finger, object or other instrument; and any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person.

Based on a review of the PAQ, 103 DOC 519 and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 650 – Mental Health Services
3. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of risk screening documents for six inmates who reported prior victimization or were identified with prior victimization revealed that three reported the victimization during a prior risk screening and as such it was already addressed. A review of medical and mental health documents for the three remaining inmates identified who disclosed prior sexual victimization revealed that all three were seen by mental health within the required fourteen days. In fact, all three inmates were seen the same day as the disclosure. The interview with the staff responsible for the risk screening confirmed that all inmates who report sexual victimization during the risk screening are offered a follow-up with mental health. The staff member stated that they are seen within the fourteen days, however if it may be sooner. The interviews with the inmates who disclosed prior victimization indicated two of the three were offered follow-up services.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain

secondary materials documenting compliance with the required services. During documentation review two inmates were identified with a history of being sexually abusive, however these were current or prior charges and were addressed previously at a prior MADOC facility, as SBCC was not the inmate's first MADOC facility after the charges. As such, there were no inmates identified that required a follow-up under this provision.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of risk screening documents for six inmates who reported prior victimization or were identified with prior victimization revealed that three reported the victimization during a prior risk screening and as such it was already addressed. A review of medical and mental health documents for the three remaining inmates identified who disclosed prior sexual victimization revealed that all three were seen by mental health within the required fourteen days. In fact, all three inmates were seen the same day as the disclosure. The interview with the staff responsible for the risk screening confirmed that all inmates who report sexual victimization during the risk screening are offered a follow-up with mental health. The staff member stated that they are seen within the fourteen days, however if it may be sooner. The interviews with the inmates who disclosed prior victimization indicated two of the three were offered follow-up services.

115.81 (d): The PAQ indicated that information related to sexual victimization and abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. It further indicated that the information is only shared with other staff to inform security and management decisions, including treatment plans, housing, bed, work education and program assignments. 103 DOC 650, page 10 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law. During the tour it was noted by the auditor that inmate medical files and classification files are maintained electronically. The few paper files are located behind a locked door.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. 103 DOC 650, page 10 states that medical and mental health practitioners shall obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate is under eighteen. Interviews with medical and mental health staff confirm that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, they indicated that they do not have any inmates under eighteen or any vulnerable adults. One mental health staff member did confirm though that if they did, they would have to report to the appropriate local and state agencies under mandatory reporting laws.

Based on a review of the PAQ, 103 DOC 650, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of services are determined by medical and mental health practitioners according to their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 103 DOC 519, page 20 states that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. During the tour, the auditor noted that the medical and mental health area consisted of a trauma room, exam rooms and offices. All areas were private and consisted of doors with windows. The interviews with the four inmates who reported sexual abuse indicate that all four inmates were seen by medical and/or mental health. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated services are typically provided immediately, upon notification. Staff confirm that services provided are based on their professional judgement as well as policy, procedure and scope of practice.

115.82 (b): 103 DOC 519, page 19 states that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing; ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.) and immediately escort the inmate victim to the institution's Health Services Unit for emergency medical care/mental health treatment. Interviews with first responders indicated that they would separate the victim and perpetrator, notify the supervisor, secure the crime scene, instruct the inmates not to shower, brush their teeth or change their clothes, identify any staff or witnesses and take the inmate to medical.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 103 DOC 519, page 20 states that if the determination is made that the inmate victim should be sent to an outside hospital, and if the inmate victim consents, the inmate victim shall be transported to the outside hospital with a SANE program where he/she shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted diseases and pregnancy, if appropriate. There were three sexual abuse allegations involving penetration. One inmate indicated that the allegation was consensual and as such did not fall under the requirements under this provision, one inmate was provided testing after the alleged incident occurred but prior to reporting and as such did not require additional testing and one inmate was not documented with HIV/STI testing due to nature of his allegation and the unfounded outcome. It should be noted though that all ten inmate victims (eight sexual abuse and two sexual harassment) were immediately seen by medical and mental health after their reported allegation. The interviews with four inmates who alleged sexual abuse indicated that penetration did not occur and as such this section was not applicable. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out

of the incident. 103 DOC 519, page 22 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.

Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 650 – Mental Health Services
3. Wellpath Sexual Assault/PREA Compliance
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 103 DOC 650, pages 41-42 state that any inmate who reports being physically victimized by sexually abusive behavior shall be brought to the Health Services Unit for emergency medical and mental health treatment as needed. The inmate shall be evaluated by a qualified health care professional for physical injuries and emergency medical treatment. An emergency mental health referral to the on-site mental health clinician shall be made following the completion of the medical examination. Any reports of physical or verbal abuse of a sexual nature shall be referred to mental health crisis clinician. During the tour, the auditor noted that the medical and mental health area consisted of a trauma room, exam rooms and offices. All areas were private and consisted of doors with windows. Medical is available 24 hours a day for inmates and mental health is available during normal business hours. Any immediate emergency care is handled at the local hospital.

115.83 (b): A review of medical and mental health documentation for ten inmates who reported sexual abuse or sexual harassment indicated that all ten were seen by medical and/or mental health within 24 hours. The interviews with the four inmates who reported abuse indicated that all four had seen medical and/or mental health after they reported their allegation. One inmate stated he had follow-up with medical related to an injury and another inmate stated he had follow-up with mental health and sees them regularly. Interviews with medical and mental health care staff confirmed that follow-up services would be offered to inmate victims of sexual abuse. A few of the services include a physical assessment, orders for prophylaxis, follow-up medical treatment, a forensic medical examination, cognitive behavioral therapy, trauma informed care, individual therapy, group therapy and mental health follow-ups.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes Beth Israel for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have immediate access to medical and mental health care when needed. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house female inmates.

115.83 (e): This provision does not apply as the facility does not house female inmates.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 103 DOC 519, page 20 states that if the determination is made that the inmate victim should be sent to an outside hospital, and if the inmate victim consents, the inmate victim shall be transported to the outside hospital with a SANE program where he/she shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted diseases and pregnancy, if appropriate. Additionally, Wellpath Sexual Assault/PREA Compliance, page 2 states that patient victims of sexual abuse while incarcerated shall be offered testing for sexually transmitted infections as medically appropriate. There were three sexual abuse allegations involving penetration. One inmate indicated that the allegation was consensual and as such did not fall under the requirements under this provision, one inmate was provided testing after the alleged incident occurred but prior to reporting and as such did not require additional testing and one inmate was not documented with testing due to nature of his allegation and the unfounded outcome. It should be noted though that all ten inmate victims (eight sexual abuse and two sexual harassment) were immediately seen by medical and mental health after their reported allegation. The interviews with four inmates who alleged sexual abuse indicated that penetration did not occur and as such this section was not applicable.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 22 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. Interviews with inmates who reported sexual abuse indicated that that none of the four were charged for medical and/or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 103 DOC 519, page 44 states that a mental health evaluation shall be completed of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and mental health staff shall offer treatment when deemed clinically appropriate. Two inmate-on-inmate sexual abuse allegations were made in the previous twelve months with a known inmate perpetrator.

Neither of the allegations were deemed substantiated, however in both instances the alleged perpetrator was referred and seen by mental health well within the required 60 days. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services as soon as they are notified of the allegation.

Based on a review of the PAQ, 103 DOC 650, Wellpath Sexual Assault/PREA Compliance, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Investigative Reports
4. Sexual Abuse Incident Reviews

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 103 DOC 519, page 28 states that the facility shall also conduct a sexual harassment/abuse incident review at the conclusion of all substantiated and unsubstantiated investigations. The PAQ indicated that there were four criminal and/or administrative investigations of sexual abuse completed, excluding unfounded incidents, within the previous twelve months and that all four had a review completed. A review of ten investigative reports indicated that eight were sexual abuse. Of the eight, five were unfounded. The three that were unsubstantiated all had a completed sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 103 DOC 519, page 28 states that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that four reviews were completed within the previous twelve months. A review of ten investigative reports indicated that eight were sexual abuse. Of the eight, five were unfounded. The three that were unsubstantiated all had a completed sexual abuse incident review. Two of the three were completed within the 30 day timeframe and one was completed outside the 30 day timeframe.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 103 DOC 519, page 28 states that each institution shall establish a PREA committee comprised of the PREA Manager, upper-level management official, line supervisors, investigators, medical and/or mental health practitioners and any other individual deemed integral to successful implementation of the PREA process at the site. A review of the three completed reviews indicated that upper level management to include the Warden and PCM, the investigator, medical or mental health care staff and a security supervisor were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper level management officials and input from medical and mental health care staff, line supervisors and investigators.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, page 29 states that the review team shall; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine where the incident where allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process by using the PREA database. A review of the three sexual abuse incident reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that they check the scene to determine if there is anything they can do to alleviate the issue in the future and that they determine if staffing was lacking or if there is a need for additional cameras. He further stated that they utilize the information from the review to determine if there is anything they could have done to prevent the incident from occurring. The PCM stated that he is the chairperson for the reviews and that they meet once a month to go over any of the closed investigations. He stated that a lot of the reviews lately have involved allegations during a use of force or during a search. The PCM further stated that after the review is completed he would take any necessary follow-up action, including ensuring recommendations are enacted.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 103 DOC 519, page 29 states the committee shall document its findings, including, but not limited to determinations made pursuant to the above and any recommendations for improvement. The institution shall implement the recommendations for improvement or shall document its reason for not doing so. A review of the three sexual abuse incident reviews indicated that a section exists for recommendations and corrective action, however none had any recommendations noted.

Based on a review of the PAQ, 103 DOC 519, investigative reports, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. PREA Annual Report

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 103 DOC 519, page 30 states the

Department shall collect accurate, uniform data for every allegation of sexual harassment/abuse at the institutions through the use of the PREA database. It further states that the incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and surveys to the DOJ. A review of the annual report confirmed that aggregated data is compared for the two prior years and is broken down by incident types across the different facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 103 DOC 519, page 30 states that the Department PREA Coordinator/designee shall aggregate the incident-based sexual abuse data at least annually and submit a report to the DOJ as required. A review of the PREA annual reports confirmed that each annual report included aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 103 DOC 519, page 30 states the Department shall collect accurate, uniform data for every allegation of sexual harassment/abuse at the institutions through the use of the PREA database. It further states that the incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and surveys to the DOJ. A review of the annual report confirmed that aggregated data is compared for the two prior years and is broken down by incident types across the different facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 103 DOC 519, page 30 states that the Department shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews. The Department shall also attempt to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. 103 DOC 519, page 30 states that the Department shall also attempt to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report indicates that the facility does not contract with private facilities and as such this provision is not applicable.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 103 DOC 519, page 30 states that upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. PREA Annual Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective

actions for each facility, as well as the agency as a whole. 103 DOC 519, pages 30-31 state the Department shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual harassment/abuse response prevention policy and all such efforts related to the prevention, detection and response to any and all sexual harassment/abuse allegations. Additionally, the collection and review of such data serves to give the Department the ability to continually enhance and improve its practices and training including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each facility, as well as the Department as a whole. A review of the last two PREA annual reports indicates that reports include agency achievements for the prior year, aggregated data for the two prior years for comparison, tables of incidents by facility, identified problem areas and corrective action for the year, resolve problem areas for the prior year and Department assessment. The Agency Head Designee stated that the agency uses the data to then push out to the facilities to make any corrective action or improvements. The PC confirmed that the agency aggregates sexual abuse data and that it is securely retained by the Office of Technology Information Services. He stated that there is not information that is redacted as the information is only raw data. He further stated that the annual report is posted on the website and is routed through the Commissioner for review. Additionally, the PCM stated that they collect this data at the facility through site reviews of all the substantiated and unsubstantiated allegations.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 103 DOC 519, page 31 states that such report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse/harassment within the Department. A review of the last two PREA annual reports indicates that reports include agency achievements for the prior year, aggregated data for the two prior years for comparison, tables of incidents by facility, identified problem areas and corrective action for the year, resolve problem areas for the prior year and Department assessment.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 103 DOC 519, page 21 states that the Department's report shall be approved by the Commissioner and made readily available to the public through the Department's website. The interview with the Agency Head Designee confirmed that he reviews and approves the report annually. A review of the website (<https://www.mass.gov/lists/prea-reports#annual-reports->) confirmed that the current PREA annual report as well as historical PREA annual reports dating back to 2013 are available on the agency website.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 103 DOC 519, page 31 states that the Department shall redact specific materials from the report when publication would present a clear and specific threat to the safety and/or security of an institution, but shall indicate the nature of the material redacted. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

Based on a review of the PAQ, 103 DOC 519, PREA annual reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Massachusetts Statewide Record Retention Schedule
4. PREA Annual Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 103 DOC 519, page 31 states that the Department shall ensure that data collected is securely retained and only shared with individuals, institutions, and/or agencies, on a “need to know basis”. The interview with the PREA Coordinator confirmed that the agency data is maintained by the Office of Technology Information Services (OTIS) and that it is securely retained through their office.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. 103 DOC 519, pages 31-32 state that the Department shall attempt to make all aggregated sexual harassment/abuse data from institutions under its direct control, and private facilities with which is contracts with, readily available to the public at least annually through its Departmental website. A review of the website (<https://www.mass.gov/lists/prea-reports#annual-reports->) confirmed that the current PREA annual report, which includes aggregated data, is available to the public online.

115.89 (c): 103 DOC 519, page 32 and the PAQ indicate that before making aggregated sexual harassment/abuse data publicly available, the Department shall remove all personal identifiers. A review of the PREA annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 14-2 103 DOC 519, page 32 and the PAQ indicate that the Department shall maintain collected sexual harassment/abuse data collected for at least ten years after the date of initial collection. The Massachusetts Statewide Records Retention Schedule, page 190 confirms that inmate investigative records are retained for ten years. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 103 DOC 519, the Records Retention Schedule, PREA annual report, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Findings (By Provision):

115.401 (a): The facility is part of the Massachusetts Department of Correction. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

115.401 (b): The facility is part of the Massachusetts Department of Correction. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Findings (By Provision):

115.403 (f): The facility was previously audited on February 6-8, 2018. The final audit report is publicly available via the agency website.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk

October 8, 2021

Auditor Signature

Date

ⁱ Warden and Superintendent are used interchangeably within this document.

ⁱⁱ Assistant Warden and Deputy Superintendent are used interchangeably within this document.

ⁱⁱⁱ Inmate and offender are used interchangeably within this document.