

# PREA Facility Audit Report: Final

**Name of Facility:** Massachusetts Correctional Institution Shirley

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 05/22/2022

**Date Final Report Submitted:** 10/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 10/26/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	04/11/2022
<b>End Date of On-Site Audit:</b>	04/13/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Massachusetts Correctional Institution Shirley
<b>Facility physical address:</b>	Harvard Road, Shirley, Massachusetts - 01464
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Kelly Hastings
<b>Email Address:</b>	kelly.hastings@doc.state.ma.us
<b>Telephone Number:</b>	978-425-4341 ext.

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	John Dean
<b>Email Address:</b>	john.dean@doc.state.ma.us
<b>Telephone Number:</b>	978-425-4341 ext4100

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kelly Hastings
<b>Email Address:</b>	Kelly.Hastings@doc.state.ma.us
<b>Telephone Number:</b>	
<b>Name:</b>	Alexandra Cabral
<b>Email Address:</b>	alexandra.cabral@doc.state.ma.us
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Melissa Foster
<b>Email Address:</b>	MeFoster@wellpath.us
<b>Telephone Number:</b>	978-425-4341 ext.

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1245
<b>Current population of facility:</b>	703
<b>Average daily population for the past 12 months:</b>	766
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18+
<b>Facility security levels/inmate custody levels:</b>	medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	366
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	99
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	77

AGENCY INFORMATION	
<b>Name of agency:</b>	Massachusetts Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	50 Maple Street, Milford, Massachusetts - 01757
<b>Mailing Address:</b>	
<b>Telephone number:</b>	5084223300

Agency Chief Executive Officer Information:	
<b>Name:</b>	Carol Mici
<b>Email Address:</b>	Carol.Mici@doc.state.ma.us
<b>Telephone Number:</b>	508-422-3300

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Russell Caissie	<b>Email Address:</b>	russell.caissie@doc.state.ma.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-11
2. End date of the onsite portion of the audit:	2022-04-13

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>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 MCI Shirley. He stated that the MOU was renewed in June 2020. The staff member confirmed that they offer a free and confidential hotline from 9am-9pm, that they have a robust mail program which allows them to provide information and a variety of resources to the inmates. The staff member stated they also provide advocates to victims of sexual abuse for emotional support as well as accompaniment during forensic examinations 24 hours a day. He further indicated that inmates can also 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 over the last seven years by inmates. He stated all staff at BARCC complete a 40 hour rape crisis counseling training mandated by the Department of Health. The staff member stated that he did not have any specific concerns related to sexual safety and PREA compliance at MCI Shirley or within the MADOC. He did indicate that the concerns that are most often relayed to BARCC from the inmates are; fear of being placed in protective custody after reporting, fear of the issue not being addressed; concerns about availability of mental health services and concerns about how the inmate victim and perpetrator are always separated after a reported allegation. In addition to BARCC, the auditor also contacted Just Detention International (JDI) related to victim advocacy. JDI stated that they did not have any correspondence with inmates at MCI Shirley.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1245
15. Average daily population for the past 12 months:	766
16. Number of inmate/resident/detainee housing units:	15

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>745</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>225</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>218</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>33</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>104</p>
<p>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p>	<p>87</p>
<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The number of LGB individuals and those that reported prior victimization were not being tracked and as such the facility could not provide a total number. The auditor was able to identify enough individuals in these categories to complete interviews.
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	362
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	108
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	81
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

**INTERVIEWS**

**Inmate/Resident/Detainee Interviews**

**Random Inmate/Resident/Detainee Interviews**

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>At least one random inmate was selected from each of the housing units with the exception of the housing unit that was closed (C2 unit). The following inmates were selected from the housing units: two from A1 unit; three from A2 unit; four from B1 unit; three from B2 unit; two from C1 unit two from D1 unit; five from D2 unit; one from E1 unit, one from E2 unit, three from F1 unit, three from F2 unit, one from segregation and two from the health care unit. The facility houses male inmates, 743 were male inmates and two were transgender female inmates. 99% of the interviews were males and the two transgender females were interviewed. Nine of the inmates interviewed were black, 20 were white (includes those who were Hispanic) and three were another race. With regard to ethnicity, eight were Hispanic and 24 were non-Hispanic. The ages of the inmates interviewed were broken into categories; zero were under eighteen, one was eighteen to 25; five were 26-35, eight were 36-45, twelve were 46-55 and seven were over 55. Interview demographics related to time in custody was also broken into categories; zero were less than a year, nine were in custody one to five years, eight were six to ten years and fifteen were over ten years.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	4
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that there were zero involuntarily segregated.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

71. Enter the total number of RANDOM STAFF who were interviewed:	15
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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If "Other," describe:	<p>Staff for the random interviews varied across gender, race, rank, length of tenure, post assignments and shift. The facility has three shifts; four staff were interviewed from the 7am-3pm shift; seven were from the 3pm-11pm shift and four were from the 11pm-7am shift. With regard to the demographics of the random staff interviewed; nine were male and five were female; four were black, eleven (including one who was Hispanic) were white and zero were another race. One was Hispanic ethnicity and fourteen were non-Hispanic. Length of tenure was broken into categories; zero were employed less than a year; two had one to five years, four had six to ten years and nine had over ten years. With regard to rank of those security staff interviewed, nine were Correctional Officers, two were Sergeants, one was a Lieutenants and three were another rank.</p>
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	28
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<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Mail Room Staff</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>2</p>

<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The on-site portion of the audit was conducted on April 11-13, 2022. 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. The auditor conducted a tour of the facility on April 11, 2022. The tour included all areas associated with MCI Shirley to include; housing units, laundry, intake, visitation, religious services, education, vocation, maintenance, food service, health services, recreation, industries, property, programs and administration. 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 appropriate standard findings.</p> <p>The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a wooden placard with the PREA hotline number, the IPS hotline number and BARCC hotline number. Additionally, the BARCC and PREA hotline numbers were painted near the phones in the housing units. Additionally, PREA posters were observed in each housing unit (on the bulletin board on the one side of the officer station desk) and in common areas. The posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Third party reporting information was observed in the main visitation area and in the front lobby via the PREA poster with the PREA hotline number. Third party information was not observed in the segregated housing unit visitation area and as such the auditor advised the staff that information should be posted in that area as well. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate orientation manual and PREA brochure (provided to inmates at intake and also available in the library in the PREA information section). All inmates have tablets and can utilize a kiosk. During the tour the auditor had an inmate demonstrate the tablet system. The auditor was shown that while the capability is available for policies and procedures to be accessed, it was currently not a working function on the tablet system. Additionally, there was the option to send staff an electronic message, however it was also not a working function. Informal conversation with staff and inmates confirmed that the painted and posted information has been there for a long time. Inmates stated that the information is up in housing units, medical and pretty much everywhere. The inmates indicated that they are aware of the information and it is easy to read and</p>

understand. Inmates indicated that they can report through the numbers that are on the wall and they can verbally report. Staff stated that inmates can report to the numbers on the wall anytime they are out of their cell.

During the tour the auditor confirmed that facility follows the staffing plan. There were at least two staff in each housing unit, with the exception of the health services unit, which has one security staff but numerous medical and mental health care staff. Additional staff were also present in segregated housing due to the security level of the inmates. Program, work and education areas included both security and non-security staff. In areas where security staff were not directly assigned, routine security checks were required (usually every 30 to 60 minutes). In areas where security staff are assigned, staff are required to make security checks (rounds) at least once an hour. Informal conversation with staff confirmed that they are never understaffed and that they always find someone to cover the positions. Staff indicated they make rounds every 45 minutes to an hour and that the Shift Supervisor (Captain) conducts rounds at least once a shift and typically the Lieutenants and Sergeants come through a few times a day. Informal conversation with inmates also confirmed that there are always two staff in the housing units and that staff make rounds typically every 30 minutes. The inmates stated that they see the Captain every day and there is not any overcrowding in the units. During the tour the auditor observed one area in laundry that was a potential blind spot. The laundry area was not equipped with cameras and as such the auditor advised that a mirror would need to be installed in the back corner of the area.

During the tour the auditor observed cameras in the housing units, intake, visitation, religious services, education, vocation, food service, health services, recreation and industries. The auditor made a recommendation that additional cameras be installed in the back stairwells of the housing units and in maintenance A review of the video monitoring system confirmed that the facility has numerous cameras in housing, work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The auditor viewed the cameras and observed that the views assisted with monitoring in the housing units and the cameras were only accessible to certain staff, including IPS and administration. The security staff in the housing units are only able to view the camera outside of their front door and the camera on the opposite side of their housing unit to observe the common area for officer safety.

With regard to cross gender viewing, the auditor confirmed that each general population housing unit provides privacy to inmates through doors with windows. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). Additionally, showers had a door with a window and the auditor observed that visibility of the genital area was only observed if directly in front of the shower door (which would be incidental to official duties as well). The health services units offered privacy through shower curtains, doors with a half covered window and medical curtains. The segregated housing unit provided privacy through doors with flaps/windows. The auditor observed that the flaps/windows provided adequate privacy unless the staff was directly in front of the door (incidental to official duties). Outside of the housing units, inmates are provided privacy through solid doors, doors with windows and public style restroom

wall barriers. A review of the video monitoring system confirmed that none of the cameras in the general population housing units showed areas where inmates would shower, use the restroom or change their clothes. A review of the cameras indicated that the observation cells in the segregated housing unit as well as the suicide observation cells in health services did not offer privacy. The cameras are inside of the cells and monitoring of the cameras does not provide the inmate privacy when using the restroom or changing clothes. In addition to the cameras, the cells also have large windows that do not provide adequate privacy as well. Non-medical staff are assigned to health services and segregated housing and as such the windows require modification in order to provide the necessary privacy required under Standard 115.15. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing unit. The intake area provided privacy through a door with privacy film while visitation provided privacy through solid doors. The camera in intake was obstructed by a half wall barrier and the visitation area was not equipped with a camera. The strip searches in segregated housing are done inside of the cells. The cells have a window and are not visible unless in front of the cells, however the auditor did recommend that the facility use a film or covering of some sort on the cells during the strip searches for additional privacy. In addition, the auditor heard the opposite gender announcement each time the audit team entered the inmate housing units, with the exception of the health services units. The announcement was made prior to entry into the unit verbally via the intercom system. The facility provides hearing aids for inmates with a hearing impairment in order for them to hear the opposite gender announcement. Informal conversation with staff and inmates confirm that the opposite gender announcement is routinely made when female staff enter a housing unit (when the status quo changes).

Inmate medical, mental health and classification records are electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care staff only have access to medical and mental health records. The staff indicated that if anyone else was requesting records or information they would have to obtain the information through a medical or mental health care staff member. She stated that information is on a need to know basis and would not be disclosed as required under HIPPA. Classification files are also electronic. The staff indicated that classification records, including the inmate's risk screening information is accessible on certain screens that have limited access. The staff indicated that certain profiles have access to the records. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

During the tour the auditor observed that the mail room is offsite. The auditor observed the process for sending and receiving mail. Inmates are able to place outgoing mail in any of the drop boxes around the facility. All drop boxes were locked and staff confirmed that only specific individuals have keys to the boxes. Boxes were not labeled and all forms of mail could be placed in the boxes. Inmates have the ability to purchase writing materials and the facility has a process for any inmates that are indigent to receive materials.

The auditor observed the intake process through a demonstration.

Inmate are provided PREA information at intake via the inmate orientation manual. The manual is available in both English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize the translation line if the inmate does not speak English.

The auditor was provided a demonstration of the initial risk assessment. Both the initial risk screening and the reassessment are conducted in a private office setting with a closed door. The initial risk screening is conducted in booking, which is outside of medical, and is done individually in the holding cell. The holding cells are private in that they have walls and a door that provide a sound barrier from anyone outside of the holding cell. The staff started the demonstration by indicating that they review information prior to the inmate's arrival, including age, prior criminal history, etc. The staff indicated that this information is already pre-populated in the system. The auditor reviewed the information on the risk screening via the computer screen and confirmed that information such as age, height, weight, prior incarcerations, current conviction, etc. were already populated. Staff had the ability to change certain information if applicable, (i.e. if the inmate had gained or lost signification weight). The staff member then went over the questions they would ask the inmate, including whether the inmate had any prior sexual victimization while incarcerated, prior sexual victimization at any other time in their life, the inmate's perception of being sexually abused and whether the inmate identifies as LGBTI. The staff stated they observe the inmate and also note any characteristics they deem applicable (i.e. effeminate). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator. Informal conversation with the inmates indicated that they are asked the risk screening questions over and over and that they do not understand why they have to answer the questions so many times. They stated that the questions are sometimes uncomfortable just because of the topic.

The auditor tested the PREA hotline during the tour in numerous housing units. The auditor reached a live person who advised that if they received a report of sexual abuse from an inmate they would immediately document the information and forward it to their supervisor and the Office of Investigative Services for handling (investigation). Inmates have access to the phones anytime they are outside of their cell. Inmates in segregated housing are afforded four calls a week and are able to make calls via the phones on a rolling cart. The auditor also filled out a written report via an inmate grievance. The auditor had an inmate assist with the process and the grievance was placed in the drop box outside of the housing unit. The auditor requested a form and writing utensil from the housing unit staff, which was provided. The PCM advised the auditor the request was received on the following day and was provided a time and date stamped copy of the grievance. Inmates in segregated housing are able to submit a written report by placing a grievance, request or sick call request in the mailbox. Staff come around daily with a locked box to collect any mail/correspondence. The auditor also had a staff member provide an example of how they would document a verbal report and how they can report sexual abuse of an inmate confidentially. The mechanism is the same, with the exception of a checkbox. The staff member initiated a written report through the electronic reporting system. He advised which fields were required and then advised that if it was confidential, he would check the confidential box. The staff stated

this would ensure the report was sent to the Superintendent directly. The staff member completed the report and submitted the information and provided the auditor with the report number confirming it was completed in the system. Inmates stated they can report to the numbers that are posted and/or verbally to staff. Staff stated inmates can report through the posted numbers. The auditor did not test the outside reporting mechanism as the mechanism is through the U.S. mail to the Massachusetts State Police (MSP). The auditor did however obtain information related to the mail process and how information is submitted to the MSP. The mail room staff member indicated that all outgoing mail is placed in the box for U.S. mail by the inmates. All mail is required to have a return address with an inmate name and number. The letters are stamped indicating they have originated from MCI Shirley. Mail is then taken to the mail room and then to the post office. The staff member advised that outgoing mail is not opened or reviewed and as such mail to MSP (or BARCC) would not be reviewed. With regard to incoming mail, the staff member advised that all mail is photocopied and the photocopies are stapled together and provided to the staff to distribute to the inmates. The only exception to this is legal or confidential mail. The staff member advised when they photocopy the mail they do not read the contents of the mail, they only photocopy to reduce the introduction of contraband. She confirmed that incoming mail from MSP (or BARCC) would not be read, only copied and provided to the inmate.

The auditor tested the third party reporting mechanism prior to the on-site portion of the audit. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment. The auditor submitted the form on March 28, 2022. The PC contacted the auditor on March 29, 2022 indicating that the online form was received. The PC stated that the information from the form is immediately forwarded to the facility and the PC. The PC in turn sends a second notification to the Superintendent and PCM to ensure the information is investigated timely. On April 7, 2022 the auditor also contacted the Duty Station number that is provided online to report sexual abuse. The staff member advised the auditor to fill out the online form to report any allegations of sexual abuse or sexual harassment. The auditor contacted the PC related to the call to the Duty Station. The PC advised that verbal reports are accepted and that he would speak to the Duty Station related to the issue. The PC later advised the auditor that the Duty Station staff member was new and that information was provided to all Duty Station staff related to accepting verbal sexual abuse allegations. On May 3, 2022 the auditor called the Duty Station number a second time to confirm that verbal reports are now taken over the phone. The staff advised the auditor that the number was incorrect and provided a different number to call. The number provided was not the number on the website.

The facility provides access to victim advocates through the BARCC hotline. The auditor tested the BARCC hotline during the on-site portion of the audit. The initial attempt to contact BARCC was unsuccessful. The auditor dialed the number and was provided the option for services in English or Spanish. The automated message advised to hold and that they would be providing someone soon for services. The auditor remained on hold for five minutes and was then advised that there was not anyone to provide services at that time and to leave a message to have correspondence information mailed to them or to call back again between 9:00am-9:00pm. The auditor called the hotline number

again in subsequent housing units and reached a live person. The BARCC staff member confirmed that they are available to provide services to any inmate who calls the line between the hours of 9am and 9pm. The BARCC hotline is an unmonitored line. If inmates want additional privacy, they can request a call with BARCC similar to a legal call (in a private room). Inmates in segregated housing are afforded four calls a week and have access to their tablet at all times. The phone is a rolling phone that they utilize in their cell. Inmates can also write to BARCC for services by sending correspondence. Inmates are provided paper and writing utensils upon request. Inmates do have to buy their own envelopes and postage for these letters (indigent inmates are provided these by the facility). Letters to BARCC are treated as confidential, outgoing letters are not screened or opened. Informal conversation confirmed that the BARCC hotline is free, unmonitored and accessible to inmates when the telephones are turned on and/or the inmates are outside their cells.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education via video (PREA: What You Need to Know) and through a PowerPoint presentation about the facility. The video covers the required components under Standard 115.33. At the end of the video, staff explain to the inmates the reporting methods at the facility and information about BARCC. The PowerPoint presentation is utilized during orientation and has information related to the facility. It is not a PREA specific presentation, it is the overall orientation to the facility. The PREA video is the specific PREA information provided as well as the emphasis at the end on reporting mechanism. The video was available in English and Spanish and also had closed captioning. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English.

Random staff interviews were conducted on April 11, 2022 through April 13, 2022. The 3pm-11pm shift staff were interviewed on April 11, 2022, the 7am-3pm shift staff were interviewed on April 12, 2022 and 11pm-7am shift staff were interviewed on April 13, 2022. Some specialized staff were interviewed on April 12, 2022 and April 13, 2022, however most specialized staff were interviewed via phone as outlined in the PREA auditor handbook. Inmate interviews were conducted on April 12, 2022 and April 13, 2022. All staff and inmate interviews were conducted in a private office setting. During inmate interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge) for three LEP inmate interviews. The facility provided the auditor a phone number to dial and the facility's pin number for services. The auditor was able to choose the appropriate language of interpretation and was connected to a live person. The auditor conducted the interview with the LEP inmate through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to inmates through a staff member. Informal conversation with staff and inmates indicate that the interpretation service is easily accessible when needed.

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>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 below.</p> <p>Personnel and Training Files. The facility has 366 staff assigned. The auditor reviewed a random sample of 26 personnel and/or training records that included five staff individuals hired within the previous twelve months and four staff that were hired over five years ago. Additionally, personnel and/or training files for seven volunteers, thirteen contractors and eleven medical and mental health care staff were reviewed.</p> <p>Inmate Files. A total of 53 inmate files were reviewed, although some files were only reviewed for a specific area the auditor was reviewing. 24 inmate files were of those that arrived within the previous twelve months, nine were disabled inmates, three were LEP inmates, two were transgender inmates and three were inmates who reported prior victimization during the risk screening.</p> <p>Medical and Mental Health Records. During the past year, there were seven inmates that reported sexual abuse or sexual harassment that occurred at MCI Shirley. Three of the inmates reported at a facility other than MCI Shirley and as such their medical and mental health records were not available. The auditor reviewed the medical and mental health records of the available four inmate victims, as well as mental health documents for three inmates who disclosed victimization during the risk screening.</p> <p>Grievances. In the past year, the facility had one sexual abuse grievance. The auditor reviewed the sexual abuse grievance, the grievance log from the previous twelve months and an additional sample of grievances to confirm that no other sexual abuse grievances were filed.</p> <p>Hotline Calls. The facility has a PREA hotline as well as an Internal Perimeter Security (IPS) hotline. Inmates can report sexual abuse and sexual harassment through both hotlines. The facility had zero calls to the PREA hotline and one call to the IPS hotline related to sexual abuse and/or sexual harassment. The auditor tested both hotlines during the tour to ensure functionality.</p> <p>Incident Reports. The auditor reviewed incident reports for the seven reported allegations as well as a sample of incident reports from the previous twelve months to confirm no additional sexual abuse allegations were reported.</p> <p>Investigation Files. During the previous twelve months, there were nine allegations reported to have occurred at MCI Shirley. Two of the allegations were determined to be consensual and as such not PREA allegations. During the on-site portion of the audit all seven allegations had a closed administrative investigation completed. The auditor reviewed all seven closed investigations to ensure all components were included from the investigating authority. In the previous twelve months, one administrative investigation was referred for prosecution.</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	4	0	4	0
<b>Staff-on-inmate sexual abuse</b>	2	1	2	1
<b>Total</b>	6	1	6	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	2	0	2	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0	0
<b>Total</b>	1	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	2	0
Staff-on-inmate sexual abuse	0	1	0	1
<b>Total</b>	0	3	2	1

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

6

<p>99. Did your selection of <b>SEXUAL ABUSE</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p>100. Enter the total number of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of <b>SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>2</p>

<p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The one criminal investigation was not completed and as such was not available for review. All administrative investigations completed were reviewed, including the one that was substantiated but was still deemed open because it was referred for prosecution and criminal investigation. The one that was still considered open, was deemed substantiated in the tables above.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy
3. 103 DOC 510 – Security Staffing and Analysis
4. 103 DOC 512 – Post Orders
5. 103 DOC 506 – Search Policy
6. 103 DOC 401 – Booking and Admissions
7. 103 DOC 408 – Reasonable Accommodations for Inmates
8. 103 DOC 488 – Interpreter Services
9. 103 DOC 201 – Selection and Hiring
10. 103 DOC 703 – Design Criteria and Planning Guidelines
11. 103 DOC 216 – Training and Staff Development
12. 103 DOC 650 – Mental Health Services
13. 103 DOC 652 – Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
14. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
15. 103 DOC 750 – Hygiene Standards
16. 103 CMR 423 – Restrictive Housing
17. 103 CMR 491 – Inmate Grievances
18. 103 DOC 518 – Inner Perimeter Security Team
19. 103 DOC 230 – Discipline and Terminations
20. 103 CMR 430 – Inmate Discipline
21. 103 DOC 407 – Victim Services Unit
22. Post Order 1 – Shift Commander
23. PREA Coordinator Appointment Letter
24. Agency Organizational Chart
25. Facility PREA Manager Appointment Letter
26. 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. Pages 4-5 include the definitions of sexual abuse and sexual harassment and prohibited behavior. Pages 17018 include the sanctions and process for those found to have participated in prohibited behaviors. 103 DOC 519 outlines the strategies and responses to preventing, detecting and responding to sexual abuse and sexual harassment. In addition to 103 DOC 519, the agency has numerous other policies that touch on different actions for prevention, detection and response. These policies include: 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430 and 103 DOC 407. The policies (including 103 DOC 519) address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCMs, 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 policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies 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 policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator that has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ stated the position of the PC is the Chief of Operations and Investigations. The agency's organizational chart confirms that the PC position is an upper-level position and is agency-wide. The organization chart further confirms 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 there is a PCM at each facility, so there are fourteen total PCMs. He stated that they conduct quarterly training with the PCMs and they also conduct annual operation audits. The PC stated that his office assists, advises and trains the PCMs for the PREA audits. He stated they also visit the facilities and he is available anytime through email. The PC stated that if he identified an issue complying with PREA he would refer to the annual PREA safety and vulnerability assessment and also review the PREA standards. He stated his office would advise the facility of what changes need to be made and conduct any necessary training with staff. He confirmed the information would be forwarded to the Superintendent of any findings and issues and make sure they are aware of their responsibilities.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's effort to comply with the PREA standards. The PAQ stated the position of the PCM at the facility is the Deputy Superintendent of Re-Entry and this position reports to the Superintendent. The appointment letter states that the Deputy Superintendent has been selected as the PREA Coordinator (PREA Compliance Manager) for MCI Shirley. A review of the facility organization chart confirms that the Deputy Superintendent of Re-Entry, who is the PCM, reports directly to the Superintendent. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's efforts to comply with PREA standards. She stated she coordinates compliance through the monthly meetings where they go over documentation and the PREA standards. She stated if she identifies an issue complying with a standard she would work as a team with the other staff to make sure they do everything they can to ensure procedures are compliant. The PCM further stated that if there was any necessary follow-up it would be facilitated through her and everything would be discussed to ensure compliance.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment letters, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Contracts with Other State Department of Corrections

Documents Received During the Interim Report:

1. Assurance Memorandum from the Agency's Contract Administrator
2. Documentation Illustrating Other State's PREA Compliance

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicates the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit and that the facility does not contract with private entities for confinement of inmates and as such this does not apply. Further communication with the PC indicated that all current contracts are with other state agencies related to interstate compact. He advised that none of these contracts or new or have been renewed since the last PREA audit. A review of interstate contract with Ohio, Florida, Idaho, Montana, Nevada, North Carolina and Pennsylvania confirm that contract language indicates that contracting parties are required to adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and applicable PREA Standards. The contract language permits the parties to monitor the aspect of the agreement to ensure compliance with PREA.

115.12 (b): The PAQ indicates the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit and that the facility does not contract with private entities for confinement of inmates and as such this does not apply. Further communication with the PC indicated that all current contracts are with other state agencies related to interstate compact. He advised that none of these contracts or new or have been renewed since the last PREA audit. A review of interstate contract with Ohio, Florida, Idaho, Montana, Nevada, North Carolina and Pennsylvania confirm that contract language indicates that contracting parties are required to adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and applicable PREA Standards. The contract language permits the parties to monitor the aspect of the agreement to ensure compliance with PREA. The interview with the Agency Contract Administrator indicated that there is language in all the interstate compact contracts to comply with the National PREA Standards. She stated the agency does not conduct any audits on the agencies specifically. She indicated the understanding is that when the agency signs the contract they acknowledge that they will comply with PREA through signatures on the contract. She further stated they only have contracts with other State Department of Corrections and that they do not individually monitor each state and they do not request any documentation. She stated they just have the language in the contract. During the interim report period the Agency Contract Administrator provided an assurance memo that described the process moving forward on monitoring for PREA compliance. The agency has established that they will monitor PREA compliance through an annual check of the DOJ PREA Dashboard, which details whether states are in compliance with PREA. The agency provided documentation outlining the states they currently house inmates in under interstate compact. The document further indicated that the states either had a PREA certification or a PREA assurance, indicating they were compliant or working toward compliance.

Based on the review of the PAQ, contracts with other state agencies, information from the interview with the Agency Contract Administrator, the assurance memo and the documentation confirming that all current states under contract are PREA compliant or working toward PREA compliance indicates that this standard appears to have been corrected during the interim report period and as such is compliant.

**115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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. Staffing Plan Development Narrative
- 7. Annual Staffing Plan Reviews
- 8. Daily Staffing Rosters
- 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): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. 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 on 1094 inmates, which is the average daily population over the previous twelve months. The facility employs 366 staff. Security staff mainly make up three shifts, day shift works from 7am-3pm, evening shifts works 3pm-11pm and morning shift works from 11pm-7am. A review of the daily shift rosters indicate that each shift has a Shift Commander, at least one Lieutenant, at least one Sergeant and Correctional Officers. Staff are assigned to housing units, the control room, yard and health services. Additional staff are assigned to the mail room, the tower, the library, education, programs, industries, booking, laundry, property, kitchen and recreation during the 7:00am-3:00pm shift and/or the 3:00pm-11:00pm shift. A review of the staffing plan development process narrative indicates that the facility utilizes the American Correctional Association

report related to generally accepted practices. There are no known judicial findings of inadequacies or any inadequacies from federal oversight bodies. It further stated that the Annual Safety and Vulnerability Assessment is utilized for any internal findings of inadequacies and for the analysis of the physical layout. The document states that inmate composition is reviewed via the data collection system Tableau. The document states that supervisory staff are determined and placed based on the staffing analysis and that shift logs are utilized to review and analyze programs and activities occurring on particular shifts. It further states that staffing follows all applicable state laws and that a review of the PREA database is conducted related to incidents of sexual abuse at the facility. During the tour the auditor confirmed that facility follows the staffing plan. There were at least two staff in each housing unit, with the exception of the health services unit, which has one security staff but numerous medical and mental health care staff. Additional staff were also present in the segregated housing unit due to the security level of the inmate. Program, work and education areas included both security and non-security staff. In areas where security staff were not directly assigned, routine security checks were required (usually every 30 to 60 minutes). In areas where security staff are assigned, staff are required to make security checks (rounds) at least once an hour. Informal conversation with staff confirmed that they are never understaffed and that they always find someone to cover the positions. Staff indicated they make rounds every 45 minutes to an hour and that the Shift Supervisor (Captain) conducts rounds at least once a shift and typically the Lieutenants and Sergeants come through a few times a day. Informal conversation with inmates also confirmed that there are always two staff in the housing units and that staff make rounds typically every 30 minutes. The inmates stated that they see the Captain every day and there is not any overcrowding in the units. During the tour the auditor observed one area in laundry that was a potential blind spot. The laundry area was not equipped with cameras and as such the auditor advised that a mirror would need to be installed in the back corner of the area. Additionally, during the tour the auditor observed cameras in the housing units, intake, visitation, religious services, education, vocation, food service, health services, recreation and industries. The auditor made a recommendation that additional cameras be installed in the back stairwells of the housing units and in maintenance. A review of the video monitoring system confirmed that the facility has numerous cameras in housing, work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The auditor viewed the cameras and observed that the views assisted with monitoring in the housing units and the cameras were only accessible to certain staff, including IPS and administration. The security staff in the housing units are only able to view the camera outside of their front door and the camera on the opposite side of their housing unit to observe the common area for officer safety. The interview with the Warden confirmed that the facility has a staffing plan and that the plan provides for adequate levels to protect inmates from sexual abuse. The Warden stated that there is video monitoring and that the staffing in the units is adequate. He stated that they review the plan to determine if there are any additional needs and that the plan is documented and maintained in the American Correctional Association Coordinator's office. The Warden confirmed that all required components under this provision are considered during the creating and modification of the staffing plan. He stated that the need for video monitoring is reviewed by looking at all prior PREA allegations, by looking at the areas that have highlighted risks and by maintaining a level of privacy. The Warden confirmed that the facility conducts an annual review of the staffing plan and they also review staffing through monitoring the daily roster. He stated that the daily rosters are developed through a process and that the Full Time Equivalent (FTE) directs the staffing levels. He indicated that staffing levels are based on the security level of the prison and that it also is based on the physical plan of the housing units and the inmate population in those housing units. He stated there are more staff on day shift because there is more inmate movement and that there are more supervisor on day shift as well. The PCM confirmed that all requirements under this provision are considered when creating and modifying the staffing plan. She stated that they look to determine where supervisors should be assigned and that they ensure staffing is adequate for scheduled facility programs and work assignments. The PCM stated they determine if there are any blind spots and ensure staffing is appropriate based on that information. She also stated they review the sexual abuse incidents to determine if there is a need for staffing changes. The PCM indicated that they have more staff during times of movement and there are always supervisors in the area when movement occurs. She stated the facility is a medium security facility and as such staffing is based on the security level. Most housing units have the same layout and as such staffing is the same within those units.

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 the facility never deviates from the staffing plan and there have been zero deviations from the staffing plan have occurred in the previous twelve months. Further communication with the PC indicated that the only time a post would be "collapsed" would be through the annual staffing plan which is submit to Milford Headquarters for approval. The PC stated the agency does not deviate from the staffing plan and any posts that do not get filled would be related to temporary building closures or to low inmate-count. A review of daily staffing rosters for a sample of six random days confirmed that there were zero deviations from the staffing plan. The Warden stated that the facility never deviates from the staffing plan. He confirmed they always hire overtime to cover the positions.

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 March 31, 2022 by the Superintendent and PC. The plan 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 review included a vulnerability assessment that assessed sexual abuse and sexual harassment allegations, the physical layout and cameras locations. The staffing plan was also previously reviewed on March 29, 2021. The PC stated that he reviews the staffing plans annually for each facility. He stated that each year the facility completes a staffing analysis and it has to be reviewed by the PREA Division, where it is reviewed and signed off on.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented, they cover all shifts and the facility prohibits staff from alerting other staff of the conduct of such rounds. 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 all three shifts in one housing unit in June 2021. Informal conversation with staff confirmed that they are never understaffed and that they always find someone to cover the positions. Staff indicated they make rounds every 45 minutes to an hour and that the Shift Supervisor (Captain) conducts rounds at least once a shift and typically the Lieutenants and Sergeants come through a few times a day. Informal conversation with inmates also confirmed that there are always two staff in the housing units and that staff make rounds typically ever 30 minutes. The inmates stated that they see the Captain every day and there is not any overcrowding in the units. Interviews with intermediate-level or higher-level facility staff confirm that they make unannounced rounds and that the unannounced rounds are documented by the officers in the housing unit logs. All three staff indicated that they ensure staff don't notify one another about the rounds by conducting them randomly. The staff stated the conduct rounds randomly, in no particular pattern. One staff member stated he does a sneak attack and goes at different times and never the same route/routine. The auditor requested documentation for six random days to review unannounced rounds on all three shifts. The facility provided documentation for three of the requested six days. A review of the three days indicated that rounds were not conducted on all three shifts in each of the housing units. It should be noted that most rounds were not conducted on the 7am-3pm shift, which is when most administrative level staffing make rounds. The auditor determined that additional documentation is required to determine compliance with this provision.

Based on a review of the PAQ, 103 DOC 510, 103 DOC 512, Post Order 1, the staffing plan, the staffing plan development narrative, daily staffing rosters, annual staffing reviews, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to require corrective action. With regard to provision (d), the auditor requested documentation for six random days to review unannounced rounds on all three shifts. The facility provided documentation for three of the requested six days. A review of the three days indicated that rounds were not conducted on all three shifts in each of the housing units. It should be noted that most rounds were not conducted on the 7am-3pm shift, which is when administrative level staffing make rounds. The auditor determined that additional documentation is required to determine compliance with this provision. Additionally, during the tour the auditor observed one area in laundry that was a potential blind spot. The laundry area was not equipped with cameras and as such the auditor advised that a mirror would need to be installed in the back corner of the area.

#### Corrective Action

The facility will need to provide additional documentation for the originally selected days, or six newly selected days during the corrective action period, depending on the compliance and available documentation. The documentation will need to show unannounced rounds by intermediate-level and/or higher-level staff, in all housing units on all three shifts. The rounds are not required daily, but should be done routinely to show prevention of staff sexual abuse and staff sexual harassment, therefore if documentation is not available for the specific date requested, it should be provided for a day in that same week. The facility will also need to provide photographs confirming they installed a mirror in the laundry area to alleviate the blind spot.

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. Photos of Mirror Placement
2. Unannounced Rounds

On June 22, 2022 the facility provided the auditor with a photograph confirming that a mirror was installed in laundry area. The photo evidenced that a 180 degree mirror was installed on the back wall of the laundry area, alleviating the blind spot.

The facility provided the auditor with more direct documentation related to unannounced rounds on the five selected days. The documents confirmed that unannounced rounds were made on all three shifts across each of the housing units.

Based on the documentation provided this standard has been corrected.

<b>115.14</b>	<b>Youthful inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 367 300">Documents:</p> <ol data-bbox="242 327 1050 470" style="list-style-type: none"> <li data-bbox="242 327 536 356">1. Pre-Audit Questionnaire</li> <li data-bbox="242 383 1050 412">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy</li> <li data-bbox="242 439 935 468">3. Memorandum From Superintendent Related to Youthful Inmates</li> </ol> <p data-bbox="242 557 352 586">Interviews:</p> <ol data-bbox="242 613 756 701" style="list-style-type: none"> <li data-bbox="242 613 553 642">1. Interview with the Warden</li> <li data-bbox="242 672 756 701">2. Interview with the PREA Compliance Manager</li> </ol> <p data-bbox="242 786 483 815">Findings (By Provision):</p> <p data-bbox="242 902 1469 1030">115.14 (a): The PAQ and the memo from the Superintendent indicated that no youthful inmates are or were housed at MCI Shirley during the audit period. 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 18. As such, this provision is not applicable.</p> <p data-bbox="242 1120 1469 1247">115.14 (b): The PAQ and the memo from the Superintendent indicated that no youthful inmates are or were housed at MCI Shirley during the audit period. 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 18. As such, this provision is not applicable.</p> <p data-bbox="242 1337 1469 1464">115.14 (c): The PAQ and the memo from the Superintendent indicated that no youthful inmates are or were housed at MCI Shirley during the audit period. 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 18. As such, this provision is not applicable.</p> <p data-bbox="242 1552 1489 1610">Based on a review of the PAQ, 103 DOC 519, Massachusetts State Law, the memo from the Superintendent and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.</p>

**115.15**      **Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 506 – Search Policy
3. 103 DOC 519 – Sexual Harassment/Abuse Response Prevention Policy
4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
5. Body Searches – Clothed Training Curriculum
6. Body Searches – Unclothed Searches Training Curriculum
7. 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 Barriers
2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. Further communication with the PCM indicated that this was incorrectly marked yes and that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. 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.

115.15 (b): The PAQ indicated that the facility does not house female inmates and therefore this provision of the standard does not apply. 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. Cross gender pat searches of female inmates shall not be permitted absent exigent circumstances. There were no cisgender females housed at the facility over the audit period. The two transgender inmates interviewed indicated that they had never been restricted from going anywhere because there was not a female to do a pat search. Interviews with random staff confirm the facility does not house cisgender females and transgender females are pat searched based on their preference. Fourteen of the fifteen random staff stated that the facility does not restrict transgender female inmates access to regularly available programming or other out-of-cell opportunities due to pat search preference and the availability of females. One staff member stated he did not know the answer to the question, however the other fourteen stated that there is always a female staff member available, either onsite, or through coordination with the facility located next to MCI Shirley.

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. There were no cisgender females housed at the facility over the audit period. Both transgender female inmates indicated they are searched by staff of the gender with which they prefer.

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 the Institutional Management System (IMS) in the unit visitor log. A review of the PAQ supplemental documentation confirmed that female staff make a log entry when they enter housing units. During the tour the auditor confirmed that each general population housing unit provides privacy to inmates through doors with windows. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell ( incidental to official duties). Additionally, showers have a door with a window and the auditor observed that visibility of the genital area was only observed if directly in front of the shower door (incidental to official duties as well). The health services units offered privacy through shower curtains, doors with a half covered window and medical curtains. The segregated housing unit provided privacy through doors with flaps/windows. The auditor observed that the flaps/windows provided adequate privacy unless the staff was directly in front of the door (incidental to official duties). Outside of the housing units, inmates are provided privacy through solid doors, doors with windows and public style restroom wall barriers. None of the housing units are equipped with cameras in the cells or bathroom areas. Additionally, a review of the video monitoring system confirmed that none of the cameras in the general population housing units showed areas where inmates would shower, use the restroom or change their clothes. A review of the cameras indicated that the observation cells in the segregated housing unit as well as the suicide observation cells in health services did not offer privacy. The cameras are inside of the cells and monitoring of the cameras does not provide the inmate privacy when using the restroom or changing clothes. In addition to the cameras, the cells also have large windows that do not provide adequate privacy as well. The holding cells in medical are also equipped with cameras and have large windows (holding cells have toilets) that do not allow for adequate privacy. Non-medical staff are assigned to health services and the segregated housing unit and as such the windows require modification in order to provide the necessary privacy required under Standard 115.15. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing unit. The intake area provided privacy through a door with privacy film while visitation provided privacy through solid doors. The camera in intake was obstructed by a half wall barrier and the visitation area was not equipped with a camera. Strip searches in the segregated housing unit are done inside of the cells. The cells have a window and are not visible unless in front of the cells, however the auditor did recommend that the facility use a film or covering of some sort on the cells during the strip searches for additional privacy. The auditor heard the opposite gender announcement each time the audit team entered the inmate housing units, with the exception of the health services units. The announcement was made prior to entry into the units verbally via the intercom system. The facility provides hearing aids for inmates with a hearing impairment in order for them to hear the opposite gender announcement. Informal conversation with staff and inmates confirm that the opposite gender announcement is made routinely. The interviews with fifteen random staff confirm that all fifteen stated that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all fifteen stated that staff of the opposite gender announce when entering housing units. Interviews with 32 inmates indicated that sixteen have privacy when showering, using the restroom and changing their clothes. Most of the inmates stated that the showers and cells (where toilets are located) have windows and they are not allowed to cover their window. Therefore, they did not believe they had privacy. During the tour (as indicated above) the auditor confirmed that the windows provided adequate privacy (except when incidental to official duties). The windows of the showers were located above the waist and the cell windows did not provide visibility unless the staff member was directly in front of the window (i.e. when conducting rounds or performing official duties). Additionally, 27 of the 32 inmates stated that opposite gender staff announce when

entering housing units.

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. Interviews with fifteen staff indicated ten were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with two transgender inmates indicated that neither felt they had been searched for the sole purpose of determining their genital status.

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. 103 DOC 653, page 6 states that upon request by the inmate, an unclothed search will be conducted by an officer of the gender which the inmate identifies, except in exigent circumstances. 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 confirmed 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 fifteen staff indicated that eleven had received training on cross gender searches and searches of transgender inmates. A review of a sample of fifteen staff training records indicated that all fifteen had received the fully clothed and unclothed training during the academy.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, the clothed and unclothed search training curriculums, a random sample of staff training records, observations made during the tour as well as information from interviews with random staff, random inmates and transgender inmates indicates this standard appears to require corrective action. With regard to cross gender viewing, a review of the cameras indicated that the observation cells in the segregated housing unit as well as the suicide observation cells in health services did not offer privacy. The cameras are inside of the cells and monitoring of the cameras does not provide the inmate privacy when using the restroom or changing clothes. In addition to the cameras, the cells also have large windows that do not provide adequate privacy as well. The holding cells in medical also are equipped with cameras and have large windows (holding cells have toilets) that do not allow for adequate privacy. Non-medical staff are assigned to health services and the segregated housing unit and as such the windows require modification in order to provide the necessary privacy required under Standard 115.15.

#### Corrective Action

The facility will need to make appropriate modification to the health services areas and the segregated housing unit suicide observation area to ensure adequate privacy. Once modifications are made, the facility will need to provide the auditor photos confirming the modifications.

#### 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. Photos of the Suicide Observation Cell Cameras

2. Photos of Modifications to the Windows in Health Services

On July 22, 2022 the facility provided photos of the cameras in the suicide observation cells in health services. The photos confirmed that a black barrier was placed over the toilet areas of the cells cameras. On June 29, 2022 the facility provided photos of the segregated housing unit suicide observation cells. These photos also confirmed that a black barrier was placed over the toilet areas of the cells cameras. On September 20, 2022 the facility provided photos that illustrated the modifications made to the windows of the health services cells. The facility added a black tint to the windows, obstructing the view of the toilet from opposite gender staff working in the unit. All modifications alleviated any cross gender viewing issues for inmates when using the restroom in these areas.

Based on the documentation provided this standard has been corrected.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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. Protecting Yourself from Sexual Assault Brochure
6. Inmate Orientation Manual
7. PREA Posters
8. Staff Translator List
9. Lionbridge Interactive Voice Response Information
10. Staff Training Documentation

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 Accessible Formats

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. 103 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (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. A review of the inmate orientation manual, PREA posters and Protecting Yourself from Sexual Assault brochure confirm that they can be provided in larger print, if necessary. Additionally, staff (including mental health care staff) are available to read the information to any inmates with cognitive disabilities, vision impairment and limited reading skills. A provided list indicated the facility has one staff member that can be utilized to interpret through American Sign Language. A review of documentation confirmed that the PCM received three trainings related to dealing with reasonable accommodations and dealing with inmates with a disability. The interview with the Agency Head Designee confirmed that the agency takes appropriate steps to ensure inmates with disabilities and inmate who are limited English proficient have 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. The Agency Head Designee stated that each Superintendent ensures that inmates receive gender

specific written, verbal and video education on PREA. He stated the video is shown in English and Spanish and also has closed captioning. The Agency Head Designee indicated that inmates are provided verbal and written information through the handbook (inmate orientation manual) in the inmate's primary language. The interview confirmed that the facility will take appropriate steps for inmates with disabilities, such as video or verbal, closed captioning, written or access to a TTY and assistance from medical and mental health care staff. He stated that they place posters at such a height that someone in a wheelchair would be able to see and that the posters are in larger font. He also confirmed that the agency has staff who can translate for LEP inmates as well as an interpreter service line. Interviews with six disabled inmates and three LEP inmates indicated seven were provided PREA information in a format that they could. The two that advised they had not received information in a format that they could understand stated that they had not received any PREA training at all. A review of documentation indicated that all LEP and disabled inmates interviewed had received PREA education. Two of the inmates had received it prior to 2013 and as such the auditor advised the facility that they would need to be sent back through the education. Additionally, one inmate was documented with receiving the education but did not have a signed acknowledgment, therefore the auditor advised this inmate would need to be sent back through as well. The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a wooden placard with the PREA hotline number, the IPS hotline number and BARCC hotline number. Additionally, the BARCC and PREA hotline numbers were painted near the phones in the housing units. PREA posters were observed in each housing unit (on the bulletin board on the one side of the officer station desk) and in common areas. The posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate orientation manual and PREA brochure (provided to inmates at intake and also available in the library in the PREA information section). All inmates have tablets and can utilize a kiosk. Informal conversation with staff and inmates confirmed that the painted and posted information has been there for a long time. Inmates stated that the information is up in housing units, medical and pretty much everywhere. The inmates indicated that they are aware of the information and it is easy to read and understand. Inmates indicated that they can report through the numbers that are on the wall and they can verbally report. Staff stated that inmates can report to the numbers on the wall anytime they are out of their cell.

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. Page 10 also states that all facilities' orientation manuals will include information on telephonic interpreter service information. 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 investigation. Page 16 of the inmate orientation manual 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 list indicated the facility has over 25 staff that can be utilized to interpret over ten 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 to conduct the three LEP inmate interviews. The auditor was provided a telephone number and a passcode for use and had no issues with obtaining translation services. A review of the inmate orientation manual, Protecting Yourself from Sexual Assault brochure and PREA poster confirmed that PREA information is available in Spanish. Interviews with seven disabled inmates and three LEP inmates indicated eight were provided PREA information in a format that they could. The two that advised they had not received information in a format that they could understand stated that they had not received any PREA training at all. 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 fifteen random staff indicated that ten were aware of a policy prohibiting the use of inmate interpreters, readers and assistants for sexual abuse allegations. The five staff that were unaware of the policy as well as the other ten staff confirmed that they were unaware of a time that another inmate was used to interpret, read or provide assistance for sexual abuse. Interviews with seven disabled inmates and three LEP inmates indicated there was one LEP inmate that had another inmate help translate for him during inmate orientation. None advised they ever had another inmate assist with translation or interpretation for a sexual abuse allegation.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Protection Yourself from Sexual Assault brochure, the inmate orientation manual, PREA posters, the staff translator list, the Lionsbridge user's guide, the staff training documents, observations made during the tour to include the PREA signage, the auditor's use of Lionsbridge, as well as interviews with the Agency Head Designee, random staff and LEP and disabled inmates indicates that this standard appears to be compliant.

**115.17 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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. Memorandum 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

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. 103 DOC 201, page 21 states 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. Policy further states that if a candidate for employment answers yes to 201.06 Section 9, subsection a), b), or c) (questions above) they will be prohibited from being hired or promoted by the MA Department of Corrections. 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 five staff hired in the previous twelve months indicated that all five had a criminal background records check completed. Additionally, a review of four contractor files confirmed that all four had a criminal background records check completed prior to enlisting their

services.

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 52, 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?". Additionally, Attachment Y, page 113 includes the memorandum sent from the Executive Director of Human Resources on April 1, 2021 which states 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 contractor, who may have contact with inmates. The Human Resource staff member confirmed 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 22-23 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 zero people were hired in the previous twelve months who had a criminal background records check. Further communication with the PC indicated there were 24 new hires in the previous twelve months, however background investigations are not completed at the facility and as such the facility would not have access to these records. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had a criminal background records check completed. Two of the five had prior institutional employment and both had information contained in their background investigation where the agency asked the prior institutional employer about any violation of sexual abuse and sexual harassment policies while employed. The interview with the Human Resource staff member confirmed that a criminal background records 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 23 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 zero contracts for services where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PC indicated there have been eight new contractors under one contract in the previous twelve months. A review of four contractor personnel files indicated that all four had a criminal background records check completed. Human Resource staff confirmed that all contractors have a criminal background records 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. Attachment Y, page 114 states that the agency shall either conduct criminal background record checks at least every five years or current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. A review of four staff hired more than five year ago and two contractors hired more than five years ago indicated that all six had a criminal background records check completed at least every five years. It should be noted that the agency did a mass criminal background records check in 2015 after the release of the standard and did not retain any documentation for individuals that did not have results when queried. The agency initiated a form to document the criminal background records checks for those completed in 2018 and 2019 and therefore forms were only available from those most recent checks. The interview with the Human Resource staff member indicated that a criminal background records check is completed through the CJIS system. He stated the system checks all local criminal history, national criminal history, sex offender registry and any active warrants. He stated if there is any information indicating they had prior institutional work they would also reach out to that institution for information related to sexual abuse and sexual harassment. The Human Resource staff confirmed the agency has a system in place to do criminal background records check on all active employees and contractors at least every

five years.

115.17 (f): 103 DOC 201, page 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?". A review of five new hires indicated that all five completed Attachment X. It should be noted that most of the new hires had applications prior to the change in the Attachment X form (end of 2021). The older Attachment X form only had two questions related to sexual abuse and sexual harassment. The auditor found this issue in 2021 during MADOC audits. The agency corrected the form to include the required three questions under this provision and the updated form was put into use late 2021. In addition, the auditor requested forms for staff who were promoted over the previous twelve months. Conversation with the PC and Human Resource staff further determined that these questions were not required as the agency does not promote through an interview process or an evaluation process. The Human Resource staff stated that there is an attachment that is included with the application that asks these questions and each applicant is required to answer the questions. He further stated that the agency imposes a continuing duty to disclose any such 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 21 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): The Human Resource staff member indicated that the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested. He stated he was unaware of any laws that would prohibit the disclosure of this information.

Based on a review of the PAQ, 103 DOC 201, Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections, 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 corrected with the policy updates and as such compliant.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 703 – Design Criteria and Planning Guidelines
3. Physical Plant Map
4. Facility Annual PREA Safety Assessments
5. Security Staffing Plan Assessment
6. Camera Placement/Listing

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 acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. The PAQ indicated that the facility constructed a new dining hall which also contains a culinary arts program and the property office. Additionally, a Medicated Assisted Treatment (MAT) room was also added to an existing building. 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. 103 DOC 519, page 13 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment IV. Considerations shall be given to past PREA events, staffing plants, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. A review of the facility physical plant map indicated the food service building was included in the map along with the old food service building. A review of documentation indicated that an annual PREA Vulnerability Assessment was completed in addition to the Security Staffing Plan Assessment. The documents referenced the new dining hall building and the PREA Vulnerability Assessment did not note any concerns related to physical plant and sexual safety of inmates in that building. Additionally the Security Staffing Plan Assessment indicated that staff were requested for the opening of the MAT program and the facility identified possible vulnerable areas across the facility. During the tour the auditor confirmed the physical plant map was accurate and no additional buildings or modifications were missing from the map. The auditor observed that the old food service building was completely fenced off and was not accessible. The new food service building contained staff dining, inmate dining, culinary arts and the kitchen. The building was open, had appropriate staffing levels and contained a plethora of video monitoring technology. The interview with the Warden indicated that they have opened a new chow hall. He stated that they identified areas that would be a weakness and they put video cameras in those areas. He stated they also ensured that staffing was appropriate for the physical plant and movement. The interview with the Agency Head Designee indicated that the agency holds monthly meetings and that the Division of Resource Management is part of the meeting. He stated that they would assist with new construction and video monitoring technology. The Agency Head Designee stated that all divisions would meet before any new construction is started and they would keep in mind the National PREA Standards during the meetings. He also stated that each year there

is a PREA safety and vulnerability assessment completed at each facility which includes a review of cameras, blind spots and any new construction. He stated this information is submitted to the PC each year for review.

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. 103 DOC 519, page 13 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment IV. Considerations shall be given to past PREA events, staffing plants, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. The interview with the Agency Head Designee indicated that the agency has, through grant funding, secured money for cameras. He stated that cameras are placed in housing, program and common areas and areas that may be considered vulnerable. The Agency Head Designee stated that the facilities conduct an annual safety and vulnerability assessment to identify any areas that cameras are needed. He confirmed that cameras are utilized to alleviate blind spots and that these vulnerable areas are also identified during sexual abuse incident reviews and any concerns are addressed after the reviews. During the tour, the auditor observed video monitoring technology in housing units and common areas. A review of Facility Annual PREA Safety Assessments indicated that the facility identified a need for 25 additional cameras to assist with blind spots and monitoring. The documentation indicated that camera installation in the food service building was adequate through no reference of vulnerabilities. A review of the facility map and camera location listing confirmed that staff considered the best areas to install cameras to ensure adequate safety and supervision. 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. He stated they utilize video monitoring to enhance and ensure that all areas are seen to prevent any sexual abuse incidents. He stated cameras are also utilized to cover blind spots and augment monitoring by staff.

Based on a review of the PAQ, 103 DOC 73, physical plant map, annual PREA safety assessment, the security staffing plan assessment, camera locations/listings, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

**115.21 Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Wellpath 57.00 – Sexual Assault/PREA Compliance
4. Response to Sexual Assault Incidents
5. Contract with Boston Area Rape Crisis Center (BARCC)
6. 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 (MSP) also conducts criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol which is the institutional response plan and includes elements in the PREA response bag. 103 DOC 519, page 18 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 14, 15 and 17 further explain 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 MSP who shall transport any evidence collected to the MSP Crime Lab for analysis. Interviews with fifteen random staff indicated that all fifteen know and understand the protocol for obtaining useable physical evidence. Additionally, twelve staff indicated that investigations would be completed by IPS, the Office of Internal Affairs (OIA) and/or the sexual abuse investigator.

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 14, 15 and 17 explain 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 MSP who shall transport any evidence collected to the MSP Crime Lab for analysis. A review of the Response to Sexual Assault Incidents confirmed that it has enough detail to ensure staff take appropriate action to preserve and collect usable physical evidence. Actions include; controlling the area to prevent unauthorized personnel from entering; ensure the area and its belongings are not disturbed; log time and name of any staff entering the crime scene; recovering evidence from the inmate; bagging evidence appropriately; placement in dry cell; transportation for SAFE/SANE and appropriate medical care.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are not conducted by SAFE or SANE because they are not conducted at the facility and efforts for SAFE/ANE are not documented. Further communication with the PC indicated that there was confusion on these questions and that all forensic examinations are performed at a local hospital. The hospital provides forensic examinations through SAFE/SANE, and if not available, through qualified medical professionals. The PC stated they always have a SAFE/SANE available though. 103 DOC 519, pages 15-16 state 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 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. Page 17 further states rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. Additionally, Wellpath 57.00, page 2 states that healthcare staff shall not engage in the collection of forensic evidence, or the investigation of the complaint. Page 3 further states that healthcare staff shall follow guidelines for referring Massachusetts State prison patients to one of the designated SANE "designated hospitals" and shall notify the designated Hospital Emergency Unit (EU) triage nurse of the referral prior to transport. The designated hospitals attachment confirms that Beth Israel Deaconess Center is a designated SANE hospital. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. A review of documentation confirmed there were zero forensic examination conducted in the previous twelve months. None of investigations involved sexual abuse that occurred within the timeframe for evidence collection. The interview with the staff member at Beth Israel confirmed that they provide forensic medical examinations at the hospital and they would provide these services to any inmate transported to the hospital. The staff confirmed that examinations are always provided by SANE.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The agency utilizes BARCC to provide advocacy for all inmate victims of sexual abuse. The most recent contract with BARCC was executed June 3, 2020. The specifications in the Request for Response (which the contract is tied to) states the "DOC is seeking a Contractor for a PREA Victim Support Service. This service will provide victim advocacy and support services to inmates who allege that they have been the victims of sexual abuse. Additionally the PREA Victim Support Service will assist in the development and implementation of trainings for inmates and DOC staff, including specialized staff (e.g. investigators, medical and mental health providers). The service will administer quality, confidential services to inmates including individual support, accompaniment to investigatory and prosecutorial proceedings, information, and referrals". The PCM stated that any inmate victim of sexual abuse would be automatically offered a victim advocate from the rape crisis center. She stated that they can be provided these services through BARCC. She also stated that the MADOC also has a victim services unit for additional support. The PCM further stated that an advocate is at Beth Israel prior to the inmate's arrival and that the advocate is from the rape crisis center. The interview with the inmate who reported sexual abuse indicated that he knows about BARCC and knew he could contact them but that he did not want to contact them.

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, pages 16-17 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. The agency utilizes BARCC to provide advocacy for all inmates who undergo a forensic medical examination at Beth Israel. The most recent contract with BARCC was executed June 3, 2020. The specifications in the Request for Response (which the contract is tied to) states the "DOC is seeking a Contractor for a PREA Victim Support Service. This service will provide victim advocacy and support services to inmates who allege that they have been the victims of sexual abuse. Additionally the PREA Victim Support Service will assist in the development and implementation of trainings for inmates and DOC staff,

including specialized staff (e.g. investigators, medical and mental health providers). The service will administer quality, confidential services to inmates including individual support, accompaniment to investigatory and prosecutorial proceedings, information, and referrals". While the contract does not specifically indicate that BARCC provides an advocate during forensic medical examination, the interview with the PCM and the BARCC staff member confirm this is the practice. All MADOC inmates are transported to Beth Israel for a forensic medical examination and BARCC provides advocates for all forensic examinations at Beth Israel. 103 DOC 407, page 13 states that it is the responsibility of the PREA Manager to notify the Director of the Victim Services Unit (VSU) when services of the inmate advocate are necessary. VSU services include, but are not limited to: meeting with the inmate victim; providing information to the inmate on his/her rights; providing information to the inmate on the status of the case; maintaining communication with the inmate during the investigation; and coordinating with the District Attorney if referral is made. The interview with the PCM stated that the facility has an MOU with Beth Israel and BARCC, which both state that a victim advocate is required to be provided. The interview with the inmate who reported sexual abuse indicated that he knows about BARCC and knew he could contact them but that he did not want to contact them. 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 contract with MADOC and the contract includes MCI Shirley. He stated that the MOU was renewed in June 2020. The staff member stated they provide advocates to victims of sexual abuse for emotional support as well as accompaniment during forensic examinations 24 hours a day. He further indicated that inmates can also request an advocate for investigatory interviews. He stated all staff at BARCC complete a 40 hour rape crisis counseling training mandated by the Department of Health.

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. The interview with the BARCC staff member confirmed all BARCC staff complete a 40 hour rape crisis counseling training mandated by the Department of Health.

Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, Response to Sexual Assault Incidents, the contract with BARCC and information from interviews with the random staff, the SAFE/SANE, the PREA Compliance Manager and the inmate who reported sexual abuse the facility appears to meet this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 18 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. Page 19 states 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 all allegations are investigated by either Internal Perimeter Security (IPS) staff, the Superintendents Special Investigator (SSI) or the Professional Standards Unit (formerly Internal Affairs Unit). He stated that they also refer any substantiated allegations to the District Attorney for prosecution. The Agency Head Designee further stated that when an allegation is made, the Superintendent receives the information through a confidential report and he/she would then refer it to the appropriate investigator. He further stated the investigator would then take appropriate steps as outlined in policy in order to investigate the allegation. The PAQ indicated that there were seven allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all seven resulted in an administrative investigation. The PAQ indicated all investigations were not completed in the past twelve months, but that they anticipated completion prior to the on-site portion of the audit. A review of documentation indicated there were nine allegations reported, however after review two were consensual and did not rise to the level of PREA. A review of the seven sexual abuse and sexual harassment allegations confirmed all seven were referred for investigation. All seven had an administrative investigation completed. One administrative investigation was referred for prosecution and while the investigation was complete, the agency considered the investigation ongoing due to the referral for prosecution.

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 made 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, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involves a possible violation of law, the Chief of the Office of Investigative Services (OIS)/Internal Affairs Unit (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. Page 19 states 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 Office of

Investigative Services (OIS)/Internal Affairs Unit (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/department-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. A review of the seven sexual abuse and sexual harassment allegations confirmed all seven were referred for investigation to facility/agency investigators. One administrative investigation was referred for prosecution. Interviews with investigators confirmed that policy requires that allegations of sexual abuse and sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation is clearly not criminal. The agency investigator stated that if a felony has been committed the MSP would conduct a criminal investigation with the agency's assistance.

115.22 (c): 103 DOC 519, page 7 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/department-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 investigators, this standard appears to be compliant.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 – Training and Staff Development
3. Prison Rape Elimination Act (PREA) Lesson Plan
4. 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 PREA Lesson Plan confirmed that the following topics are included: the agency's zero tolerance policy (pages 9 and 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 26-32), the inmates' right to be free from sexual abuse and sexual harassment (page 19), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 24-25), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 10-16), 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 (pages 28-29), how to avoid inappropriate relationship with inmates (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fifteen random staff confirmed that all fifteen had received PREA training. Staff stated they receive training each year during in-service. The staff stated that the training goes over the whole process on what to do if an inmate reports sexual abuse, the reporting mechanism, the opposite gender announcement requirement, examples and scenarios of sexual abuse and sexual harassment and that inmates are not allowed to cover their windows. Thirteen staff confirmed all required topics under this provision were covered in the training. Two staff stated they were not sure if one or two of the topics were discussed or not.

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 14 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 between training the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff

are trained annually. 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 confirmed that all fifteen staff received PREA training and fourteen had received PREA training at least every two years. The one staff member that did not have the training every two years was a new hire and had initial training in 2020 and was not yet due for annual training. It should be noted that the agency typically conducts PREA training annually during in-service training, however due to COVID-19, some staff did not receive training annually.

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 fifteen staff training records indicated that all fifteen completed a post training quiz and received a score which indicated their understanding.

Based on a review of the PAQ, 103 DOC 216, the PREA Lesson Plan, a review of a sample of staff training records as well as interviews with random staff indicates that the facility complies with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

Interviews:

1. Interview with Volunteers and 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. Page 16 of the Volunteer Orientation Handbook contains information on PREA, including the zero tolerance policy, responsibility to report and remedial measures for violating the sexual abuse and sexual harassment policies. Additionally, all contractors are required to complete new employee orientation that includes a PowerPoint presentation and covers all the topics required under the staff PREA training, including the zero tolerance policy and methods to report. The PAQ indicated that 176 volunteers and contractors received PREA training. The interviews with two contractors and two volunteers confirmed that they all had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of seven volunteer files confirmed that all seven had received PREA training. The auditor requested training files for thirteen contractors. The facility provided documentation confirming that seven of the contractors received PREA training. As such, additional information is required to determine compliance with this standard.

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. Page 16 of the Volunteer Orientation Handbook contains information on PREA, including the zero tolerance policy, responsibility to report and remedial measures for violating the sexual abuse and sexual harassment policies. Additionally, all contractors are required to complete new employee orientation that includes a PREA PowerPoint presentation. The New Employee Orientation PowerPoint – PREA Basic covers all the topics required under the staff PREA training, including the zero tolerance policy and methods to report. Interviews with contractors indicated that they both had received training. One contractor stated she received the training upon hire and the training went over the PREA policy as well as the zero tolerance policy. The second contractor stated that she receives the training annually and that they review policies and procedures and how to respond if notified of an allegation of sexual abuse. Interviews with the volunteers indicated that both had received training at least once through provided documentation and either a virtual training or an in-person training. All of the contractors and volunteers confirmed that the training covered the zero tolerance policy and how and who to report information related to sexual abuse to once known. A review of seven volunteer files confirmed that all seven had received PREA training. The auditor requested training files for thirteen contractors. The facility provided documentation confirming that seven of the contractors received PREA training. As such, additional information is required to determine compliance with this standard.

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. Volunteers and contractors sign either a sign-in sheet or the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) form to confirm receipt of the training. Contractors also can take the training electronically and a certificate is issued upon completion to document the training. A review of a training documents for thirteen contractors and seven volunteers indicated that fourteen of those reviewed had signed an acknowledgment or had an electronic certificate. The auditor was not provided any documentation for six of the contractors requested.

Based on a review of the PAQ, 103 DOC 216, the Volunteer Orientation Handbook, the New Employee Orientation PowerPoint, a review of a sample of contractor and volunteer training records as well as the interviews with contractors and volunteers indicates that this standard appears to require corrective action. The auditor requested thirteen training documents for a sample of contractors. The facility provided seven of the documents. Thus, additional documentation is required in order to determine compliance for this standard.

#### Corrective Action

The facility will need to provide training documents for the six contractors originally requested. If documentation does not exist, the facility will need to ensure all contractors receive PREA training. A list of contractors and their corresponding training documents should be provided to the auditor to show corrective action.

#### 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. Contractor Training Records

On June 21, 2022 the facility provided the auditor with training records for the six previously requested contractors. Five of the six were documented with training prior to the audit (2020 and 2021). One contractor was documented with training during the corrective action period. All six completed the training either in-person or electronically. For those who completed it electronically a there was an electronic acknowledgment and for those that completed it in-person, they signed a form indicating they completed and understood the training.

Based on the documentation provided this standard has been corrected.

**115.33**      **Inmate education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 Orientation Manual
- 6. Inmate Orientation PowerPoint
- 7. PREA What You Need to Know Video
- 8. Protecting Yourself from Sexual Assault Brochure
- 9. PREA Posters
- 10. Inmate Training Records

Interviews:

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

Site Review Observations:

- 1. Observations of Intake Area
- 2. Observations of PREA Posters

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 8 states that each Superintendent shall develop a written procedures to ensure that each inmate receives an orientation upon admission within 24 hours after arrival. 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. Page 9 states that all PREA orientation information contained within Attachment #2 shall be included in all correctional facilities inmate orientation manuals and will be topics covered in orientation. 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 MCI Shirley’s inmate orientation manual confirmed that pages 33-36 include the same information as Attachment #2, however it is facility specific information for MCI Shirley. The PAQ indicated that 316 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 24 inmate files of those received in the previous twelve months indicated that all 24 received PREA information at intake. During the tour, the auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the inmate orientation manual. The inmate orientation manual is available in both English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize the translation line if the inmate does not speak English. The interview with intake staff confirmed that inmates are provided information on the agency’s sexual abuse and sexual harassment policies during intake. The staff stated that each inmate is provided a handbook (inmate orientation manual) which has PREA

information. He stated the inmate orientation manual is provided as soon as they come into booking. 28 of the 32 inmates that were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. The inmates stated the information was provided to them through video, postings and on the kiosk. It should be noted that MCI Shirley is not an intake facility and as such all inmates at the facility have also been previously provided PREA information upon intake, through another facility, into the MADOC.

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 PowerPoint and the "PREA What You Need to Know" video. Additionally, staff go over the PREA information contained in the inmate orientation manual. A review of the video and the inmate orientation manual confirms that inmates are provided information on the zero tolerance policy, inmates' right to be free from sexual abuse, inmates' rights to be free from retaliation from reporting, 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. 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 MCI Shirley unless for some reason they were not provided the comprehensive education upon entry into the MADOC. While the facility is not required to conduct PREA education, the PCM indicated that the facility typically conducts the comprehensive PREA education again at MCI Shirley.

The PAQ indicated that 316 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education via video (PREA: What You Need to Know) and through a PowerPoint presentation about the facility. The video covers the required components under Standard 115.33. At the end of the video, staff explain to the inmates the reporting methods at the facility and information about BARCC. The PowerPoint presentation is utilized during orientation and has information related to the facility. It is not a PREA specific presentation, it is the overall orientation to the facility. The PREA video is the specific PREA information provided as well as the emphasis at the end on reporting mechanism. The video was available in English and Spanish and also had closed captioning. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English. A review of 24 inmate files of those received in the previous twelve months indicated that all nineteen had received comprehensive PREA education within 30 days of intake at MCI Shirley. The six other inmates were not documented with comprehensive PREA education at MCI Shirley, but they did have comprehensive PREA education documented on more than one occasion at other MADOC facilities. The interview with the intake staff confirmed that upon admission to MCI Shirley they make sure there is documentation that the inmate was provided the PREA education. He stated every inmate that comes in and out of the institution is required to go through orientation and that PREA education is presented during orientation. The staff member confirmed that inmates sign that they know and understand the sexual abuse and sexual harassment procedures. He stated the orientation is done via video, which covers the inmates' right to be free from sexual abuse, the inmates' right to be free from retaliation and ways to report sexual abuse and sexual harassment. The staff member further stated that after the video, he goes over the information, including policies and procedures. He stated that the PREA education is completed in the housing unit and a television is rolled down to the unit where no more than ten to 20 inmates are present. He stated the PREA education is completed no more than two weeks after arrival. Interviews with inmates indicated that 28 of the 32 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse and how to report incidents of sexual abuse. The majority of the inmates stated they received this information via video when they arrived at the facility and also at other facilities, including the intake facility (Walpole). A few of the inmates interviewed indicated that they had just been provided the information a few months ago for the first time.

115.33 (c): The PAQ indicated that all inmates were educated within 30 days. 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 interview with the intake staff confirmed that upon admission to MCI Shirley they make sure there is documentation that the inmate was provided the PREA education. He stated every inmate that comes in and out of the institution is required to go through orientation and that PREA education is presented during orientation. The staff member confirmed that inmates sign that they know and understand the sexual abuse

and sexual harassment procedures. He stated the orientation is done via video, which covers the inmates' right to be free from sexual abuse, the inmates' right to be free from retaliation and ways to report sexual abuse and sexual harassment. The staff member further stated that after the video, he goes over the information, including policies and procedures. He stated that the PREA education is completed in the housing unit and a television is rolled down to the unit where no more than ten to 20 inmates are present. He stated the PREA education is completed no more than two weeks after arrival. Prior to the audit, the facility identified 97 inmates that arrived at MCI Shirley prior to 2013. The facility provided comprehensive PREA education to 91 of these inmates between September 2021 and December 2021. Six of the inmates were scheduled on numerous occasions to attend the PREA education but refused to participate. During the on-site portion of the audit the auditor reviewed 53 total inmate files. One inmate did not have comprehensive PREA education documented, one had it documented but did not have a signed acknowledgment form and five had comprehensive PREA education completed prior to the release of the PREA standards in May 2013. The auditor determined that the inmates that received the education prior to 2013 would need to be re-educated as well as the two inmates that were missing education and/or the signed acknowledgment form. The PCM stated that when they conducted a query of inmates that arrived prior to 2013, there may have been a few that were not identified due to the way the system documents arrivals and transfers. The PCM indicated she would conduct the query a few different ways to ensure all inmates that arrived prior to 2013 are accounted for and received PREA education.

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. 103 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (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. A review of the inmate orientation manual, PREA posters and Protecting Yourself from Sexual Assault brochure confirm that they can be provided in larger print. Additionally, staff (including mental health care staff) are available to read the information to any inmates with cognitive disabilities, vision impairment and limited reading skills. A provided list indicated the facility has one staff member that can be utilized to interpret through American Sign Language. A review of documentation confirmed that the PCM received three trainings related to dealing with reasonable accommodations and dealing with inmates with a disability. 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 16 of the inmate orientation manual 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 list indicated the facility has over 25 staff that can be utilized to interpret over ten 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. A review of the inmate orientation manual, Protecting Yourself from Sexual Assault brochure and PREA poster confirmed that PREA information is available in Spanish. A review of a sample of nine disabled inmate files and three LEP inmate files indicated that all twelve were documented with PREA education, however one disabled inmate did not have a signed acknowledgment, two disabled inmates had education prior to 2013 and two LEP inmates signed an English acknowledgement form. The one LEP inmate who signed a Spanish acknowledgment form did not speak Spanish, rather Portuguese. As such, actions are needed to ensure LEP and disabled inmates receive current comprehensive PREA education in a format that they understand.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 103 DOC 401, page 13 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 24 inmate files of those received in the previous twelve months indicate that all 24 signed acknowledging that they received PREA education.

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. A review of documentation indicates that the facility has PREA information via the inmate orientation manual, PREA posters and the Protecting Yourself from Sexual Assault brochure. During the tour, the auditor observed the PREA posters and painted PREA information in each housing unit and in common areas. Additionally, the auditor viewed the PREA information section of the library, which included information on the PREA standards, the agency PREA policy and other resources, including BARCC and the brochure.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the inmate orientation manual, the inmate orientation manual, the PREA What You Need to Know video, PREA posters, the Protection Yourself from Sexual Assault brochure, 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, random inmates and LEP and disabled inmates indicate that this standard requires corrective action. During the on-site portion of the audit the auditor reviewed 53 total inmate files. One inmate did not have comprehensive PREA education documented, one had it documented but did not have a signed acknowledgment form and five had comprehensive PREA education completed prior to the release of the PREA standards in May 2013. The auditor determined that the inmates that received the education prior to 2013 would need to be re-educated as well as the two inmates that were missing education and/or the signed acknowledgment form. The PCM stated that when they conducted a query of inmates that arrived prior to 2013, there may have been a few that were not identified due to the way the system documents arrivals and transfers. The PCM indicated she would conduct the query a few different ways to ensure all inmates that arrived prior to 2013 are accounted for and received PREA education. Additionally, a review of a sample of nine disabled inmate files and three LEP inmate files indicated that all twelve were documented with PREA education, however one disabled inmate did not have a signed acknowledgment, two disabled inmates had education prior to 2013 and two LEP inmates signed an English acknowledgement form. The one LEP inmate who signed a Spanish acknowledgment form did not speak Spanish, rather Portuguese. As such, actions are needed to ensure LEP and disabled inmates receive current comprehensive PREA education in a format that they understand.

#### Corrective Action

The facility will need to ensure all inmates have received comprehensive PREA education and are documented with receiving the education. All inmates that have PREA education prior to 2013 will need to be reeducated utilizing the current comprehensive education method. The facility will need to provide the auditor with a list of inmates identified during the CAP without PREA education and those who had education prior to 2013. A sample of records will need to be provided confirming they received education during the corrective action period. Additionally, the facility will need to identify all LEP inmates and provide them education in their primary language. Inmates should sign a Spanish acknowledgment form, or there should be some type of notation on the English form indicating how the inmate was accommodated to understand what he/she was signing. The list and acknowledgment forms should be provided to the auditor to confirm completion.

#### 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. Inmate Education Sample of those that Arrived Prior to 2013
2. LEP Inmate Education

On October 7, 2022 the facility provided documentation illustrating that five LEP inmates received comprehensive PREA education in Spanish. The education was conducted on October 7, 2022 and all five inmates signed that they received and understood the education.

On October 20, 2022 the facility provided documentation illustrating that inmates that arrived prior to 2013 were provided comprehensive PREA education during the corrective action period. The auditor identified six inmates during the on-site and records were provided confirming they received education during the corrective action period. Additionally, three additional records were provided to illustrate the facility reviewed the current population to determine if any additional inmates were missed that arrived prior to 2013 and provided them with comprehensive PREA education.

Based on the documentation provided the facility has corrected this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 10 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, pages 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 indicated that six facility staff have completed the specialized investigator training as well as four Professional Standards Unit (PSU – formally known as the Internal Affairs Unit) investigators. The interviews with the investigative staff confirmed that all three received specialized training. One investigators stated that it was the sexual assault investigator training and they learned how to conduct an investigation. Another investigator stated that he received the initial training seven years ago and that it went over interview tactics, evidence collection, the process of conducting the investigation, the PREA database and possible procedures for SANE. The third staff stated the he received the training and it went over evidence collection, interviewing victims, Miranda and Garrity and the evidence to substantiate a case.

115.34 (b): 103 DOC 519, page 10 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, pages 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 indicated that six facility staff have completed the specialized investigator training as well as four Professional Standards Unit (PSU – formally known as the Internal Affairs Unit) investigators. The interviews with the investigators confirmed that all three had received specialized training. All three confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that six facility investigator had completed the required training. A review of documentation indicated that six facility staff have completed the specialized investigator training as well as four Professional Standards Unit (PSU – formally known as the Internal Affairs Unit) investigators.

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 indicate that the facility appears to meet this standard.

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Wellpath 57.00 – Sexual Assault/PREA Compliance
3. 103 DOC 650 – Mental Health Services
4. 103 DOC 216 – Training and Staff Development
5. Wellpath – Prison Rape Elimination Act (PREA) Lesson Plan
6. 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. Wellpath 57.00, pages 4-5 state the contracted healthcare vendor shall ensure that 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 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 to and whom to report allegations or suspicion of sexual abuse and sexual harassment. 103 DOC 650, page 44 states that the vendor, in conjunction with the Department, shall ensure that all full and part time mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and 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 to and whom to report allegations or suspicion of sexual abuse and sexual harassment. A review of the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirms that it includes information on 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 73 medical and mental health care staff and that 100% of the staff received the specialized training. Interviews with medical and mental health staff confirm that all three have received specialized training. One staff member stated that they are provided training that goes over the definitions of PREA and how to handle a PREA allegation. The second staff member stated that they receive PREA training annually for a few hours and the training goes over the definitions, what to do, the chain of command and documentation. The third staff member stated they receive the MADOC PREA video as well as training through the Wellpath Academy. The staff stated the training discusses how to handle situations and how to navigate the situations with clients. All three staff confirmed that the specialized training covered the required elements under this provision. The auditor requested documented for eleven medical and mental health staff. The facility provided records confirming that seven of the staff had received the specialized training.

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. Wellpath 57.00, page 5 states the contracted healthcare vendor shall maintain documentation that medical and mental health care have received the training. 103 DOC 650, page 44 states that

the vendor shall maintain documentation that mental health practitioners have received the training and forward a list of trained staff to the DOC on a quarterly basis. The auditor requested documented for eleven medical and mental health staff. The facility provided records confirming that seven of the staff had received the specialized training.

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. Additionally, 103 DOC 216, page 10 states that all employees shall receive training on PREA. The auditor requested documented for eleven medical and mental health staff. The facility provided records confirming that five of the staff had received the contractor PREA training required under 115.32.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, Wellpath 57.00, 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 require corrective action. The auditor requested documented for eleven medical and mental health staff. The facility provided records confirming that seven of the staff had received the specialized training. Additionally, the facility provided records confirming that five of the eleven medical and mental health care staff had received the contractor PREA training required under 115.32. Thus additional documentation is required to determine compliance.

#### Corrective Action

The facility will need to provide documentation confirming that the four selected medical and mental health staff received the specialized medical and mental health training. If documentation does not exist the facility will need to ensure all current medical and mental health care staff complete the specialized training. A list of medical and mental health care staff as well as their training records confirming the specialized training was completed will need to be provided. The facility will need to provide training documents for the six contractors originally requested. If documentation does not exist, the facility will need to ensure all contractors receive PREA training. A list of contractors and their corresponding training documents should be provided to the auditor to show corrective action.

#### 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. Specialized Medical and Mental Health Training Records
2. Contractor Training Records

The facility provided the auditor with information related to the four requested staff specialized training. The facility advised that these were MAT health care staff and as such they were not medical or mental health care staff, but rather staff that assist with the distribution of medication. As such, these staff were not provided the specialized training. The auditor selected four additional staff from the originally provided medical and mental health care staff list to replace the four MAT staff. On July 28, 2022 the facility provided documentation that three of the four had received specialized medical and mental health care training. On August 24, 2022 the facility provided confirmation that the fourth individual had received the specialized medical and mental health training through the Wexford training curriculum.

On June 21, 2022 the facility provided the auditor with training records for the six previously requested contractors. Five of the six were documented with training prior to the audit (2020 and 2021). One contractor was documented with training during the corrective action period. All six completed the training either in-person or electronically. For those who completed it electronically a there was an electronic acknowledgment and for those that completed it in-person, they signed a form indicating they completed and understood the training.

Based on the documentation provided the facility has corrected this standard.

**115.41 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 seven inmates that arrived within the previous twelve months confirmed six had been asked the risk screening questions upon arrival at MCI Shirley. The interviews 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. He stated that all inmates entering MADOC or who transfer between institutions are screened for their risk. During the tour, the auditor was provided a demonstration of the initial risk assessment. Both the initial risk screening and the reassessment are conducted in a private office setting with a closed door. The initial risk screening is conducted in booking, which is outside of medical, and is done individually in the holding cell. The holding cells are private in that they have walls and a door that provide a sound barrier from anyone outside of the holding cell. The staff started the demonstration by indicating that they review information prior to the inmate’s arrival, including age, prior criminal history, etc. The staff indicated that this information is already pre-populated in the system. The auditor reviewed the information on the risk screening via the computer screen and confirmed that information such as age, height, weight, prior incarcerations, current conviction, etc. were already populated. Staff had the ability to change certain information if applicable, (i.e. if the inmate had gained or lost significance weight). The staff member then went over the questions they would ask the inmate, including whether the inmate had any prior sexual victimization while incarcerated, prior sexual victimization at any other time in their life, the inmate’s perception of being sexually abused and whether the inmate identifies as LGBTI. The staff stated they observe the inmate and also note any characteristics they deem applicable (i.e. effeminate). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator. Informal conversation with the inmates indicated that they are asked the risk screening questions over and over and that they do not understand why they have to answer the questions so many times. They stated that the questions are sometimes uncomfortable just because of the topic.

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 316 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 24 inmate files of those that arrived within the previous twelve months indicated that all 24 had an initial risk screening completed. 20 of the 24 were completed within 72 hours. The four that were not completed within 72 hours were completed a day or two over the 72. Interviews with seven inmates that arrived within the previous twelve months indicated that six had been asked the risk screening questions upon arrival at MCI Shirley. The majority indicated they were asked the questions as soon as they arrived. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness 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 the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions related to sexual victimization factors and five questions related to sexual abusive factors. Directions are attached for staff to reference when completing the questions. The directions provide information on when to mark yes and when to mark no, as well as what it meant by the questions. The directions further explain what factor are self-reported and which factors are to be checked against other documentation. At the bottom of the form the directions outline how to score the responses. If the response to question one is "yes", which is the question related to being a victim of institutional sexual assault (as documented – not self-reported), the inmate is classified as a victim. If the risk screening has four or more "yes" responses on the victimization identifiers, the inmate is identified as a potential victim. With regard to abusiveness, if question one is a yes, which is the question related to a history or institutional sexual abuse toward others (as known and documented), the inmate is classified as an aggressor. If the risk screening has two or more "yes" responses on the abusiveness identifiers, the inmate is classified as a potential aggressor. All designations include known victim, potential victim, unknown victim, known perpetrator, potential perpetrator and unknown perpetrator.

115.41 (d): 103 DOC 650, pages 9-10 indicates that the intake screening shall consider, at minimum, the following criteria to assess inmates 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 related to sexual victimization factors including prior victimization, physical disability, mental disability, developmental disability, perception of vulnerability, LGBTI/Gender Dysphoria/gender non-conforming, age, physical stature, prior incarcerations, non-violent history, effeminate presentation and history of protective custody. The interview with the staff who perform the risk screening indicated that the initial risk screening consists of yes or no questions and it also involves a review of information in the inmate's file. He indicated there are some questions that are asked that they go off of the inmate's response and other are checked to confirm accuracy. The staff stated that the risk screening is broken into two categories, victim and predator. The victim section includes age, if the inmate has been a victim of sexual abuse before, physical stature, prior sexual offenses, criminal history disabilities, perception of vulnerability and LGBTI preference/status. He further stated that the risk screening also includes history of violence offenses, history of domestic violence and any prior sexual abuse.

115.41 (e): A review of the Housing Risk Screen Assessment confirms that the screening tool considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence and/or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The interview with the staff who perform the risk screening indicated that the initial risk screening consists of yes or no questions and it also involves a review of information in the inmate's file. He indicated there are some questions that are asked that they go off of the inmate's response and other are checked to confirm accuracy. The staff stated that the risk screening is broken into two categories, victim and predator. The victim section includes age, if the inmate has been a victim of sexual abuse before, physical stature, prior sexual offenses, criminal history disabilities, perception of vulnerability and LGBTI preference/status. He further stated that the risk screening also includes history of violence offenses, history of domestic violence and any prior sexual abuse.

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 10 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 316, 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 interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with seven random inmates that arrived in the previous twelve months indicated that two remember being asked the risk screening questions on more than one occasion. They stated they were asked the risk screening questions a second time a few weeks after arrival. A review of a sample of 24 inmate files indicated that 22 inmates had a reassessment completed. Two of the inmates had arrived within the last few weeks and did not yet have a reassessment due. Of the 22 completed, five were past the 30 day timeframe by a few days. While inmates did not remember being asked the risk screening on more than one occasion, documentation showed that the reassessments are routinely conducted.

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 confirmed that inmates are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. He stated they can do a "for cause" review when warranted. Interviews with seven random inmates that arrived in the previous twelve months indicated that two remember being asked the risk screening questions on more than one occasion. They stated they were asked the risk screening questions a second time a few weeks after arrival. A review of sexual abuse investigations indicated that one was substantiated and two were unsubstantiated, however all three victims were no longer at the facility and as such a reassessment was not able to be completed. During documentation review the auditor identified that staff were completing "for cause" risk assessments but they were conducting them in the system incorrectly. The staff were going into the last risk assessment and updating it with the necessary information that changed. Staff should have initiated a new risk assessment rather than updating the old one. The old risk screening showed that a staff member updated it, which caused confusion on the dates of the completed initial and/or reassessments, rather than a new assessment that would show "for cause" on the date the updates were made. The auditor discussed this with the PCM who advised that she would conduct training with the appropriate staff to ensure that a new risk screening is generated rather than updating an old risk screening.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has a 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 interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer or not fully disclose information for any of the risk screening questions.

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 PC stated that the agency has implemented appropriate controls on information from the risk screening to ensure sensitive information is not exploited. He stated that basically only the staff with a need to know have access to the information. He further stated these staff would include medical, mental health, intake and the PCM. The interview with the PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated there is limited access and that only a staff with a need to know can access the screens. She indicated this would include the staff that enter the information, orientation staff, mental health staff, the housing assignment staff and leadership staff. The staff responsible for the risk screening stated that the information from the risk screening is only available to be viewed with staff authorized via the electronic profile. He stated the information is considered confidential and only accessible to those with a need to know. During the on-site portion of the audit the auditor observed that inmate medical, mental health and classification records are electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care staff only have access to medical and mental health records. The staff indicated that if anyone else was requesting records or information they would have to obtain the information through a medical or mental health care staff member. She stated that information is on a need to know basis and would not be disclosed as required under HIPPA. Classification files are also electronic. The staff indicated that classification records, including the inmate's risk screening information is accessible on

certain screens that have limited access. The staff indicated that certain profiles have access to the records. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

Based on a review of the PAQ, 103 DOC 650, Housing Risk Screening Assessment, 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 indicates that this standard appears to be compliant.

#### Recommendation

The auditor recommends that the facility not update current risk assessments when additional information is obtained or when changing information on the risk screening. The auditor recommends that the facility create a new "for cause" risk assessment in order to properly track and document the changes.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
5. 103 DOC 750 – Hygiene Standards
6. 103 DOC 401 – Booking and Admission
7. Sample of Housing Determination Documents
8. Transgender/Intersex Inmate Biannual Reviews
9. 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, pages 10-11 state 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. Policy 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 12 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 information from the risk screening is reviewed during the weekly housing meeting. She stated the housing officer looks at this information to determine if an individual is a known or potential victim/predator. She stated that the housing officer would determine appropriate placement on where to live, based on the information. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house inmates appropriately. He further stated it is used for housing, job and program assignments and is specifically utilized for the initial housing assignment. The staff member stated that staff know whether inmates are a potential victim and that they would not place victims with potential or known abusers. He further stated that there are parameters in the electronic system that will not allow those individuals to be housed together. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization (known victim) and inmates at high risk of being sexually abusive (known predator) were not housed together. It should be noted that there were potential victims housed in the same unit as potential predators however they were not housed in the same cells. Additionally, a few inmates were both known victims and known predators and the facility housed them appropriately (they were not housed with other known victims or perpetrators). Additionally, the known victims and known predators did not work/program together in unsupervised areas and generally, they did not work together at all. The facility utilizes the output categories from the risk screening to review housing for each individual who is at high risk of victimization or abusiveness.

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, pages 10-11 state 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. Policy 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 12 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 interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house inmates appropriately. He further stated it is used for housing, job and program assignments and is specifically utilized for the initial housing assignment. The staff member stated that staff know whether inmates are a potential victim and that they would not place victims with potential or known abusers. He further stated that there are parameters in the electronic system that will not allow those individuals to be housed together.

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 indicates that 103 DOC 653 outlines housing related to gender non-conforming inmates. Page 7 states if an inmate self-identifies as gender non-conforming (transgender), a facility based medical provider or qualified mental health professional assigned to the inmate, shall review the inmate's gender non-conforming status to determine whether the inmate's gender is sincerely held as part of the inmate's core identity. Page 9 further states that a gender non-confirming inmate may request to be housed in a facility of the gender with which the inmate identifies. Upon receipt of the request, the site administrator shall notify the Department's Director of Behavioral Health. In the event that a request may potentially present security, safety, or operational difficulties within the correctional environment, the Director of Behavioral Health shall refer the request to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Reentry for a security review. The security review shall take into account the inmate's individual history of incarceration and present circumstances. The agency as a whole houses 52 inmates who identify as gender non-conforming. Of the 52, three transgender females are housed at female facilities and zero transgender males are housed at male facilities. A review of documentation for the two transgender inmates at MCI Shirley confirmed that the agency reviewed both inmate's housing via the classification board. The PCM stated that transgender or intersex inmate's facility housing is determined by numerous factors, including the housing risk

assessments that are completed every six months. Interviews with two transgender inmates indicated that neither were asked how they felt about their safety and both did not believe that LGBTI inmates were housed solely on one floor, in one housing unit or one facility. A review of documentation indicated that both inmates were asked about their perception of vulnerability (safety) during risk assessments (biannual reviews).

115.42 (d): 103 DOC 519, page 12 states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. 103 DOC 652, page 13 and 103 DOC 653, page 5 state 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/gender non-confirming 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-confirming, while MCI Shirley houses two. A review of documentation confirmed that both inmates had biannual assessments over the previous twelve months. The staff responsible for the risk screening indicated that transgender and intersex inmates would be reassessed every six months. The PCM stated that transgender and intersex inmates are reassessed at least every six months related to their safety. She stated she also conducts a biweekly care coordinator meeting in which she discusses the inmate's status with medical and mental health.

115.42 (e): 103 DOC 652, page 13 and 103 DOC 653, page 5 state that a GD/gender non-confirming 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. The interviews with two transgender inmates indicated that neither were asked about how they felt about their safety. A review of documentation indicated that both inmates were asked about their perception of vulnerability (safety) during risk assessments (biannual reviews).

115.42 (f): 103 DOC 652, page 14 states that inmates diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other inmates per 103 DOC 750 – Hygiene Standards. 103 DOC 750, page 7 states that Superintendents shall develop procedures to ensure inmates identified as Gender Non-Conforming shall be given the opportunity to shower separately from other inmates. During the tour it was confirmed that all general population showers were single person with a door and a window. The health services units had single person showers with curtains for privacy. The window in the shower provided adequate privacy from other inmates when locked down in their cells. The segregated housing unit showers were single person but the window was not adequate for privacy. Staff advised they can provide accommodations through a mobile privacy barrier or by allowing the inmate to shower in health services. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The PCM stated that transgender or intersex inmates shower after the 9:30pm count to allow for separation. The interviews with two transgender inmates indicated that both are afforded the opportunity to shower separately from the rest of the inmate population. One inmate stated the showers are during recreation time though and other inmates can see in the shower. Further communication with staff indicated that the designated time for transgender showers is 9:30pm after count when other inmates are locked down. If the transgender inmate chooses to shower at a different time that is up to them, but accommodations are made to provide privacy.

115.42 (g): 103 DOC 519, pages 10-11 state 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. Policy 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 12 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 facility does not have a tracking mechanism for LGB inmates. As such the auditor requested that staff identify some of the LGB inmates known to staff for interview purposes and documentation purposes. A review of housing assignments for six inmates who identified as LGBTI indicated that the inmates were not assigned to one floor, unit or facility based on their sexual preference or gender identity. The six inmates were housed in three different housing units. 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 PC stated that the PREA standard prohibits it and as such they follow the standard. He indicated that each inmate is given a housing risk assessment and that they are housed based on the assessment. He stated that if LGBTI inmates are at an increased risk they may be placed closer to the officer station or something like that if they are more vulnerable. Interviews with four LGBTI inmates indicated that none felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 401, 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.

#### Recommendation

The auditor recommends that the facility develop a tracking mechanism for inmates who self-identify or are perceived to be by the risk screening staff, LGBTI.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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
3. Interviews with Inmates in Segregated Housing for Risk of Victimization

Site Review Observations:

1. Observations in the Special Management 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 11 states that inmates at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community 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 prohibits placing inmates at high risk of victimization in segregated housing unless there are no other available alternative means of separation of likely abusers. A review of housing assignments for inmates at high risk of victimization (known victims and potential victims) indicated that none were housed in the segregated housing unit.

115.43 (b): 103 DOC 519, page 11 states that inmates at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community 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 interview with the staff who supervise inmates in segregated housing indicated that if an inmate is involuntarily segregated due to their risk of sexual victimization they would be afforded access to programs, privileges, education and work opportunities to the extent possible. He stated any restrictions would be documented related to duration and reason for restriction. A review of housing assignments for inmates at high risk of victimization (known victims and potential victims) indicated that none were housed in the segregated housing unit. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. During the tour the auditor observed the segregation housing unit had hearing offices outside of the living area. The area contained a dayroom with tables. The PREA posters were observed in both English and Spanish on the board in the dayroom. Additionally, the PREA hotline number and BARCC number were also observed on the board. The audit announcements were located outside the housing unit in the hearing office area in bright green paper. Staff advised inmates are brought in and out of the segregated housing unit through the entrance so this was the best way to ensure inmates viewed the information. The segregated housing unit had a separate recreation area with enclosures to assist with keeping inmates separated from one another. Inmates in segregated housing are provide three hours of out of cell recreation and four phone calls per week. Calls are made via a rolling phone. Correspondence, grievances and mail are collected daily by a staff member. The staff comes through with a locked box for inmates to place the documents. Inmates are afforded unlimited access to their tablets as well. Inmates are provided grievance forms and "security" pens in segregated housing upon request. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that the facility has had zero instances where they have had to involuntarily segregate an inmate due to high risk of victimization. He stated, if they ever had to place a high risk inmate in involuntary segregated housing due to their risk, the time frame would depend on how long it took to safely find them a place to live. The interview with the staff who supervise inmates in segregated housing confirmed that any inmate at risk of victimization that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. The staff indicated that if an inmate was placed in segregated housing it would only be temporary and they would be released as soon as they made sure the individuals were separate and there was not a threat. He confirmed they have not had any instances of involuntary segregation for this purpose at MCI Shirley. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): 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. A review of housing assignments for inmates at high risk of victimization (known victims and potential victims) indicated that none were housed in the segregated housing unit.

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 interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days. He stated they would actually be reviewed weekly. The staff again stated that they have not had any instances of inmates who were involuntarily segregated due to their high risk of victimization. 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 as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

115.51

**Inmate reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

- 1. Pre-Audit Questionnaire
- 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
- 3. Inmate Orientation Manual
- 4. PREA Posters
- 5. Incident Reports (Verbal Reports)

Interviews:

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

Site Review Observations:

- 1. Observation of Posted PREA Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing multiple internal ways for inmates to report privately to agency officials; 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, page 8 states 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 Compliance Manager, inner perimeter security staff (IPS), and third party reporting. A review of additional documentation to include the inmate orientation manual and PREA posters, indicated that there are multiple ways for inmates to report. These methods include: the PREA hotline, a site specific IPS hotline, the Massachusetts State Police Division of Investigative Services, the facility PREA Compliance Manager, verbally, in writing, anonymously and through a third party. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units via PREA posters and painted/posted numbers to the PREA hotline and the IPS hotline. Additionally, the PREA hotline and BARCC number were observed on the back of each inmate identification card. The auditor tested the PREA hotline during the tour in numerous housing units. The auditor reached a live person who advised that if they received a report of sexual abuse from an inmate they would immediately document the information and forward it to their supervisor and the Office of Investigative Services for handling (investigation). The auditor also tested the IPS hotline and reached a live person who advised the same information. Inmates have access to the phones anytime they are outside of their cell. Inmates in segregated housing are afforded four calls a week and are able to make calls via the phones on a rolling cart. The auditor also filled out a written report via an inmate grievance. The auditor had an inmate assist with the process and the grievance was placed it in the drop box outside of the housing unit. The auditor requested a form and writing utensil from the housing unit staff, which was provided. The PCM advised the auditor the request was received on the following day and was provided a time and date stamped copy of the grievance. Inmates in segregated housing are able to submit a written report by placing a grievance, request or sick call

request in the mailbox. Staff come around daily with a locked box to collect any mail/correspondence. Informal conversation with inmates indicated they can report to the numbers that are posted and/or verbally to staff. Staff stated inmates can report through the posted numbers. Interviews with 32 inmates confirm that all were aware of at least one method to report sexual abuse and sexual harassment. The majority of the 32 inmates indicated that they would report through the PREA hotline, the IPS hotline, verbally to staff or by sending a letter. Many inmates indicated that the hotline numbers are posted on the wall and a few indicated that the phone numbers are on the back of their identification cards. The auditor had an inmate provide his identification card and confirmed that the PREA hotline number, IPS hotline number and BARCC hotline number were included on the back of the inmate's identification card. Interviews with fifteen staff confirm that inmates have multiple ways to report including in writing, verbally to staff, through the PREA hotline, through the IPS hotline and through the MSP.

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, pages 8-9 state inmates may also report sexual harassment/abuse to external public or private agencies via correspondence or via the use of the inmate telephone systems. Calls to "privileged" numbers, including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, a foreign national's pre-authorized telephone number to his/her/their consulate office or diplomat, pre-authorized clergy telephone numbers, and pre-authorized licensed psychologist, social worker and/or mental health professional telephone numbers, are not subject to telephone monitoring and are not recorded. 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 35 of the inmate orientation manual states that the Department 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 the agency, allowing the inmates to remain anonymous upon request. It further has the Massachusetts State Police mailing address for the inmates to write. During the tour, the auditor did not observe any information related to the external reporting mechanism (MSP). The auditor did not test the outside reporting mechanism as the mechanism is through the U.S. mail to the Massachusetts State Police (MSP). The auditor did however obtain information related to the mail process and how information is submitted to the MSP. The mail room staff member indicated that all outgoing mail is placed in the box for U.S. mail by the inmates. All mail is required to have a return address with an inmate name and number. The letters are stamped indicating they have originated from MCI Shirley. Mail is then taken to the mail room and then to the post offices. The staff member advised that outgoing mail is not opened or reviewed and as such mail to MSP (or BARCC) would not be reviewed. With regard to incoming mail, the staff member advised that all mail is photocopied and the photocopies are stapled together and provided to the staff to distribute to the inmates. The only exception to this is legal or confidential mail. The staff member advised when they photocopy the mail they do not read the contents of the mail, they only photocopy to reduce the introduction of contraband. She confirmed that incoming mail from MSP (or BARCC) would not be read, only copied and provided to the inmate. Inmates can request to remain anonymous within the body of the letter to MSP. Because inmates can report more than just sexual abuse and sexual harassment to the MSP and the letters are not monitored, the method of requesting anonymity is adequate. Informal conversation with staff and inmates indicated that very few individuals were familiar with the MSP as the outside reporting mechanism. The interview with the PCM indicated that inmates can report externally by sending a letter through the mail to the MSP. She stated that the MSP would then contact the agency and provide the information to ensure an investigation is completed. The PCM confirmed that inmates can remain anonymous but they just have to request it. Interviews with 32 inmates indicated that six were aware that they could report to the MSP as an outside reporting mechanism, while twelve stated they knew they could report anonymously. The PAQ 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 no later than the end of shift. 103 DOC 519, page 7 states 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. Page 9 further states the Department shall accept and investigate all verbal, written and anonymous third party reports of sexual harassment/abuse. Page 17 also states any staff member receiving such a complaint shall follow institutional notification procedures, including the filing of an incident report. The inmate orientation manual, page 36 notifies inmates that the department shall accept and investigate verbal, written, anonymous and third party reports of sexual abuse and harassment. Interviews with 32 inmates confirmed that 29 knew they could report allegations of sexual abuse verbally or in writing to staff and 25 knew they could report via a third party. Interviews with fifteen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. The staff stated that they would report any information immediately to their supervisor and that they would document verbal reports in writing (via incident report) before the end of the shift. A review of documentation confirmed that zero of the seven allegations were reported verbally. Two of the incidents were reported by staff due to observations and both of the instances involved staff completing written (electronic) incident

reports. The auditor reviewed allegations from the previous two years and was able to identify one allegation that was verbally reported. A review of documentation confirmed the allegation was documented in a written (electronic) incident report the same day that it was verbally reported. Additionally, a review of the incident report log and sample incident reports confirmed staff document verbal information through written (electronic) incident reports. During the tour the auditor had a staff member provide an example of how they would document a verbal report and how they can report sexual abuse of an inmate confidentially. The mechanism is the same, with the exception of a checkbox. The staff member initiated a written report through the electronic reporting system. He advised which fields were required and then advised that if it was confidential, he would check the confidential box. The staff stated this would ensure the report was sent to the Superintendent directly. The staff member completed the report and submitted the information and provided the auditor with the report number confirming it was completed in the system.

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 7 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. Further communication with the PC indicated staff are able to submit a confidential incident report to the Superintendent as the confidential reporting method. Interviews with fifteen staff confirmed fourteen knew they could privately report sexual abuse and sexual harassment of inmates. Most staff stated that they could submit a confidential report, which goes directly to the Superintendent. A few staff stated they could do directly to the Captain or call the hotline number. During the tour, the auditor also had a staff member provide an example of how they would document a verbal report and how they can report sexual abuse of an inmate confidentially. The mechanism is the same, with the exception of a checkbox. The staff member initiated a written report through the electronic reporting system. He advised which fields were required and then advised that if it was confidential, he would check the confidential box. The staff stated this would ensure the report was sent to the Superintendent directly. The staff member completed the report and submitted the information and provided the auditor with the report number confirming it was completed in the system.

Based on a review of the PAQ, 103 DOC 519, the orientation manual, PREA posters, observations from the facility tour related to PREA posted information and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. While the agency as a whole has an outside reporting mechanism, MSP, and the contact information is found in the inmate orientation manual, the information did not indicate that inmates can remain anonymous and how they can remain anonymous. During the tour, the auditor did not observe any information posted. Additionally, interviews with 32 inmates indicated that six were aware that they could report to the MSP as an outside reporting mechanism, while twelve stated they knew they could report anonymously.

#### Corrective Action

The facility will need to update their current distributed information, to include the inmate orientation manual, with the information related to the ability to remain anonymous and how to remain anonymous. The facility will also need to ensure this information is posted around the facility for inmates to view. A copy of the updated inmate orientation handbook and photos of the posted information should be provided to the auditor. Additionally, the facility will need to educate all inmates on the outside reporting entity and the inmates' ability to remain anonymous upon request. Documentation confirming this education was completed will need to be provided to the auditor.

#### 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. Updated Inmate Orientation Manual
2. Photos of Posted Information

### 3. Inmate Education Documents

On June 3, 2022 the facility provided the PREA Notice that would be added to the Inmate Orientation Manual. The notice included language related to the outside reporting mechanism and the ability to remain anonymous. On July 15, 2022 the facility provided the Updated Inmate Orientation Manual. Pages 34-35 states that the Department 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 the report to agency officials. The information further states that the third party allows inmates to remain anonymous upon request. Below the language is the Massachusetts State Police mailing address and inmates are advised they can write to the address. It also advises that inmates may include in the body of the letter whether they wish to remain anonymous if they choose. The manual also states that outgoing inmate correspondence to MSP will follow standard mail procedures as laid out in CMR 481 Inmate Mail Policy (which indicates outgoing mail will not be reviewed).

On September 19, 2022 the facility provided the auditor with photos of the PREA Notice posted around the facility in bright orange. Additionally, the facility provided documentation on October 4, 2022 confirming inmates were educated on the updated information, including the outside reporting mechanism and the ability to remain anonymous. A sample of the sign in sheets were provided to the auditor confirming that re-education of current inmates was completed on September 19, 2022 via the updates from the Inmate Orientation Manual.

Based on the documentation provided the facility has corrected this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 CMR 491 – Inmate Grievances
3. Sexual Abuse Grievances
4. Grievance Log and Sample Grievances
5. Inmate Orientation Manual

Interviews

1. Inmates who Reported Sexual Abuse

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. It also states that inmates shall not be required to exhaust informal processes with regard to allegations of sexual abuse. A review of the inmate orientation manual indicated that it contains information on grievances on pages 22-24. While the inmate orientation manual did contain information related to grievance timelines, formal and informal grievances and the ability for inmates to file emergency grievances and grievances of sexual abuse without utilizing the informal grievance process, there was key information missing related to the requirements under this provision.

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. A review of the inmate orientation manual indicated that it contains information on grievances on pages 22-24. While the inmate orientation manual did contain information related to grievance timelines, formal and informal grievances and the ability for inmates to file emergency grievances and grievances of sexual abuse without utilizing the provision.

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 8 indicates that the absence of a grievance response after six months shall be deemed a denial of the grievance. The PAQ indicated that there was one grievance of sexual abuse in the previous twelve months and a decision was reached within 90 days. The PAQ stated that no sexual abuse grievances involved an extension. A review of the sexual abuse grievance confirmed that the inmate filed the grievance on December 21, 2021 and the inmate was provided a response (indicating the investigation as completed as unfounded) on January 28, 2022. A review of the grievance log and a sample of ten additional grievances confirmed that no additional sexual abuse grievances were filed. The inmate who reported sexual abuse advised he reported his allegation via grievance, however he did not receive a response. He stated he thought they were supposed to inform him of the results though. The auditor reviewed the inmate's allegation and determined that it was not reported via grievance, rather staff found the information when reviewing outgoing emails. The inmate was advised of the outcome of the investigation on March 20, 2020 via letter (indicated the allegation was unfounded).

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 and 103 DOC 522. It further states that 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 sexual abuse grievance indicated it was reported by the inmate victim, rather than a third party. A review of the grievance log and a sample of ten additional grievances confirmed that none involved sexual abuse or 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. The PAQ stated there were zero grievances alleging imminent risk of sexual abuse over the previous twelve months. A review of the sexual abuse grievance indicated it was reported by the inmate victim and it was not an emergency grievance. A review of the grievance log and a sample of ten additional grievances confirmed that 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 CMR 491, page 15 states inmates who misuse the grievance process by knowingly submitting false documents, intentionally and in bad faith misrepresenting or omitting material information or utilizing threatening or abusive language or language that otherwise constitutes a violation of 103 CMR 430, Inmate Discipline, are subject to suspension of grievance privileges and/or disciplinary action. The PAQ noted there were zero inmates grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Based on a review of the PAQ, 103 DOC 491, the sexual abuse grievances, the grievance log, a sample of grievances, the inmate orientation manual and the interview with the inmate who reported sexual abuse, this standard appears to require corrective action. While the inmate orientation manual did contain information related to grievance timelines, formal and informal grievances and the ability for inmates to file emergency grievances and grievances of sexual abuse without utilizing the informal grievance process, there was key information missing related to the requirements under this standard and as such inmates were not provided appropriate information on filing sexual abuse grievances.

#### Corrective Action

The agency/facility will need to update the current inmate orientation manual with the necessary information related to the

sexual abuse grievance process. Once the information is added, the updated inmate orientation manual should be provided to the auditor. Additionally, the facility will need to educate the current inmate population on the additions that were added. Documentation of the education should be provided to the auditor to confirm the information was provided.

#### 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. Updated Inmate Orientation Manual
2. Photos of Updated Information Posted
3. Inmate Education Documents

On June 3, 2022 the facility provided the PREA Notice that would be added to the Inmate Orientation Manual. The notice contained the language under provisions (b) and (c) of this standard related to time limits and not submitting grievances to staff who are the subject of the allegation. On July 15, 2022 the auditor was provided a completed copy of the Updated Inmate Orientation Manual. Pages 23-24 of the manual had a section for PREA grievances that included the language under this standard. On September 19, 2022 the facility provided the auditor with photos of the PREA Notice posted around the facility in bright orange. Additionally, the facility provided documentation on October 4, 2022 confirming inmates were educated on the updated information, including the sexual abuse grievance process. A sample of the sign in sheets were provided to the auditor confirming that re-education of current inmates was completed on September 19, 2022 via the updates from the Inmate Orientation Manual.

Based on the documentation provided the facility has corrected this standard.

**115.53 Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 401 – Booking and Admissions
3. Inmate Orientation Manual
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; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The PAQ indicated that the agency does not detail inmates solely for immigration purposes and as such this part of the provision does not apply. The inmate orientation manual, page 34 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 9am to 9pm. These confidential support services can be provided in English and in Spanish. The inmate orientation manual provides the mailing address and telephone numbers, as well as the speed dial number to utilize within the facility. The inmate orientation manual further states that 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 inmate orientation manual, page 15 states that all inmate calls are subject to telephone monitoring, except attorney contact, pre-approved ordained clergymen, licensed psychologist, social worker, and/or mental health and human service professionals. Page 16 further provides instructions for dialing the universally approved services numbers, including BARCC. Page 21 states that all incoming non-privileged correspondence for medium and minimum inmates shall be opened, inspected and photocopied prior to delivery to the inmate. All items contained within the non-privileged correspondence shall be photocopied to include; the envelope, the correspondence, all photographs, all pictures and all other allowed items in accordance with 103 CMR 481: Mail Procedures. 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 hotline was posted on a wooden board and painted above the phones, in each housing unit. The auditor tested the BARCC hotline during the on-site portion of the audit. The initial attempt to contact BARCC was unsuccessful. The auditor dialed the number and was provided the option for services in English or Spanish. The automated message advised to hold and that they would be providing someone soon for services. The auditor remained on hold for five minutes and was then advised that there was not anyone to provide services at that time and to leave a message to have correspondence information mailed to them or to call back again between 9am-9pm. The auditor called the hotline number again in subsequent housing units and reached a live person. The BARCC staff member confirmed that they are available to provide services to any inmate who calls the line between the hours of 9am and 9pm. The BARCC hotline is an unmonitored line. If inmates want additional privacy, they can request a call with BARCC similar to a legal call (in a private room). Inmates in segregated housing are afforded four calls a week and have access to their tablet at all times. The phone is a rolling phone that they utilize in their cell. Inmates can also write to BARCC for services by sending correspondence. Inmates are provided

paper and writing utensils upon request. Inmates do have to buy their own envelopes and postage for these letters (indigent inmates are provided these by the facility). Letters to BARCC are treated as confidential, letters are not screened or opened. Informal conversation confirmed that the BARCC hotline is free, unmonitored and accessible to inmates when the telephones are turned on and/or the inmates are outside their cells. Additionally, during inmate interviews the auditor had an inmate provide his identification card and confirmed that the BARCC hotline number was included on the back of the inmate's identification card. Interviews with 32 random inmates indicates that 23 were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most inmates stated the information on BARCC is posted/painted in the housing units. A few inmates stated the information was discussed during the "PREA class" (orientation/comprehensive PREA education) and that the number was on the back of their identification cards. About half of the inmates indicated they did not know when they could contact BARCC while the other half indicated they believed they could contact them anytime the phones were on. About half stated they believed the calls were free and confidential and a few stated they did not know anything about the cost or confidentiality. The interview with the inmate who reported sexual abuse confirmed that he was provided the mailing address and phone number to BARCC. He stated the information is posted in every housing unit. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. 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 MCI Shirley. He stated that the MOU was renewed in June 2020. The staff member confirmed that they offer a free and confidential hotline from 9am-9pm, that they have a robust mail program which allows them to provide information and a variety of resources to the inmates. The staff member stated they also provide advocates to victims of sexual abuse for emotional support as well as accompaniment during forensic examinations 24 hours a day. He further indicated that inmates can also 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 over the last seven years by inmates. He stated all staff at BARCC complete a 40 hour rape crisis counseling training mandated by the Department of Health. The staff member stated that he did not have any specific concerns related to sexual safety and PREA compliance at MCI Shirley or within the MADOC. He did indicate that the concerns that are most often relayed to BARCC from the inmates are; fear of being placed in protective custody after reporting, fear of the issue not being addressed; concerns about availability of mental health services and concerns about how the inmate victim and perpetrator are always separated after a reported allegation.

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. The inmate orientation manual, page 15 states that all inmate calls are subject to telephone monitoring, except attorney contact, pre-approved ordained clergymen, licensed psychologist, social worker, and/or mental health and human service professionals. Page 16 further provides instructions for dialing the universally approved services numbers, including BARCC. Page 21 states that all incoming non-privileged correspondence for medium and minimum inmates shall be opened, inspected and photocopied prior to delivery to the inmate. All items contained within the non-privileged correspondence shall be photocopied to include; the envelope, the correspondence, all photographs, all pictures and all other allowed items in accordance with 103 CMR 481: Mail Procedures. Additionally, page 34 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 9am to 9pm. It further states that the confidential support services can be provided in English or Spanish. Massachusetts mandatory reporting law require that victim advocates not disclose confidential communication without prior consent of the victim. A review of documentation indicated that inmates are not provided information on mandatory reporting requirements. Interviews with 32 random inmates indicates that 23 were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most inmates stated the information on BARCC is posted/painted in the housing units. A few inmates stated the information was discussed during the "PREA class" (orientation/comprehensive PREA education) and that the number was on the back of their identification cards. About half of the inmates indicated they did not know when they could contact BARCC while the other half indicated they believed they could contact them anytime the phones were on. About half stated they believed the calls were free and confidential and a few stated they did not know anything about the cost or confidentiality. The interview with the inmate who reported sexual abuse confirmed that he was provided the mailing address and phone number to BARCC. He stated the information is posted in every housing unit. The inmate indicated that calls to BARCC are free and can be made anytime there is access to the phones. The inmate stated he was unsure the level of confidentiality and did not know if the information was recorded.

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 orientation manual, the contract with BARCC, observations from the facility tour related to posted information and interviews with random inmates and inmates who reported sexual abuse indicate that this standard appears to require corrective action. While the facility has a contract with BARCC and provides inmates with the mailing address and phone number, the facility does not adequately provides inmates with information related to the level of confidentiality and mandatory reporting. Inmates are provided information on telephone procedures and mail procedures in the inmate orientation manual, however none of the procedures clearly outline whether calls to BARCC are recorded or monitored and whether incoming/outgoing mail to BARCC is monitored/reviewed. Additionally, the facility does not provide inmates information related to mandatory reporting laws for victim advocates, if the inmate decides to disclose sexual abuse.

#### Corrective Action

The facility will need to update current inmate education documents (inmate orientation manual) to include the level of confidentiality for phone calls to BARCC and correspondence to and from BARCC. The facility will need to ensure they provide a reasonable level of confidentiality between inmates and BARCC. Additionally, the facility will need to add information related to the state's laws for victim advocates and reporting. Once the information is updated, the facility will need to provide all current inmates with education on the information. A copy of the updated documents as well as confirmation that all current inmates received the information should be provided to the auditor. Additionally, the auditor highly recommends that this information be added to the comprehensive PREA education and/or the BARCC presentation as well.

#### 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. Updated Inmate Orientation Manual
2. Photos of Posted Information
3. Inmate Education Documents

On June 3, 2022 the facility provided the PREA Notice that would be added to the Inmate Orientation Manual. The notice included the BARCC contact information (mailing address and phone number) and also advised that BARCC was not a third party reporting entity but rather was a service to provide confidential support services to victims/survivors. The notice stated that such confidential communication shall not be subject to discover and shall be inadmissible in any criminal or civil proceedings without prior written consent of the victim/survivor. Additionally, it stated that all communication with BARCC on the hotline is confidential and not recorded by BARCC or the Department.

On July 15, 2022 the facility provided the updated Inmate Orientation Manual. Page 35 included the language already contained in the handbook, to include the contact information, hours of operation, cost (free) and what BARCC provides. Additionally, the language above from the PREA Notice was added to page 35.

On September 19, 2022 the facility provided the auditor with photos of the PREA Notice posted around the facility in bright orange. Additionally, the facility provided documentation on October 4, 2022 confirming inmates were educated on the updated information, including how to contact BARCC and the level of confidentiality. A sample of the sign in sheets were

provided to the auditor confirming that re-education of current inmates was completed on September 19, 2022 via the updates from the Inmate Orientation Manual.

Based on the documentation provided the facility has corrected this standard.

115.54

**Third-party reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 Poster

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>. Additionally, a review of the PREA poster confirmed that it includes the PREA hotline number (508-422-3486). It should be noted this is a different number than outlined on the website and in the Family and Friends Handbook. The auditor tested the third party reporting mechanism prior to the on-site portion of the audit. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment. The auditor submitted the form on March 28, 2022. The PC contacted the auditor on March 29, 2022 indicating that the online form was received. The PC stated that the information from the form is immediately forwarded to the facility and the PC. The PC in turn sends a second notification to the Superintendent and PCM to ensure the information is investigated timely. On April 7, 2022 the auditor also contacted the Duty Station number that is provided online to report sexual abuse. The staff member advised the auditor to fill out the online form to report any allegations of sexual abuse or sexual harassment. The auditor contacted the PC related to the call to the Duty Station. The PC advised that verbal reports are accepted and that he would speak to the Duty Station related to the issue. The PC later advised the auditor that the Duty Station staff member was new and that information was provided to all Duty Station staff related to accepting verbal sexual abuse allegations. On May 3, 2022 the auditor called the Duty Station number a second time to confirm that verbal reports are taken over the phone. The staff advised the auditor that the number was incorrect and provided a different number to call. The number provided was not the number on the website (but was the PREA hotline number on the posters). The PC indicated that they were changing the website to include the appropriate PREA hotline number for third parties to report. Additionally, during the tour the auditor observed that PREA posters were visible at the front entrance and the general population visitation area. The PREA posters had the PREA hotline number for reporting. The auditor observed that there was not a poster in the segregated housing unit visitation area.

Based on a review of the PAQ, 103 DOC 519, the Family and Friends Handbook, the agency's website, the submission of the online form and the phone call testing the third party reporting mechanism, this standard appears to require corrective action. While the facility has an electronic reporting form that the auditor confirmed functionality, the main third party method of reporting that is included in the Family and Friends Handbook and on the agency website (calling the Duty Station) was confusing and not adequate in functionality. The first time the auditor called the number the auditor was instructed to submit an online form. The second time the auditor was provided a different phone number to contact (the PREA hotline number that is included on the PREA posters). As such, the agency will need to review current procedures and correct the process.

Corrective Action

The agency will need to update the website, as well as distributed documents on reporting, including the Family and Friends Handbook to include the appropriate phone number or the facility will need to develop a process to ensure that reports of sexual abuse and sexual harassment are able to be reported through the current Duty Station hotline. The facility will need to provide the auditor with documentation on which process they will utilize as well as any updated documents, if applicable. The facility will need to ensure that if they plan to use the current system, all Duty Station staff are provided training on accepting verbal third party reports of sexual abuse. The auditor will need to be provided the training records. If documentation is updated with the PREA hotline number, the auditor will need confirmation that the website has been updated, the family and friends handbook has been updated and that the updated friends and family handbook was updated on the website as well. The facility should also ensure that they place third party posters in the segregated housing unit visitation area.

#### 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. Updated Agency Website

On July 19, 2022 the PREA Coordinator advised that the Family and Friends handbook is an outdated and not centrally supported document and as such the agency was discontinuing the use of the document. The document was removed from the agency website. The PC advised that the agency updated their website and deleted the Duty Station number that caused the issue. The phone number on the PREA posters (PREA hotline). The auditor reviewed the agency website and confirmed that it directs individuals to report any allegations to 508-422-3486, which is the PREA hotline number.

Based on the information provided, this standard has been corrected.

**115.61 Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

- 1. Pre-Audit Questionnaire
- 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
- 3. Wellpath 57.00 - 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, page 7 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. 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 fifteen random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation Staff stated that they would immediately report the information to the Shift Commander, or whoever is in charge.

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 7 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 fifteen random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation Staff stated that they would immediately report the information to the Shift Commander, or whoever is in charge.

115.61 (c): 103 DOC 650, page 43 states that unless precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (A) of this section (per 103 DOC 519) and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Wellpath 57.00, pages 2-3 state that Healthcare staff shall maintain confidentiality regarding care and condition of the patient.

However, healthcare professionals shall immediately report to the Shift Commander any acts of violence or reports of sexual activity between patients and with staff. Policy further states that medical and mental health practitioners are required to inform patients at the initiation of services of their duty to report, and the limitations of confidentiality, unless otherwise precluded by Federal, State or local law. A review of investigations indicated that zero were reported to medical and/or mental health care staff. Interviews with medical and mental health care staff confirm that at the initiation of services with an inmate they disclose their limitation of confidentiality and their duty to report. All three staff stated they are required to report any allegation, incident or information related to sexual abuse that occurred within an institutional setting. One of the three staff interviewed stated that she had an inmate report institutional sexual abuse and she reported the information to security.

115.61 (d): 103 DOC 650, page 43 states that if the alleged victim is under the age of eighteen or considered a vulnerable adult under a State or local vulnerable person statute, the agency shall report the allegation to the designated State or local service agency under applicable mandatory reporting laws. A review of investigative reports confirmed that none were reported by an inmate under eighteen or anyone considered a vulnerable adult. The PC stated that he is not familiar with the juvenile system because the agency does not house youthful inmates. He stated that as mandated reporters the agency would follow-up and report the information to the appropriate agencies. The interview with the Warden indicated that they do not house inmates under eighteen, but for those under eighteen and/or vulnerable adults they would notify the designated agency, whether MSP or local police, under mandatory reporting laws.

115.61 (e): 103 DOC 519, page 7 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. Additionally, page 13 states that each Superintendent or designee shall ensure that reports by staff members and third parties regarding reasonable suspicion of sexual harassment/sexually abusive behavior or related activities are referred to investigators for follow-up and/or investigation. The interview with the Warden confirmed that all allegations are reported to the Shift Commander who in turn notifies him (the Superintendent) and investigative staff. A review of investigative reports indicated that four were reported Warden to Warden, one was reported via a grievance, two were reported due to observations made by staff and two were reported via a third party. All nine allegations were documented and investigated. It should be noted that two of the investigation were deemed consensual after the interview with the inmate victim.

Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, 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.

115.62	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 363 300">Documents:</p> <ol data-bbox="242 327 983 412" style="list-style-type: none"> <li data-bbox="242 327 536 356">1. Pre-Audit Questionnaire</li> <li data-bbox="242 383 983 412">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> </ol> <p data-bbox="242 499 352 528">Interviews:</p> <ol data-bbox="242 555 711 696" style="list-style-type: none"> <li data-bbox="242 555 711 584">1. Interview with the Agency Head Designee</li> <li data-bbox="242 611 555 640">2. Interview with the Warden</li> <li data-bbox="242 667 576 696">3. Interview with Random Staff</li> </ol> <p data-bbox="242 784 483 813">Findings (By Provision):</p> <p data-bbox="242 900 1497 1328">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 10 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 stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The Agency Head Designee stated that they would assess the inmate's housing needs and potentially place that inmate in a single cell or in a cell closes to the officer's station. He stated they want to ensure that they do not victimize the inmate and that they would more than likely send the inmate to medical or the Health Services Unit and ten conduct interviews and an investigation. The Warden stated that if there was an inmate deemed at risk of imminent sexual abuse the facility staff would review the inmate's classification reports, housing reports, program reports, etc. to ensure he was protected from sexual abuse and sexual harassment. He stated the inmate would be placed in the best suited area/housing unit to ensure protection. The interviews with fifteen random staff confirmed that all fifteen would take immediate action and notify the Shift Commander. Most staff stated they would either secure the inmate, remove the inmate from the situation or take the inmate to the health services area.</p> <p data-bbox="242 1415 1442 1478">Based on a review of the PAQ, 103 DOC 519 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

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 8 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. 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. The PAQ indicated that during the previous twelve months, the facility had two inmate report that they were sexually abused while confined at another facility. A review of documentation indicated that two notification letters were sent from the Superintendent at MCI Shirley to the Superintendent at the facility where the sexual abuse occurred within 72 hours of the reported sexual abuse (one was within 24 hours and the other within 72).

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 8 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. 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.

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 8 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. 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 documentation indicated that two notification letters were sent from the Superintendent at MCI Shirley to the Superintendent at the facility where the sexual abuse occurred within 72 hours of the reported sexual abuse (one was within 24 hours and the other within 72).

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 8 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 Superintendent at each facility would be the designated point of contact for receiving allegations from other facilities/agencies. He stated that the Superintendent would ensure an investigation is completed for any allegation that was provided to the Superintendent. The Agency Head Designee confirmed that they have had examples of receiving allegations from other facilities/agencies and that the information is reviewed annually during audits. He also stated that if they received an allegation at one of their facilities, the Superintendent would write the Warden at the facility where it occurred within 72 hours. The interview with the Warden confirmed that if they received an allegation that an inmate was abused while housed at MCI Shirley they would conduct an investigation into the allegation. The Warden confirmed they have had recent examples from Middlesex County and Plymouth County and that in all instances they initiated an investigation into the allegation. The PAQ stated that there were six allegations received from another Warden/Agency Head within the previous twelve months. A review of documentation indicated there were four Warden to Warden notifications during the previous twelve months. Two of the Warden to Warden allegations were prior to the previous twelve months. All four within the previous twelve months were investigated, however one was determined to be consensual (inmate-on-inmate) after an interview of the victim.

Based on a review of the PAQ, 103 DOC 519, notification letters, a review of investigations and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 327 986 470" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Reports</li> </ol> <p data-bbox="240 557 352 584">Interviews:</p> <ol data-bbox="240 613 820 757" style="list-style-type: none"> <li>1. Interviews with First Responders</li> <li>2. Interviews with Random Staff</li> <li>3. Interviews with Inmates who Reported Sexual Abuse</li> </ol> <p data-bbox="240 844 483 871">Findings (By Provision):</p> <p data-bbox="240 958 1497 1890">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, pages 14-15 state 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 were zero allegations of sexual abuse. The PAQ did note that there was one allegation, not sexual abuse, that the alleged victim and alleged perpetrator were separated. A review of documentation confirmed none of the sexual abuse allegations involved first responder duties. One allegation involved the inmate victim being moved from general population to the health service unit and thus involved a separation, but there was not an immediate need for separation. The auditor did observe during documentation review that one of the consensual incidents involved the immediate separation of inmates as the acts were observed by staff who initially were unsure if the incident was PREA or not. The staff member instructed the inmates to separate, locked down the unit and removed the inmates from the cell (separated them). The interview with the security first responder confirmed that the security staff would first need to separate the individuals and make sure they are not still together. He stated security would then notify the Shift Commander, secure the area where it took place, instruct the individuals not to eat, drink, shower, change clothes, etc., make notes of how the inmates are doing, identify any witnesses and get the inmate victim medical attention. He further stated he would write an incident report before the end of the shift. The non-security first responder stated she would immediately notify the Shift Commander and complete a confidential report. She stated she would follow the same process as security staff; she would separate, secure and preserve. She confirmed through a prompt that she would instruct the inmates not to take any actions to destroy evidence. The interview with the inmate who reported sexual abuse indicated that he reported his allegation in writing. He stated the incident happened on a Monday and he was seen either that Wednesday or Friday by the IPS staff (investigator). He stated the investigator asked him a series of questions, took him to medical and he was returned back to the same housing unit. He stated the alleged perpetrator was a staff member.</p> <p data-bbox="240 1977 1469 2139">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. The PC further stated that the agency policy does not differentiate between security and non-security first responders. All first responders are trained on first responder duties. 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate</p>

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 were zero allegations of sexual abuse that involved a non-security staff first responder. The interview with the security first responder confirmed that the security staff would first need to separate the individuals and make sure they are not still together. He stated security would then notify the Shift Commander, secure the area where it took place, instruct the individuals not to eat, drink, shower, change clothes, etc., make notes of how the inmates are doing, identify any witnesses and get the inmate victim medical attention. He further stated he would write an incident report before the end of the shift. The non-security first responder stated she would immediately notify the Shift Commander and complete a confidential report. She stated she would follow the same process as security staff; she would separate, secure and preserve. She confirmed through a prompt that she would instruct the inmates not to take any actions to destroy evidence. Interviews with fifteen random staff confirmed that they are aware of their first responder duties. Staff stated they have a card that they can refer to that has the first responder duties. The staff indicated as a first responder they would separate, secure, notify the Shift Commander, identify any witnesses, take the inmate victim to medical, instruct the inmates not to shower, eat, drink, etc. and have the inmate victim seen by mental health. A review of documentation confirmed none of the sexual abuse allegations involved first responder duties. One allegation was reported by medical staff who observed an injury to the inmate victim. The inmate was in medical and was already separated from the alleged perpetrator. No additional first responder duties were required.

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

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 327 740 412" style="list-style-type: none"> <li data-bbox="240 327 536 353">1. Pre-Audit Questionnaire</li> <li data-bbox="240 383 740 412">2. PREA Response to Sexual Assault Incidents</li> </ol> <p data-bbox="240 501 352 528">Interviews:</p> <ol data-bbox="240 557 555 584" style="list-style-type: none"> <li data-bbox="240 557 555 584">1. Interview with the Warden</li> </ol> <p data-bbox="240 674 483 701">Findings (By Provision):</p> <p data-bbox="240 790 1485 1081">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 PREA Response to Sexual Assault Incidents is a five page document that outlines the duties to take after a reported sexual abuse allegation. The document includes a checklist, appropriate numbers to call related to the investigation and items included in the sexual assault response kit. The document outlines first responder duties, appropriate notifications, investigative duties and the medical and mental health response. Additionally, it provides information on the duties of the Superintendent following an allegation. The Warden stated that the facility has a PREA response plan that details all the responsibilities. He stated staff are aware of the plan and work together to ensure that each area handles appropriate responsibilities.</p> <p data-bbox="240 1171 1442 1234">Based on a review of the PAQ, the PREA Response to Sexual Assault Incidents, and the interview with the Warden, this standard appears to be compliant.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Agreement with Alliance, AFSCME-SEIU Local 509 Units 8 &amp; 9</li> <li>3. Agreement with the Massachusetts Correctional Officers Federated Union (MCOFU)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol> <p>Findings (By Provision):</p> <p>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.. A review of the Agreement with the Alliance, AFSCME-SEIU Local Units 8 &amp; 10, page 70 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. Additionally, the agency has an expired agreement with MCOFU. The agreement will not be renewed until June 2022. The expired 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. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement however the agreement does not prohibit the facility/agency's ability from removing the staff or disciplining the staff, up to and including termination.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>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.</p>

**115.67 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 protection 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 20 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 IPS staff are responsible for monitoring for retaliation.

115.67 (b): 103 DOC 519, page 20 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. A review of investigative reports indicated that one inmate victim was moved from his housing unit to the health services unit after the reported allegation. The two inmate victims that were at the facility at the time of the reported sexual abuse allegation were both offered emotional support services through mental health. None of the other inmate victims required protective measures (three of the inmate victims were not at the facility at the time of the reported allegation, two were sexual harassment allegations and two were consensual and not sexual abuse allegations). Interviews with the Agency Head, 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 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 within the PREA policy (103 DOC 519) there is an attachment that is started and conducted by IPS. He stated some of the monitoring tools utilized would be a review of video, phone calls and email. He stated they look at disciplinary reports, staff attendance and any overall change in the individual. The Agency Head Designee confirmed that if there was a conflict they would take appropriate action such as housing changes, transfers and removal of alleged staff abuser from contact with the inmate. The interview with the Warden indicated that they could employ multiple protective measures including housing changes, facility transfers, removal of staff abusers and emotional support services. The staff responsible for monitoring indicated that she is responsible for monitoring inmates or anyone who cooperates with the investigation. She stated she monitors through a review of phone calls, program changes, disciplinary reports and housing changes. She confirmed that the facility could employ protective measures such as housing changes, transfers and removal

of staff. The staff stated that she conducts periodic status checks every 30 days. The interview with the inmate who reported sexual abuse stated that he had to earn protection from sexual abuse. He stated no one every monitored him or anything and that the staff member actually retaliated against him via an incident report back in 2020. The auditor reviewed the investigation from 2020 and confirmed that the inmate was monitored from January 14, 2020 through March 20, 2020. Additionally, the inmate verbally reported the retaliation during the monitoring period. Staff investigated the allegation of retaliation and determined that the allegation had no merit.

115.67 (c): The PAQ stated 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 20-21 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 indicated that there had been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation they would investigate the allegation and if warranted, discipline would ensue up to and including termination. The staff responsible for monitoring indicated that she monitors phone calls, emails, housing changes, program changes and disciplinary reports. She stated she monitors for at least 90 days and that monitoring can be extended if needed in 30 day increments. She confirmed she would continue to extend in 30 day increments until any concerns were resolved. A review of investigations indicated that five allegations were sexual abuse. Three were reported at another facility and as such the facility was not required to monitor for retaliation. One involved an inmate who was released on parole prior to the discovery that the allegation was sexual abuse and as such the facility was not required to monitor. The one allegation that required monitoring for retaliation had monitoring from the date of the reported allegation (December 21, 2021) until the inmate was released (February 14, 2022). Additionally, monitoring for retaliation was documented to have occurred at the reporting facilities (Warden to Warden notification allegations) and both sexual harassment allegations were documented with monitoring for retaliation. Monitoring included a review of discipline, housing changes, phone calls, emails and program changes. Additionally, witnesses and staff were documented with monitoring for retaliation, however none stated they feared retaliation. A review of the monitoring documents indicated that none included any reports of retaliation.

115.67 (d): 103 DOC 519, page 21 indicates that in the case of inmates, such monitoring shall also include periodic status checks. The monitoring staff indicated that she conducts periodic status checks every 30 days. A review of monitoring documents confirmed that staff conducted periodic face to face status checks during the monitoring period .

115.67 (e): 103 DOC 519, page 21 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. A review of investigations indicated that five allegations were sexual abuse. Three were reported at another facility and as such the facility was not required to monitor for retaliation. One involved an inmate who was released on parole prior to the discovery that the allegation was sexual abuse and as such the facility was not required to monitor. The one allegation that required monitoring for retaliation had monitoring from the date of the reported allegation (December 21, 2021) until the inmate was released (February 14, 2022). Additionally, monitoring for retaliation was documented to have occurred at the reporting facilities (Warden to Warden notification allegations) and both sexual harassment allegations were documented with monitoring for retaliation. Monitoring included a review of discipline, housing changes, phone calls, emails and program changes. Additionally, witnesses and staff were documented with monitoring for retaliation, however none stated they feared retaliation. A review of the monitoring documents indicated that none included any reports of retaliation.

The interview with the Agency Head Designee indicated there are policies in place to protect individual who cooperate with an investigation or express a fear of retaliation. He stated procedures could include housing changes, transfers, removal of staff abusers, reassignments of staff, emotional support services and 90 day monitoring. The Agency Head Designee confirmed that individuals would be afforded the same monitoring as an alleged victim. The Warden indicated that they could employ multiple protective measures including housing changes, facility transfers, removal of staff abusers and emotional support services. He further stated that if they suspect retaliation they would investigate the allegation and if warranted, discipline would ensue up to and including termination.

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

Based on a review of the PAQ, 103 DOC 519, investigative reports, monitoring documents and information from interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and the inmate who reported sexual abuse, the facility appears to meet this standard.

**115.68 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 CMR 423 – Restrictive Housing
4. Investigative Reports
5. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise 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. 103 DOC 519, page 11 states that inmates at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community 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 that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of housing documentation for inmates who reported sexual abuse indicated that two were consensual and were not sexual abuse and two allegations were harassment. Three of the inmate victims of sexual abuse were not at the facility when the allegation was reported. One inmate victim remained in the same general population housing unit after reporting the sexual abuse allegation and the other inmate victim was moved from his general population housing unit to the general population health services unit. The documentation reviewed confirmed none of the inmate victims were placed in involuntary segregated housing after the reported sexual abuse allegation. During the tour the auditor observed the segregation housing unit had hearing offices outside of the living area. The area contained a dayroom with tables. The PREA posters were observed in both English and Spanish on the board in the dayroom. Additionally, the PREA hotline number and BARCC number were also observed on the board. The audit announcements were located outside the housing unit in the

hearing office area in bright green paper. Staff advised inmates are brought in and out of the segregated housing unit through the entrance so this was the best way to ensure inmates viewed the information. The segregated housing unit had a separate recreation area with enclosures to assist with keeping inmates separated from one another. Inmates in segregated housing are provide three hours of out of cell recreation and four phone calls per week. Calls are made via a rolling phone. Correspondence, grievances and mail are collected daily by a staff member. The staff comes through with a locked box for inmates to place the documents. Inmates are afforded unlimited access to their tablets as well. Inmates are provided grievance forms and "security" pens in segregated housing upon request. The interview with the Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in segregated housing unless there are no other available alternative means of separation from likely abusers. The Warden further stated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that the facility has had zero instances where they have had to involuntarily segregate an inmate who reported sexual abuse. He stated, if they ever had to place an inmate who reported sexual abuse in involuntary segregated housing, the time frame would depend on how long it took to safely find them a place to live. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate is involuntarily segregated following an allegation of sexual abuse, the inmate would be afforded access to programs, privileges, education and work opportunities to the extent possible. He stated any restrictions would be documented related to duration and reason for restriction. The staff who supervise inmates in segregated housing confirmed that any inmate who reported sexual abuse that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. He indicated that if an inmate was placed in segregated housing it would only be temporary and they would be released as soon as they made sure the individuals were separate and there was not a threat. He also confirmed they have not had any instances of involuntary segregation for this purpose at MCI Shirley. The staff member further confirmed that inmates would be reviewed at least every 30 days. He stated they would actually be reviewed weekly and they have not had any instances of inmates who were involuntarily segregated due to reporting sexual abuse.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, investigative reports, 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.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, investigative reports, 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.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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. Massachusetts Statewide Records Retention Schedule
6. Investigative Reports (Current & Historical)

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 18 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. Page 19 further 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 nine allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months, two of which were deemed consensual after conversation with the inmate victim and as such they did not rise to the level of PREA. A review of the seven other investigations confirmed that all were investigated by facility/agency investigators. One investigation was deemed substantiated and was referred for prosecution. Five of the investigations were completed within 30 days, one was completed within 60 and one was initially completed within 90 days but was still considered open due to the referral for prosecution. All investigations were thorough and objective. Two of the nine initial allegations were reported through a third party and two were observed by staff and reported based on the observations. One that was reported through a third party was denied by the victim and closed unfounded and one that was observed by staff was later deemed to be consensual and as such not a PREA. The other two allegations were thoroughly and objectively investigated. All completed 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 within 72 hours of the reported allegation. The agency investigator stated that the investigation should be started immediately but that investigations are typically started at the facility level and referred to him, if necessary. The two facility investigators stated the investigations are required to be entered into the PREA database within 72 hours. The one investigator stated that they usually try to initiate the investigation immediately though. All three investigators confirmed that a third party and/or anonymous report would be investigated through the same process. The agency investigator stated that the only difference is how the allegation was received and regardless of how it is received the process would start by interviewing the inmate victim and then going through the normal investigative process.

115.71 (b): 103 DOC 519, page 10 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, pages 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 indicated that six facility staff have completed the specialized investigator training as well as four Professional Standards Unit (PSU – formally known as the Internal Affairs Unit) investigators. The interviews with the investigators confirmed that all three had received specialized training. All three confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.

115.71 (c): 103 DOC 519, page 18 states 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). The Massachusetts Statewide Records Retention Schedule, page 190 confirms that inmate investigative records are retained for ten years. There were nine allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months, two of which were deemed consensual after conversation with the inmate victim and as such they did not rise to the level of PREA. A review of the seven other investigations confirmed that all included interviews of the alleged victim, alleged perpetrator and victims, when applicable. All seven included evidence collection. Five involved a review of phone calls, three involved a review of video monitoring, two involved a review of photos, two involved a review of emails, and four involved a review of other documents such as logs and bed assignments. One investigation was deemed substantiated and was referred for prosecution. The interviews with investigative staff indicated that the investigative process starts with talking to the alleged victim to determine the complaint. The facility investigator indicated they would report the allegation to the Superintendent and gather as much information as possible. The next steps include evidence collection, the decision on SAFE/SANE, interviews of potential witnesses and alleged perpetrator, review of video, phone calls and emails and then analysis of the information gathered to determine an outcome. Additionally, the facility investigators stated they would ensure the information is entered into the PREA database and ensure the inmate victim is seen by medical and mental health care staff. All three investigators stated they would be responsible for collecting physical evidence, DNA evidence, video footage, statements/interviews, emails and phone calls. Two of the investigators confirmed they would review prior complaints but that that information is not considered as part of the investigative outcome. They stated all allegations are taken individually.

115.71 (d): 103 DOC 519, page 17 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. A review of investigative reports indicated one investigation was substantiated and was referred for prosecution. The remaining six were determined to be unsubstantiated or unfounded and as such were not referred for prosecution. The one substantiated allegation involved an interview of the alleged perpetrator but did not contain compelled interviews. The interviews with the investigators confirmed that they would consult with prosecutors prior to conducting any compelled interviews. The agency investigator stated they would contact prosecutors to determine the route to take and that if compelled interviews were necessary he would do Miranda or Garrity or have the MSP conduct the interviews.

115.71 (e): 103 DOC 519, page 17 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 require the inmate victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation. Additionally, the investigators stated that credibility is based on consistency, details and corroborating evidence. The two facility investigators stated credibility is based on an individualized basis. The interview with the inmate who reported sexual abuse indicated he was not required to take a polygraph or truth telling device test.

115.71 (f): 103 DOC 519, page 19 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. Page 20 states 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 518. Additionally, 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. There were nine allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months, two of which were deemed consensual after conversation with the inmate victim and as such they did not rise to the level of PREA. A review of the seven other investigations confirmed that all were documented in a written report. The report included the initial allegation, a chronology of events during the investigative process, a description of interviews, a description of evidence, facts and findings and other supplemental document associated with the investigation (i.e. incident reports). One of the seven investigations was deemed substantiated and was referred for prosecution. The remaining investigations were deemed unsubstantiated or unfounded. The interviews with investigative staff confirmed that administrative investigations are documented in a written report. The facility investigators stated the report includes testimony, physical evidence, interviews, facts and findings, video evidence, a summary and findings/conclusion. The agency investigator stated similar elements and stated reports would also include lab results for DNA and any policy violations. He also stated that the investigation is documented in a six part folder that includes incident reports and information on the inmates and staff involved. All investigators stated that during the investigative process they determine if staff actions or failure to act contributed to the sexual abuse. They stated they determine this through a review of video, phone calls and other evidence. The agency investigators stated that they would document any violations in the report which would potentially involve discipline. The facility investigator further stated he would review security rounds and logs entries to ensure staff did what they are supposed to do.

115.71 (g): 103 DOC 519, page 20 states 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 518. 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. A review of documentation confirmed there were zero criminal investigations completed during the previous twelve months. One administrative investigation was referred for prosecution. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and include similar information as an administrative investigative report. This would include all available evidence, testimony, findings, etc. The investigators stated they have not had many criminal investigations recently and they typically do not get the report from the MSP.

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 17 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 PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. A review of investigative reports indicated that there was one investigation that was substantiated that was referred for prosecution. The facility investigators stated they refer cases for prosecution when a felony has been committed and/or if the case has been substantiated.

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. The Massachusetts Statewide Records Retention Schedule, page 190 confirms that inmate investigative records are retained for ten years. A review of a sample of three historic investigations confirmed retention is being met.

115.71 (j): 103 DOC 518, page 10 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 regardless of whether the staff member and/or inmate remained employed/incarcerated with the MADOC. The agency investigator stated that whether the staff member or inmate leaves the MADOC it is still a significant allegation and potentially a crime. The investigation would proceed and there would still be an investigative outcome.

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

115.71 (l): 103 DOC 519, page 17 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 interview with the Warden indicated that the facility remains informed of the investigation through written correspondence, emails and phone calls with the investigating agency. The interview with the PC indicated that leadership or the PREA Division would stay informed through emails, phone calls and written correspondence. The PCM stated that the if an outside agency conducts an investigation they remain informed through phone and email correspondence. Investigative staff stated that when an outside agency conducts an investigation they serve as a liaison and provide them with any assistance or information that they need.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 518, investigator training records, the Massachusetts Statewide Records Retention Schedule, investigative reports and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and the inmate who reported sexual abuse, the facility appears to meet this standard.

115.72	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 518 – Inner Perimeter Security Team (IPS)</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>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 investigative reports indicated that seven sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. A review of these investigations indicated that one was determined to be substantiated and the remaining six were completed with findings of unsubstantiated or unfounded. A review of the reports indicated the findings were accurate based on the evidence. Interviews with three investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence.</p> <p>Based on a review of the PAQ, 103 DOC 518, investigative reports and information from the interviews with investigative staff it appears this standard is compliant.</p>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 21 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 PAQ indicated that there were seven investigation completed within the previous twelve months and seven notifications were made. The interview with the Warden confirmed that inmate victims are notified per the 103 DOC 519 policy. The interviews with investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. The agency investigator stated that he does not personally notify the inmate victim but that facility staff do. The two facility investigators confirmed that inmate victims are notified via a notification letter. The interview with the inmate who reported abuse indicated that he believed that he is supposed to be notified of the outcome of the investigation into his allegation but that the facility did not let him know anything. The auditor reviewed the inmate's investigative file from 2020 and confirmed that the inmate was notified via notification letter that the investigation was unfounded on March 20, 2020. A review of documentation indicated there were seven sexual abuse allegations reported in the previous twelve months, two of which were determined to be consensual and as such not sexual abuse. Of the remaining five one inmate was released on parole prior to the discovery that the allegation was sexual abuse and two were Warden to Warden notification and the inmate was not at the facility. Both inmates who reported at the facility were documented with a notification of the outcome of the investigation. Additionally, the two Warden to Warden reported investigations also had documented inmate victim notifications. Additionally, the two sexual harassment investigations also had a documented inmate victim notification. It should be noted that a review of documentation indicated that the one investigation where the inmate victim was released prior to the sexual abuse allegation showed that the inmate was re-incarcerated less than a week after release. The inmate was admitted into MADOC custody a week later at another MADOC facility. While the facility staff may not have been aware of the inmate's reentry into MADOC custody, the agency should develop a notification process through the investigators in unique situations to ensure inmate victims are notified.

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 21 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. A review of investigative reports confirmed that all seven investigations (including the two consensual allegations) were completed by facility or agency investigators.

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. The PAQ stated that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past twelve months. The PAQ further stated that there were zero notifications under this provision. 103 DOC 519, page 21 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. A review of investigative reports confirmed that there were two staff-on-inmate sexual abuse allegations reported in the previous twelve months, one of which was unfounded and one that was substantiated. The substantiated staff-on-inmate allegation was reported through a third party. The initial allegation was not sexual abuse, however during the investigation it was discovered that a sexual abuse incident occurred. The inmate victim had been released prior to learning of the sexual abuse incident. The staff member was terminated on the same day the learned sexual abuse incident was discovered. Since the inmate was no longer in the custody of the agency during the termination, the inmate victim was not notified. The interview with the inmate who reported sexual abuse indicated that his allegation was against a staff member and he was not notified about anything related to the staff member. A review of the 2020 investigation indicated that the case was closed unfounded and no such notifications under this provision were required. It should be noted that a review of documentation indicated that the one investigation where the inmate victim was released prior to the sexual abuse allegation showed that the inmate was re-incarcerated less than a week after release. The inmate was admitted into MADOC custody a week later at another MADOC facility. The investigation was referred for prosecution and as such the facility will need to ensure that the inmate victim (who is now re-incarcerated within MADOC) is notified of any indictment or conviction related to the possible charges.

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 21 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 three inmate-on-inmate sexual abuse allegations; however none were substantiated. As such none required notifications under this provision. The interview with the inmate who reported sexual abuse indicated that his allegation was not against another inmate and as such no notifications were required.

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 21 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 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 seven notifications to inmates under this standard. A review of documentation indicated there were seven sexual abuse allegations reported in the previous twelve months, two of which were determined to be consensual and as such not sexual abuse. Of the remaining five one inmate was released on parole prior to the discovery that the allegation was sexual abuse and two were Warden to Warden notification and the inmate was not at the facility. Both inmates who reported at the facility were documented with a notification of the outcome of the investigation. Additionally, the two Warden to Warden reported investigations also had documented inmate victim notifications. Additionally, the two sexual harassment investigations also had a documented inmate victim notification. It should be noted that a review of documentation indicated that the one investigation where the inmate victim was released prior to the sexual abuse allegation showed that the inmate was re-incarcerated less than a week after release. The inmate was admitted into MADOC custody a week later at another MADOC facility. While the facility staff may not have been aware of the inmate's reentry into MADOC

custody, the agency should develop a notification process through the investigators in unique situations to ensure inmate victims are notified. Additionally, the substantiated staff-on-inmate allegation was reported through a third party. The initial allegation was not sexual abuse, however during the investigation it was discovered that a sexual abuse incident occurred. The inmate victim had been released prior to learning of the sexual abuse incident. The staff member was terminated on the same day the learned sexual abuse incident was discovered. Since the inmate was no longer in the custody of the agency during the termination, the inmate victim was not notified.

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 (notification letters), a review of investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the agency develop a process for unique investigative situations as described in the above standard to ensure inmates who are released and then re-incarcerated are notified of investigative findings and situations under this standard.

115.76	<b>Disciplinary sanctions for staff</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 230 – Discipline and Terminations
3. Investigative Reports
4. Termination Documents

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 was one staff member who violated the sexual abuse and sexual harassment policies and one staff member who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. The PAQ stated that the staff terminated employment during the investigation. 103 DOC 230, page 10 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. A review of investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse allegation. A review of documentation indicated that the staff member was terminated from employment on July 2, 2021, three days after the allegation was discovered. Additionally, the investigation was referred for prosecution. At the time of the on-site portion of the audit, there was not a documented determination by the District Attorney.

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 zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse allegation. A review of documentation indicated that the staff member was terminated from employment on July 2, 2021, three days after the allegation was discovered. Additionally, the investigation was referred for prosecution. At the time of the on-site portion of the audit, there was not a documented determination by the District Attorney.

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 zero staff member who were reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. A review of the substantiated investigation indicated that the staff member was terminated and the case was referred for prosecution, however the staff member was not reported to any relevant licensing bodies.

Based on a review of the PAQ, 103 DOC 230, investigative reports and termination documents indicates that this standard appears to be compliant.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 363 300">Documents:</p> <ol data-bbox="242 327 986 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Memorandum from the Superintendent</li> <li>4. Investigative Reports</li> </ol> <p data-bbox="242 613 352 642">Interviews:</p> <ol data-bbox="242 669 555 698" style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p data-bbox="242 784 483 813">Findings (By Provision):</p> <p data-bbox="242 898 1485 1263">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, pages 19-20 state that contractors who are accused of sexual harassment/sexually abusive behavior may be removed from the institution until the investigation is completed. Policy further states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The memo from the Superintendent indicated that over the previous three years there have been no findings of sexual abuse against a volunteer or contractor. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated sexual abuse or sexual harassment allegations that involved a volunteer or contractor.</p> <p data-bbox="242 1348 1493 1680">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, pages 19-20 state 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 by contractors or volunteers would result in an investigation and they would be barred from entering any correctional facility within the agency until the investigation is completed. The Warden confirmed that there have not been any volunteers or contractors who have violated the sexual abuse and sexual harassment policies.</p> <p data-bbox="242 1765 1485 1827">Based on a review of the PAQ, 103 DOC 519, the memo from the Superintendent, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78

**Disciplinary sanctions for inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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
5. Investigative Reports

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 6 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 six administrative finding of inmate-on-inmate sexual abuse and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. Further communication with the PCM indicated that the word “guilt” was not in the administrative section so they thought it meant all administrative inmate-on-inmate allegations. There have been zero inmate-on-inmate administrative findings of guilt in the previous twelve months. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the previous twelve months.

115.78 (b): 103 DOC 430, page 15 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. The inmate’s disciplinary chronology shall not be consider by the Hearing Officer in determining the guilt or innocence of the inmate, but may be considered in deciding appropriate sanctions. 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 receive a category one disciplinary offense. He stated sanctions could include loss of good time up to a year, segregated housing up to fifteen days, placement in the disciplinary unit and/or loss of privileges. The Warden confirmed that sanctions would be 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.

115.78 (c): 103 DOC 650, page 77 states that site mental health staff shall be notified prior to service of a disciplinary report on any inmate with Serious Mental Illness (SMI) who is charged with a category 1 or category 2 disciplinary offense. It further states that during regularly scheduled reviews of recently issued disciplinary reports, the Superintendent or designee shall receive consultation from a site mental health staff member regarding mental health issues that may be implicated in the events described by the disciplinary report, and whether there are appropriate alternatives for addressing the matter by means other than the disciplinary process. The interview with the Warden confirmed that the inmates mental illness or mental disability 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. 103 DOC 650, page 45 states that a mental health evaluation of all known inmate-on-inmate abusers shall be conducted within 60 days of learning of such abuse history and mental health staff shall offer treatment when deemed clinically appropriate. Interviews with medical and mental health staff indicated that medical staff were unaware but that the mental health staff member confirmed that they do offer therapy, counseling and other services designed to address and correct underlying issues and that they have a facility specifically for treatment of sex offenders and they would offer the services to the inmate perpetrator. The mental health staff member stated that they do not require the inmate's participation in order to gain access or privileges to other benefits or services/programs.

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, pages 18-19 outline 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. A review of investigative reports indicated the one inmate victim of staff-on-inmate sexual abuse was not disciplined.

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, pages 20-21 outline 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 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. It further states that the Department resolves to prohibit all forms of sexual harassment and sexual activity involving inmates.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 650, 103 DOC 430, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

**115.81 Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

- 1. Pre-Audit Questionnaire
- 2. 103 DOC 650 – Mental Health Services
- 3. Housing Risk Screen Assessments
- 4. Medical/Mental Health Documents (Secondary Documents)
- 5. Deficiency and Corrective Action Memorandum

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. The PAQ stated that the meetings were not offered 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 0% 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 do not maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening, indicated that after an inmate discloses prior victimization nursing staff send an email or a formal request to mental health and they are seen within fourteen days. The PAQ supplemental documents indicated that the agency identified a deficiency with this provision during a prior MADOC audit. The memo indicated that the Assistant PREA Coordinator provided the prior MADOC training via a round table training on August 20, 2021 related to offering a mental health follow-up to all inmates who disclose prior sexual victimization, whether in an institutional setting or not. The documentation provided was not for staff at MCI Shirley, but rather MCI Norfolk. The auditor requested a list of inmates that disclosed prior sexual victimization during the risk screening. The facility did not have a running list and therefore the PCM had risk screening staff identify inmates they knew disclosed prior sexual victimization during the risk screening. Two inmates were identified who disclosed prior victimization during the risk screening over the previous twelve months and the auditor also identified a third inmate during documentation review. The two inmates who disclosed prior sexual victimization had a mental health contact where the prior sexual victimization was documented and discussed. However, the mental health contact was prior to the completed initial risk screening. The facility did not provide any documentation related to the third inmate identified during a review of risk assessments. A review of secondary medical and mental health documents confirmed that the facility keeps appointment logs related to medical and mental health contacts. It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with inmates on the first day of arrival. Mental health staff ask inmates about prior sexual victimization during their initial risk screening. All inmates that arrive at the facility meet with mental health prior to being housed. All inmates are provided the opportunity to disclose prior sexual victimization to mental health care staff during this assessment. Additionally, the risk screenings do not differentiate from prior sexual victimization that was previously disclosed on prior risk assessments and any sexual victimization that was not disclosed previously. As such, many inmates have already disclosed the prior sexual victimization and had a mental health follow-up at prior MADOC facilities. MCI Shirley is not an intake facility and as such, most inmates

have had numerous, but at least two, prior risk screenings completed before arrival at MCI Shirley. The interviews with the inmates who disclosed prior victimization indicated that both were offered a follow-up with mental health. One inmate stated that mental health asked him about the information and offered him services that same day. The second inmate stated he disclosed the information a long time ago and it was in his file because it occurred in a juvenile setting. He stated he sees mental health all the time. The interview with the risk screening staff indicated that inmates who disclose prior sexual victimization are offered a follow-up with mental health within fourteen days.

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. The PAQ stated that the follow-up meetings were not offered within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that an 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 0% 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 do not maintain secondary materials documenting compliance with the required services. The PAQ included supplemental documents indicated that the facility identified a deficiency with this provision. The memo provided indicated staff at MCI Norfolk were provided training related to provision (a) and (c). The documents were not training specific at MCI Shirley and did not address requirements under this standard related to prior sexual abusiveness. The facility provided an example in the PAQ supplemental documentation showing during the risk screening if an inmate has a history of prior sexual abusiveness, staff are instructed to send a notification to sexual assault investigator. Documentation indicated that the inmate who was identified with prior sexual abusiveness was seen by mental health the same day as the disclosure, however there was no documentation related to whether the prior abusiveness was discussed/addressed. The facility did not have a list of inmates who had prior sexual abusiveness, however the facility is not an intake facility and as such all prior sexual abusiveness in the inmate's history would be addressed at the intake facility or after a sexual abuse investigation was deemed substantiated. During documentation review the auditor did not identify any inmates with prior sexual abusiveness that was not previously identified at another MADOC facility (i.e. current charges or prior charges). It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with inmates on the first day of arrival. All inmates that arrive at the facility meet with mental health prior to being housed. All inmates are provided the opportunity to discuss any issues or concerns with mental health at that time. Additionally, the risk screenings do not differentiate from prior sexual abusiveness that was already addressed/referred to mental health during a prior risk screening. As such, many inmates have already had the opportunity to meet with mental health for a follow-up at prior MADOC facilities. MCI Shirley is not an intake facility and as such, most inmates have had numerous, but at least two, prior risk screenings completed before arrival at MCI Shirley. The interview with the risk screening staff indicated that inmates who are identified with prior sexual abusiveness are offered a follow-up with mental health within fourteen days.

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. The PAQ stated that the meetings were not offered 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 0% 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 do not maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening, indicated that after an inmate discloses prior victimization nursing staff send an email or a formal request to mental health and they are seen within fourteen days. The PAQ supplemental documents indicated that the agency identified a deficiency with this provision during a prior MADOC audit. The memo indicated that the Assistant PREA Coordinator provided the prior MADOC training via a round table training on August 20, 2021 related to offering a mental health follow-up to all inmates who disclose prior sexual victimization, whether in an institutional setting or not. The documentation provided was not for staff at MCI Shirley, but rather MCI Norfolk. The auditor requested a list of inmates that disclosed prior sexual victimization during the risk screening. The facility did not have a running list and therefore the PCM had risk screening staff identify inmates they knew disclosed prior sexual victimization during the risk screening. Two inmates were identified who disclosed prior victimization during the risk screening over the previous twelve months and the auditor also identified a third inmate during documentation review. The two inmates who disclosed prior sexual victimization had a mental health contact where the prior sexual victimization was documented and discussed. However, the mental health contact was prior to the completed initial risk screening. The facility did not provide any documentation related to the third inmate identified during a review of risk assessments. A review of secondary medical and mental health documents confirmed that the facility keeps appointment logs related to medical and mental health contacts. It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with inmates on the first day of arrival. Mental health staff ask inmates about prior sexual victimization during their initial risk screening. All

inmates that arrive at the facility meet with mental health prior to being housed. All inmates are provided the opportunity to disclose prior sexual victimization to mental health care staff during this assessment. Additionally, the risk screenings do not differentiate from prior sexual victimization that was previously disclosed on prior risk assessments and any sexual victimization that was not disclosed previously. As such, many inmates have already disclosed the prior sexual victimization and had a mental health follow-up at prior MADOC facilities. MCI Shirley is not an intake facility and as such, most inmates have had numerous, but at least two, prior risk screenings completed before arrival at MCI Shirley. The interviews with the inmates who disclosed prior victimization indicated that both were offered a follow-up with mental health. One inmate stated that mental health asked him about the information and offered him services that same day. The second inmate stated he disclosed the information a long time ago and it was in his file because it occurred in a juvenile setting. He stated he sees mental health all the time. The interview with the risk screening staff indicated that inmates who disclose prior sexual victimization are offered a follow-up with mental health within fourteen days.

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 11 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 on-site portion of the audit the auditor observed that inmate medical, mental health and classification records are electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care staff only have access to medical and mental health records. The staff indicated that if anyone else was requesting records or information they would have to obtain the information through a medical or mental health care staff member. She stated that information is on a need to know basis and would not be disclosed as required under HIPPA. Classification files are also electronic. The staff indicated that classification records, including the inmate's risk screening information is accessible on certain screens that have limited access. The staff indicated that certain profiles have access to the records. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

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 11 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 indicated that medical staff were unsure about informed consent while mental health staff confirmed that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. All three staff indicated they were unaware of any separate consent process for those under eighteen because the facility houses adult inmates only and they would never have inmates under the age of eighteen.

Based on a review of the PAQ, 103 DOC 650, housing risk screening assessments, 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 require corrective action. While all inmates that arrive at MCI Shirley are provided contact with mental health upon arrival, to include a screening through medical or mental health staff where they ask about prior sexual victimization, because there is not a formal process related to referrals after disclosure during the risk screening, there may be inmates that do not disclose to medical or mental health but disclose during the risk screening that are not referred to mental health. The facility does not track inmates who report prior sexual victimization during the risk screening and the facility does not have a way to differentiate inmates who are disclosing prior victimization for the first time from those who disclosed previously and have already been referred to mental health. Additionally, the facility does not have a way to differentiate inmate who were previously identified with prior sexual abusiveness and were referred to mental health from those who have newly identified prior sexual abusiveness. Two inmates were identified who disclosed prior victimization during the risk screening over the previous twelve months and the auditor also identified a third inmate during documentation review. The two inmates who disclosed prior sexual victimization had a mental health contact where the prior sexual victimization was documented and discussed. However, the mental health contact was prior to the completed initial risk screening. The facility did not provide any documentation related to the third inmate identified during a review of risk assessments. Additionally, medical staff were unaware of the informed consent process.

## Corrective Action

The facility will need to develop a process to ensure inmates who disclose prior sexual victimization (new) and inmates who are identified with prior sexual abusiveness (new) are offered a follow-up with mental health. The facility will need to develop a way to track these populations in order to provide lists for future audits. While inmates are seen by mental health on the date of arrival and are asked about prior victimization during the contact, the facility will need to ensure that any inmate who discloses prior victimization during the risk screening was provided mental health services during that screening or offered mental health services related to the prior sexual abusiveness during the contact. If the prior victimization was not discussed or documented during the contact, the facility should ensure the inmate is offered a follow-up with mental health. If the inmate declines the follow-up, the refusal should be documented. The same should be adapted for inmates who are identified with prior sexual abusiveness. Once the facility determines the process they will utilize they should provide the auditor with a process memo indicating a detailed description of the process. Necessary staff should be trained on the process and sign that they were trained. A copy of the training and staff signatures should be provided to the auditor. Additionally, examples of inmates who reported prior sexual victimization and inmates who were identified with prior sexual abusiveness and their mental health follow-ups (or refusals) should be provided to the auditor. Additionally, medical and mental health care staff should be educated on the informed consent process under provision (e). Training records should be provided to confirm staff were educated on the information and their duties.

### 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. Corrective Action Plan and Process Memorandum
2. Tracking Spreadsheet
3. Mental Health Documents
4. Staff Training Email on Consent Process

On June 7, 2022 the facility provided a memo that outlined the corrective action plan for this standard. The memo advised that at the time of intake/transfer, a patient's response to the question of any history or perpetrator or victimization of sexual abuse will be documented in the mental health documentation via the Initial Appraisal for new commits or the Intake/Transfer checklist for those transferring from another MADOC facility (both found in ERMA). Upon offering the patient this mental health follow-up within fourteen days, it will be documented via the Mental Status Update form found in ERMA and will note whether the patient engaged in or declined this offered mental health contact. The memo further stated that it is the responsibility of the mental health vendor to track and ensure these mental health follow-ups occur within fourteen days.

The memo also included a section on training which detailed that all Mental Health Directors received training on the process during the February monthly Mental Health Director's meeting. Additionally, it was covered in the April monthly Mental Health Director's meeting to review how the process has been implemented. The Mental Health Directors then disseminated this information to their mental health teams during a daily mental health meeting.

On October 14, 2022 the facility provided a copy of the tracking spreadsheet. The spreadsheet included seven columns with yes or no answers. The spreadsheet included a column for the fourteen day follow-up for prior victimization and the fourteen day follow-up for prior abusiveness. A review of the spreadsheet indicated during the corrective action period there were eleven inmates who disclosed or were identified with prior sexual victimization and/or abusiveness. Nine of the eleven had documentation on the spreadsheet that they were offered a mental health follow-up. The auditor requested additional information related to the three that did not have anything indicated in appropriate column to include actual mental health documents to confirm services were offered/provided.

On October 20, 2022 the facility provided the requested three mental health documents confirming that all three inmates were offered and had contact with mental health care staff related to their prior sexual victimization.

On October 26, 2022 the facility provided documentation confirming that medical and mental health care staff were provided education on the consent process. The topic was discussed during the monthly Wellpath meeting and a sign-in sheet was provided as confirmation.

Based on the documentation provided the facility has corrected this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 DOC 650 – Mental Health Services
4. Investigative Reports
5. Medical/Mental Health Documents (Secondary 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 15 states that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. A qualified health care professional shall evaluate and document the extent of physical injury and provide emergency medical treatment as needed. 103 DOC 650, page 43 states 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. Page 45 further states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope which are determined by medical and mental health practitioners according to their professional judgment. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room, treatment rooms, exam rooms, holding cells, a reception area, an infirmary (health service housing unit) and suicide observation rooms. The auditor observed that the exam rooms and emergency room had large windows that limited privacy and confidentiality. The reception area consisted of a small holding area with benches. The interview with the inmate who reported sexual abuse indicate that he was seen by medical staff and he was offered mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. All three staff stated that inmates are brought to health services for services as soon as the allegation is reported. The staff confirmed services are based on their professional judgement as well as policy and procedure. A review of investigative reports and medical and mental health documentation indicated that there were five inmate victims of sexual abuse during the previous twelve months. Three of the inmates were not at the facility when the sexual abuse was reported and as such the facility did not provide medical and mental health services. The two inmates who were at the facility at the time of the reported allegation were seen by medical and/or mental health care staff on the same day of the reported allegation.

115.82 (b): 103 DOC 519, pages 14-15 state 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.), receive the reporter's information on what took place, immediately escort the inmate victim to the institution's Health Services Unit for emergency medical care/mental health treatment; enter detailed information on the IMS incident report before the end of the shift and remain on shift until debrief by the sexual assault investigator. 103 DOC 650, page 45 states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The facility has 24/7 medical and mental health care. Inmates are immediately escorted to medical upon notification of an allegation of sexual abuse. A review of documentation confirmed that inmate victims of sexual abuse were seen by medical staff immediately. The interview with the security first responder confirmed that the security staff would first need to separate the individuals and make sure they are not still together. He stated security would then notify the Shift Commander, secure the area where it took place, instruct the individuals not to eat, drink, shower, change clothes, etc., make notes of how the inmates are doing, identify any witnesses and get the inmate victim medical attention. He further stated he would write an incident report before the end of the shift. The non-security first responder stated she would immediately notify the Shift Commander and complete a confidential report. She stated she would follow the same process as security staff; she would separate, secure and preserve. She confirmed through a prompt that she would instruct the inmates not to take any actions to destroy evidence.

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, pages 15-16 state 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. Policy further states that in cases where the inmate victim refuses treatment, the inmate victim shall sign a Refusal of Treatment form. Provisions shall be made for testing sexually transmitted diseases (e.g. HIV, gonorrhea, hepatitis) as well as prophylactic treatment, follow-up care and counseling. There were zero sexual abuse allegations involving penetration reported during the previous twelve months. A review of documentation confirmed that zero inmate victims required information and access to sexually transmitted infection prophylaxis. A review of secondary medical documentation confirmed that inmates are provided urgent and routine medical and mental health services. The interview with the inmate who reported sexual abuse indicated that it did not involve any type of penetration and as such sexually transmitted infection prophylaxis was not required. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. One staff member stated that the provider would order lab work right away.

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 17 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 require corrective action. The exam rooms, treatment rooms, emergency room and holding cell do not provide adequate confidentiality and privacy.

#### Recommendation

The auditor recommends that the facility install blinds or have mobile privacy barriers available for exam rooms and treatments rooms to provide additional confidentiality and privacy, when needed.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 650 – Mental Health Services
3. Wellpath 57.00 - Sexual Assault/PREA Compliance
4. Investigative Reports
5. Medical/Mental Health Documents (Secondary 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, page 43 states 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. Page 45 further states that mental health shall offer a mental health evaluation, and as appropriate, follow-up treatment to all inmates who have been victimized by sexual abuse in any prison. The evaluation and treatment of such victims shall include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room, treatment rooms, exam rooms, holding cells, a reception area, an infirmary (health service housing unit) and suicide observation rooms. The auditor observed that the exam rooms and emergency room had large windows that limited privacy and confidentiality. Additionally, the holdings cells did not offer adequate privacy. The reception area consisted of a small holding area with benches. A review of investigative reports and medical and mental health documentation indicated that there were five inmate victims of sexual abuse during the previous twelve months. Three of the inmates were not at the facility when the sexual abuse was reported and as such the facility did not provide medical and mental health services. The two inmates who were at the facility at the time of the reported allegation were seen by medical and/or mental health care staff on the same day of the reported allegation. The auditor requested a list of inmates that disclosed prior sexual victimization during the risk screening. The facility did not have a running list and therefore the PCM had risk screening staff identify inmates they knew disclosed prior sexual victimization during the risk screening. Two inmates were identified who disclosed prior victimization during the risk screening over the previous twelve months and the auditor also identified a third inmate during documentation review. The two inmates who disclosed prior sexual victimization had a mental health contact where the prior sexual victimization was documented and discussed. The facility did not provide documentation related to the third inmate.

115.83 (b): 103 DOC 650, page 45 states that mental health shall offer a mental health evaluation, and as appropriate,

follow-up treatment to all inmates who have been victimized by sexual abuse in any prison. The evaluation and treatment of such victims shall include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. A review of investigative reports and medical and mental health documentation indicated that there were five inmate victims of sexual abuse during the previous twelve months. Three of the inmates were not at the facility when the sexual abuse was reported and as such the facility did not provide medical and mental health services. The two inmates who were at the facility at the time of the reported allegation were seen by medical and/or mental health care staff on the same day of the reported allegation. Additionally, a review of secondary medical and mental health documents confirm that inmates have access to routine and urgent services, including follow-up services. The interview with the inmate who reported sexual abuse indicate that he was provided follow-up services with mental health care staff. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to inmate victims of sexual abuse. Staff stated a few of the services include HIV/STI testing, treatment for STI's, physical assessments, medical follow-up services, SAFE/SANE, one on one counseling, follow-up mental health services and discharge planning services.

115.83 (c): All medical and mental health care staff are required to have the appropriate credentials and licensures. The facility utilizes Beth Israel for forensic medical examinations. A review of secondary medical and mental health documentation indicated that inmates have immediate access to medical and mental health care when needed, including urgent and routine services. 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 57.00, page 2 states that patient victims of sexual abuse while incarcerated shall be offered testing for sexually transmitted infections as medically appropriate. A review of documentation confirmed that zero inmate victims required testing for sexually transmitted infections. A review of secondary medical documentation confirmed that inmates are provide routine and urgent medical and mental health services, including access to testing. The interview with the inmate who reported sexual abuse indicated that it did not involve any type of penetration and as such sexually transmitted infection tests were not required.

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 17 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. The interview with the inmate who reported sexual abuse confirmed he was seen by medical and/or mental health care staff and he did not pay for the 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 650, page 45 states that a mental health evaluation of all known inmate on inmate abusers shall be conducted within 60 days of learning of such abuse history and mental health staff shall offer treatment when deemed clinically appropriate. Three inmate-on-inmate sexual abuse allegations were reported in the previous twelve months. None of the three were substantiated and as such did not require an evaluation. It should be noted that the auditor reviewed records for two inmate perpetrators, one inmate perpetrator was provided mental health services, even though the allegation was not substantiated. Interviews with medical and mental health staff indicated that medical was not aware of the requirement but the mental health care staff member stated that she would immediately do an appraise and determine if a comprehensive evaluation was needed. She stated she would triage and determine whether an evaluation is needed and that triage would be done right away.

Based on a review of the PAQ, 103 DOC 650, Wellpath 57.00, a review of medical and mental health documents and information from interviews with the inmate who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The exam rooms, treatment rooms, emergency room and holding cell do not provide adequate confidentiality and privacy. Additionally, two inmates were identified who disclosed prior victimization during the risk screening over the previous twelve months and the auditor also identified a third inmate during documentation review. The two inmates who disclosed prior sexual victimization had a mental health contact where the prior sexual victimization was documented and discussed. The facility did not provide documentation related to the third inmate.

#### Corrective Action

The facility will need to install blinds or have some type of physical barrier (can be mobile) for the areas. the facility will need to provide photos of the modifications to confirm adequate privacy during medical and mental health services. The facility will also need to provide mental health documentation for the third inmate identified with disclosing prior sexual victimization during the risk screening to ensure he was provided/offered mental health services.

#### 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. Photos of the Mobile Privacy Barrier
2. Corrective Action Plan and Process Memorandum
3. Tracking Spreadsheet
4. Mental Health Documents

On July 28, 2022 the facility provided a photo of the mobile privacy barrier they utilize in medical and mental health. The barrier was an accordion style metal and cloth barrier that is placed in front of the exam room windows to afford adequate privacy.

On June 7, 2022 the facility provided a memo that outlined the corrective action plan for this standard. The memo advised that at the time of intake/transfer, a patients response to the question of any history or perpetrator or victimization of sexual abuse will be documented in the mental health documentation via the Initial Appraisal for new commits or the Intake/Transfer checklist for those transferring from another MADOC facility (both found in ERMA). Upon offering the patient this mental health follow-up within fourteen day, it will be documented via the Mental Status Update form found in ERMA and will note whether the patient engaged in or declined this offered mental health contact. The memo further stated that it is the responsibility of the mental health vendor to track and ensure these mental health follow-ups occur within fourteen days.

The memo also included a section on training which detailed that all Mental Health Directors received training on the process during the February monthly Mental Health Director's meeting. Additionally, it was covered in the April monthly Mental Health Director's meeting to review how the process has been implemented. The Mental Health Directors then disseminated this information to their mental health teams during a daily mental health meeting.

On October 14, 2022 the facility provided a copy of the tracking spreadsheet. The spreadsheet included seven columns with yes or no answers. The spreadsheet included a column for the fourteen day follow-up for prior victimization and the fourteen

day follow-up for prior abusiveness. A review of the spreadsheet indicated during the corrective action period there were eleven inmates who disclosed or were identified with prior sexual victimization and/or abusiveness. Nine of the eleven had documentation on the spreadsheet that they were offered a mental health follow-up. The auditor requested additional information related to the three that did not have anything indicated in appropriate column to include actual mental health documents to confirm services were offered/provided.

On October 20, 2022 the facility provided the requested three mental health documents confirming that all three inmates were offered and had contact with mental health care staff related to their prior sexual victimization.

Based on the documentation provided the facility has corrected this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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 22 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 there were two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review of documentation indicated there were five sexual abuse allegations reported during the previous twelve months, three of which required a review. Of the three, two had a sexual abuse incident review completed. One allegation was deemed substantiated and referred for prosecution. The investigation was still deemed open due to the referral and as such the facility did not complete a sexual abuse incident review. The PCM advised they would complete the sexual abuse incident review once the investigation was completely closed.

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 22 states that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated there was one sexual abuse incident review completed by the facility within 30 days of the conclusion of the investigation, excluding only "unfounded" incidents. A review of documentation indicated there were five sexual abuse allegations reported during the previous twelve months, three of which required a review. Of the three, two had a sexual abuse incident review completed within 30 days. One allegation was deemed substantiated and referred for prosecution. The investigation was still deemed open due to the referral and as such the facility did not complete a sexual abuse incident review. The PCM advised they would complete the sexual abuse incident review once the investigation was completely closed.

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 22 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 two completed sexual abuse incident reviews indicated that the team included the PCM (Deputy Superintendent), the investigator, a security staff member and medical and/or mental health. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. He stated the team consists of upper management, supervisors, investigators medical and mental health care staff.

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 22 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 two sexual abuse incident reviews indicated that both included the required components under this provision. The topics were included with a yes or no check box and an area for comments. Neither of the sexual abuse incident reviews included any inadequacies or findings under each of the provision topics. 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 sexual abuse incident review team member stated they review the possible motivations for the sexual abuse, they tour the facility where the incident took place, they review staffing levels and they review video monitoring technology in the area. The Warden stated that they use the information from the sexual abuse incident reviews to view each incident and attempt to identify if the staffing levels were appropriate, if the area had appropriate cameras, whether any remedial training for staff is required and whether there is a need for any procedural or operational changes. The PCM stated that sexual abuse incident reviews are completed through the PREA database and that they have all the components under this provision and recommendations. She confirmed she participates in the sexual abuse incident reviews and that she has not noticed any trends over the previous year. The PCM stated that after the report is submitted she would review and determine if any follow-up is needed.

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, pages 22-23 state 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 two sexual abuse incident reviews indicated that a section exists for recommendations and corrective action. Neither of the sexual abuse incident reviews completed included any recommendations or corrective action.

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

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>

Documents:

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

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. 103 DOC 519, page 23 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 PREA Annual Report confirmed that aggregated data is compared for the two prior years and is broken down by incident types and outcome 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 23 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 PREA Annual Report confirmed that aggregated data is compared for the two prior years and is broken down by incident types and outcome 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 23 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 this standard is not applicable as the agency does not contract with private facilities for the confinement of its inmates. 103 DOC 519, page 23 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 PREA 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 23 states that upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.

Based on a review of the PAQ, 103 DOC 519 and PREA Annual Reports, this standard appears to be compliant.

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 367 300">Documents:</p> <ol data-bbox="240 327 986 472" style="list-style-type: none"> <li data-bbox="240 327 536 356">1. Pre-Audit Questionnaire</li> <li data-bbox="240 383 986 412">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li data-bbox="240 439 517 468">3. PREA Annual Reports</li> </ol> <p data-bbox="240 557 354 586">Interviews:</p> <ol data-bbox="240 613 758 759" style="list-style-type: none"> <li data-bbox="240 613 711 642">1. Interview with the Agency Head Designee</li> <li data-bbox="240 669 660 698">2. Interview with the PREA Coordinator</li> <li data-bbox="240 725 758 754">3. Interview with the PREA Compliance Manager</li> </ol> <p data-bbox="240 844 483 873">Findings (By Provision):</p> <p data-bbox="240 958 1493 1856">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 23-24 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, corrective action for the year, resolved problem areas for the prior year and a Department assessment. The interview with the Agency Head Designee indicated that the agency collects accurate uniform data for every allegation of sexual abuse and sexual harassment through the PREA database. He stated the agency would look at any problem areas through the sexual abuse incident review data to determine if incidents could have been prevented or what corrective action needs to be implemented in order to prevent an incident in the future. The Agency Head Designee stated that the information is reviewed in real time and corrective action is taken on an ongoing basis. The PC confirmed that the agency aggregates sexual abuse data and that it is securely retained. He stated that they have a PREA database where they track allegations and they also recently purchased a new software application that gathers and aggregates data on the current inmate population. He stated that the data is backed up on servers and that the servers are very well protected from intrusion. He confirmed that if there is an issue identified from data collection and review that they would address the issue through corrective action immediately. He confirmed that corrective action is completed on an ongoing basis and they would not let issue sit. The PC stated that the agency completes an annual report which is provided to the Commissioner. He stated the report contains information on corrective action and it is published on the agency's website. The interview with the PCM indicated that the facility data is provided on an annual basis and that they conduct a PREA assessment to determine the use of cameras and any discrepancies of any cases. She stated they provide this information to the PC for review and to utilize in the agency's data and corrective action plan.</p> <p data-bbox="240 1944 1493 2139">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 24 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, corrective</p>

action for the year, resolved problem areas for the prior year and a 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. The PAQ did not indicate if the annual reports are approved by the Agency Head but further communication with the PC indicated this should have been marked yes. 103 DOC 519, page 24 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 the PREA Coordinator completes the annual report and it is submitted to the Agency Head for review. He stated the Agency Head will review it and sign off on it and then the report is posted to the website. A review of the website ([https://www.mass.gov/lists/prea-reports#annual-reports-](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. The PAQ stated that the agency does not indicate the nature of material redacted because the PREA Annual Reports do not contain any redactions. 103 DOC 519, page 24 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 PREA 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. The interview with the PC confirmed that the agency would redact any information that is considered a security threat and any personal information such as names or numbers. He stated there would be an explanation of why the information was redacted. The PC stated that while they would redact, the annual report does not contain any information that would need redacted. He stated the report contains only numbers, data and non-specifically identifiable 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.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 367 300">Documents:</p> <ol data-bbox="242 327 986 528" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Massachusetts Statewide Record Retention Schedule</li> <li>4. PREA Annual Reports</li> </ol> <p data-bbox="242 613 352 642">Interviews:</p> <ol data-bbox="242 669 660 698" style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p data-bbox="242 784 483 813">Findings (By Provision):</p> <p data-bbox="242 898 1477 1061">115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 103 DOC 519, page 24 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 PC stated that the sexual abuse and sexual harassment data is backed up on servers and that the servers are very well protected from intrusion. He confirmed that the data is securely retained.</p> <p data-bbox="242 1146 1490 1377">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, page 24 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 (<a href="https://www.mass.gov/lists/prea-reports#annual-reports-">https://www.mass.gov/lists/prea-reports#annual-reports-</a>) confirmed that the current PREA Annual Report, which includes aggregated data, is available to the public online.</p> <p data-bbox="242 1462 1484 1559">115.89 (c): 103 DOC 519, page 24 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.</p> <p data-bbox="242 1644 1477 1776">115.89 (d): 103 DOC 519, page 24 states 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 PREA Annual Reports indicated that aggregated data is available from 2013 to present.</p> <p data-bbox="242 1861 1441 1924">Based on a review of the PAQ, 103 DOC 519, the Records Retention Schedule, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 324">Findings (By Provision):</p> <p data-bbox="231 324 1508 481">115.401 (a): The facility is part of the Massachusetts Department of Correction. A review of the audit schedule and audit reports on the agency's website indicates that at least one third of the agency's facilities are audited each year.</p> <p data-bbox="231 481 1508 638">115.401 (b): The facility is part of the Massachusetts Department of Correction. A review of the audit schedule and audit reports on the agency's website indicates that at least one third of the agency's facilities are audited each year. The facility is being audited in the third year of the three-year cycle.</p> <p data-bbox="231 638 1508 992">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 retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates. The facility provided the auditor with photos of the audit announcement as well as an assurance memo indicating that the audit announcement was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the auditor observed the audit announcement posted in housing units and common areas in bright pink and green paper. In formal conversation with inmates confirmed that the audit announcements were posted over a month ago. The auditor confirmed the audit announcements posted were the same ones that were sent to the agency to post by the auditor.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on April 22-24, 2019. The final audit report is publicly available via the agency website. Additionally, facilities were audited during the three year audit cycle and reports are available online at <a href="https://www.mass.gov/lists/prea-reports">https://www.mass.gov/lists/prea-reports</a>. A list of all MADOC facilities is available online and a cross reference of facilities with the audit reports confirms compliance with this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</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.)	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.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</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
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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
	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: transgender 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
	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: intersex 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
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
	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

<b>115.43 (b)</b>	<b>Protective Custody</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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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, there has never been a Final Audit Report issued.)	yes