

PREA Facility Audit Report: Final

Name of Facility: Massachusetts Treatment Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/10/2023

Date Final Report Submitted: 10/11/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 10/11/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	04/26/2023
End Date of On-Site Audit:	04/27/2023

FACILITY INFORMATION	
Facility name:	Massachusetts Treatment Center
Facility physical address:	30 Admin Road, Bridgewater, Massachusetts - 02324
Facility mailing address:	

Primary Contact	
Name:	Victor Correia
Email Address:	Victor.Correia@doc.state.ma.us
Telephone Number:	508-279-8111

Warden/Jail Administrator/Sheriff/Director	
Name:	Victor Correia
Email Address:	Victor.Correia@doc.state.ma.us
Telephone Number:	5082798111

Facility PREA Compliance Manager	
Name:	Jaileen Hopkins
Email Address:	jaileen.hopkins@doc.state.ma.us
Telephone Number:	O: 508-279-8413

Facility Health Service Administrator On-site	
Name:	Chantell Baptista
Email Address:	ChBaptista@wellpath.us
Telephone Number:	508-279-8100

Facility Characteristics	
Designed facility capacity:	680
Current population of facility:	519
Average daily population for the past 12 months:	549
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	23-83
Facility security levels/inmate custody levels:	4 / Medium Security
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	248
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	86
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Carol Mici
Email Address:	Carol.Mici@doc.state.ma.us
Telephone Number:	508-422-3300

Agency-Wide PREA Coordinator Information

Name:	Russell Caissie	Email Address:	russell.caissie@doc.state.ma.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

0	
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Number of standards met:

45	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-26
2. End date of the onsite portion of the audit:	2023-04-27

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:	JDI and BARCC

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	680
15. Average daily population for the past 12 months:	549
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	513
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:	32
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:	21
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:	2
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:	76
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:	14
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:	6

<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>9</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>10</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>21</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>
<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):</p>	<p>The facility does not track lesbian, gay and bisexual inmates. The facility had staff identify a few known by staff in order to complete interviews and documentation review.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>248</p>
<p>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:</p>	<p>7</p>

<p>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:</p>	<p>226</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>At least one random inmate was selected from each of the housing units. The following inmates were selected from the housing units: three from A1 unit; two from A2 unit; three from B1 unit; three from B2 unit; two from BAU unit, three from D1 unit; four from D2 unit; two from S1 unit; three from S2 unit; two from N1 unit and four from N2 unit.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	<p>26 of the inmates interviewed were male and five were transgender female. Three of the inmates interviewed were black, fifteen were white, six were Hispanic and seven were another race/ethnicity. The ages of the inmates interviewed were broken into categories; zero were under eighteen, zero were eighteen to 25; nine were 26-35, seven were 36-45, two were 46-55 and thirteen were over 55. Twelve of the inmates interviewed were at the facility less than a year, twelve were at the facility between a year and five years, two were at the facility between six and ten years, two were at the facility between eleven to fifteen years and three were at the facility longer than sixteen years.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
<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>	
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor handbook only requires one inmate from the physical, hearing and vision disability category. The auditor selected an inmate with a hearing impairment.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>The auditor handbook only requires one inmate from the physical, hearing and vision disability category. The auditor selected an inmate with a hearing impairment.</p>
<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:</p>	<p>1</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>5</p>
<p>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:</p>	<p>4</p>

<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed housing assignments for high risk inmates and inmates who reported sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race, gender and ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>The facility has three shifts; six staff were interviewed from the 7am-3pm shift; four were from the 3pm-11pm shift and four were from the 11pm-7am shift. With regard to the demographics of the random staff interviewed, all fourteen were male; three were black and eleven were white. With regard to rank of those security staff interviewed, nine were Correctional Officers, two were Sergeants, one was a Lieutenants and two were Captains.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>26</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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.

84. Did you have access to all areas of the facility?	<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:

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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).

The on-site portion of the audit was conducted on April 26-27, 2023. 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 26, 2023. The tour included all areas associated with the facility to include; housing units, laundry, intake, visitation, chapel, education, maintenance, food service, health services, recreation, industries, front entrance 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.

The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as painted speed dial numbers. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters were on housing unit entrance doors, on housing unit bulletin boards and on walls throughout work, program and common areas. The PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The IPS hotline number was also observed to be painted in each housing unit near the phones. The phone number font appeared to be adequate for vision impaired inmates. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. It should be noted that the BARCC number had a "*" prior to the speed dial number. When the auditor tested the BARCC

number it was determined that it was not functional when using the "*" before the number. The facility immediately corrected the issue by painting over all the "*". Additionally, the facility updated the phone number lists posted by the phones and in common areas by removing the "*" for the BARCC number. The auditor observed these changes and was also provided photos as confirmation of the changes. Information conversation with the inmates indicated that the posted PREA information has always been up and it is on their ID cards. Informal conversation with staff further confirmed that the PREA information has been up for quite a while.

Third party reporting information was observed in the visitation area and in the front lobby via the PREA Poster. The PREA Poster was observed in English and Spanish on legal size paper and included information on the PREA hotline number.

During the tour the auditor confirmed that facility follows the staffing plan. There was at least one staff member assigned to each housing unit and numerous other staff were observed in work, program and common areas, either assigned or conducting rounds. The auditor confirmed that staffing was adequate based on facility type and physical plant. The auditor did not observe any overcrowding issues. Additionally, the auditor observed adequate lines of sight once in the housing unit areas. During the tour the auditor observed a blind spot in maintenance. The facility immediately corrected the issue and added a mirror to the alleviate the blind spot. Photos of the mirror and placement were provided to the auditor as confirmation. The auditor observed video monitoring technology in housing areas and common areas. Cameras are monitored by the staff in central control. IPS, SSI, Shift Commanders and Administrative staff are also able to access the cameras. Further, the staff in

segregated housing are able to view the cameras in their specific area. The auditor confirmed that cameras were utilized to supplement staffing and assisted with supervision and monitoring through coverage of blind spots and high traffic areas.

With regard to cross gender viewing, the auditor confirmed that housing units provide privacy through curtains, solid doors and doors with small security windows. The auditor observed strip search areas and confirmed no cross gender viewing issues. Strip searches for visitation are conducted in a room with a solid door. Intake strip searches are conducted in a room with open bar stock which is out of view of staff. Strip searches in segregated housing are done in an enclosed area in the dayroom with an accordion style privacy barrier. A review of the video monitoring system confirmed that none of the cameras in the general population housing areas and strip search areas caused any cross gender viewing issues. The auditor did observe cross gender viewing issues though in two medical observation cells and two segregated housing unit observation cells. All cells were equipped with a camera and showed all areas of the cell, including the toilet. During the tour the auditor heard the opposite gender announcement each time the audit team entered the inmate housing units, with the exception of one unit where a female staff member was already assigned. The announcement was made in English upon entry into each housing unit. The announcement was made verbally and over the loudspeaker. Informal conversation with inmates confirmed that they have privacy in the restroom and shower areas and that female staff announce when they come into the housing areas. Informal conversation with staff further confirmed that an announcement is made when female staff enter the housing areas and inmates have privacy when showering, using the restroom and changing clothes.

Inmate medical and mental health records are paper and electronic. Paper records are maintained in the therapy suite and are all old records. This area is staffed during normal business hours and when not staffed the door is secure with access limited only to Wellpath (medical and mental health care) staff. Electronic records are maintained in the electronic system (ERMA). Electronic records are accessible to Wellpath staff, DOC health services staff and legal staff. Correctional staff do not have access to the ERMA system. During the tour the auditor had a security staff member pull up the risk screening information. The auditor confirmed that correctional staff at all levels had access to the risk screening information, including the inmate responses. During the interim report period the agency corrected the access issue. The agency provided an initial IT ticket requesting that access to the Housing Risk Assessment screen or corresponding reports be limited to specific profiles. The ticket included the list of profiles that can request access and noted that the basic security profile should not have access. The auditor confirmed the profiles listed for access were those that complete the Housing Risk Assessment or those with a need to know for security and management purposes. The auditor was provided a second IT ticket that confirmed that MTC requested access for six staff at the facility. Investigative files are maintained by SSI and IPS in their respective offices. Additionally, investigations are maintained in the PREA database, which has limited access and must be requested through the PREA unit.

The auditor observed the mail process and spoke with the mailroom staff. The common areas had locked boxes where mail is placed. Additionally, the mailroom staff makes daily rounds in each unit to collect any outgoing mail. The staff stated that she goes around with a cart and collects inmate mail. She

stated she puts it in the locked box. The mail room staff stated she stamps the outgoing mail and that it is sealed before she receives it . She confirmed the facility does not open outgoing mail. She stated she just checks to make sure name, number and address is on the mail. With regard to incoming mail the mail room staff stated she gets the mail from the Post Office and sort through it to determine whether it is regular, legal or privileged. She indicated that she opens each envelope, removes the stamp and other items but she does not read the mail. She stated if there is anything suspicious she provides the mail to IPS. The mail room staff further stated that legal and privileged mail is given to IPS. IPS will then call the inmate to come down for legal/privileged mail and the inmate will open it in front of IPS and log the number of pages. The mailroom staff stated that mail to and from MSP is treated as legal/privileged and mail to and from BARCC would be processed as regular mail.

The auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the Inmate Orientation Handbook. The Inmate Orientation Handbook is available in both English and Spanish. The Inmate Orientation Handbook includes information on the zero tolerance policy, method of reporting (including the external entity), victim advocacy contact information, way to avoid becoming a victim and policies and procedures after a report of sexual abuse.

The auditor was provided a demonstration of the initial risk assessment and reassessment. Both risk assessments are completed in person in a one-on-one office setting. The initial risk screening is completed by booking staff and medical staff. Booking staff complete part of the initial risk assessment and most of the information is already prepopulated in the electronic system. The booking staff indicated he asks inmates

questions such as: if it is their first incarceration; if they have any convictions for a sex offense; if they have an exclusively non-violent criminal history; history of protective custody placements, prior sexual abuse on others, domestic violence history, gang affiliation, history of violent offenses and extortion or other assault on others. The staff stated most of this information is already in the system but he asks the inmate anyway. The booking staff stated he utilizes what the inmate says related to the responses unless there is information in the system that proves otherwise. The medical staff complete the second part of the initial risk screening in ERMA. The information is then transferred to the inmate management system. The medical staff indicated she asks: if the inmate was ever a victim of sexual abuse in prison, history of victimization in the community, disabilities, perception of vulnerability, gender identity and sexual preference. The auditor was also provided a demonstration of the reassessment process. Classification staff complete a portion of the reassessment and mental health complete the other portion. Classification staff review the inmates file and update the risk screening related to anything in the file such as new charges. The mental health staff complete the same process as medical staff (initial risk screening process) and ask the inmate about history of victimization (in prison and in the community), disabilities, perception of vulnerability, gender identity and sexual preference.

The auditor tested the PREA hotline during the tour from the housing unit phones. 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 the facility and the PC. Inmates have access to the phones during daytime hours. The auditor also called the IPS hotline during the tour. The auditor left a message on April 26,

2023. On April 27, 2023 the auditor was provided an email from IPS to the PCM confirming that a voicemail was received on the IPS hotline from the auditor. Additionally, the auditor tested the written reporting mechanism via a kite. The auditor submitted a kite via the medical box in the common area by food services on April 26, 2023. The auditor was provided a copy of the kite on April 27, 2023 confirming medical received it on April 26, 2023 by the 3-11 shift medical staff. The medical staff forwarded it to the PCM to handle.

The auditor tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Inmate Handbook. The auditor sent a letter on April 27, 2023 to MSP related to how they would handle an allegation of sexual abuse and whether inmates can remain anonymous. The auditor provided contact information for the MSP to respond. On May 19, 2023 the auditor received an email from the PREA Coordinator for the MSP. He provided a scanned copy of the letter and advised if it was a PREA complaint he would coordinate with the MADOC PC for investigation. He confirmed that inmates may remain anonymous upon request.

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 advised they would complete a confidential incident report electronically from any of the facility computers. The staff advised when you mark confidential, the incident report bypasses any other supervisors and goes directly to the Warden. Staff confirmed all verbal reports would be documented in a confidential incident report.

The auditor tested the third party reporting

mechanism via the agency website. The auditor submitted the online form on April 27, 2023. The PC provided email confirmation on the same date that the online form was received. The PC indicated it would be forwarded for investigation if it was a sexual abuse or sexual harassment allegation.

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 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 reached a live person who 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 and a pin number is not required.

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 in the intake housing unit dayroom/ classroom or the therapy room. Inmates view the general agency orientation video which includes information on PREA. The auditor observed that the video is English with Spanish subtitles. The video is shown on a 36 inch television with built in speakers. A review of the video confirms that it has PREA information including: zero tolerance, rights under PREA, reporting mechanisms (including MSP), BARCC information and steps after a report in (including medical and mental health and investigation). Additionally, the facility has the PREA What You Need to Know video that is shown as well. The PREA What You Need to Know video is available in English and Spanish. After the video staff ask if there are any questions and they sign the orientation paperwork.

During inmate interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge) for two 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 interviews with the LEP inmates through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to inmates through a staff member. Additionally, the auditor utilized a staff translator for the LEP Portuguese speaking inmate.

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.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

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.

Personnel and Training Files. The auditor reviewed a sample of 39 personnel and/or training records that included four staff individuals hired within the previous twelve months, two staff that were promoted in the previous twelve months, three contractors hired in the previous twelve months and seven staff and contractors that were hired over five years. Additionally, the sample include eight total contractors, three volunteers and six medical and mental health care staff.

Inmate Files. A total of 41 inmate files were reviewed. Sixteen inmate files were of those that arrived within the previous twelve months, six were disabled inmates, six were LEP inmates, five were transgender inmates and seven were inmates who reported prior victimization during the risk screening or were identified with prior abusiveness during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documents for the eleven inmate victims of the sexual abuse and sexual harassment investigations reviewed. The auditor also reviewed mental health documents for seven inmates who disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Grievances. In the previous year, the facility had zero sexual abuse grievances filed. The auditor reviewed the grievance log from the previous twelve months and a sample of grievances to confirm that no sexual abuse grievances were filed.

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 sexual abuse allegations reported through the hotline.

Incident Reports. The auditor reviewed incident reports for the eleven reported allegations as well as a sample of incident reports from the previous twelve months to confirm no additional sexual abuse allegations were reported.

Investigation Files. During the previous twelve months, there were fourteen allegations of sexual abuse or sexual harassment reported. All fourteen had a completed administrative investigation. Two allegations were substantiated but were not criminal in nature and as such there were zero criminal investigations completed. The auditor reviewed eleven sexual abuse and sexual harassment investigations.

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
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	10	0	10	0

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
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	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	0	0	0	0	0
Total	0	0	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	5	3	1
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	6	3	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
Total	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	0	3	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	1

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
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<p>99. Did your selection of SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT 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>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed an investigation that was originally coded as sexual abuse or sexual harassment but was deemed not to rise of the level of sexual abuse or sexual harassment per the definition. This was the eleventh investigation reviewed. The facility did not have any criminal investigation completed and as such none were reviewed. The facility also did not have any staff sexual harassment investigations and as such none were reviewed.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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. Management Questionnaire
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 PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it

operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. The agency has a comprehensive PREA policy, 103 DOC 519. Page 6 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 19-20 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 outline 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 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 was blank but further communication 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 Management Questionnaire and 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 ensures that all investigations are thoroughly investigated and that staff are available for rounds. She indicated she checks the phones and ensures the PREA hotline number is working and she makes sure PREA signage is up. The PCM further stated she checks to make sure PREA is discussed during orientation and she manages the risk assessments. The PCM indicated if she identifies an issue complying with a PREA standard she would coordinate efforts to alleviate the issue and take any necessary corrective action.

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 management questionnaire, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. Contracts with Other State Department of Corrections

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 are 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 are 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. The staff stated that they utilize the Department of Justice (DOJ) website to ensure that the states they house inmates in have completed the required PREA audits and submitted the Governor's Assurance information. The staff indicated if the documentation is not available on the DOJ website they reach out to that specific state to get the information. The staff further confirmed that all states that currently house MADOC inmates have completed the required PREA audits over the last audit cycle.

	Based on the review of the PAQ, contracts with other state agencies and information from the interview with the Agency Contract Administrator, indicate that this standard appears to be compliant.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 550 inmates. The facility employs 248 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, as well as other intermediate level supervisors. Correctional Officer are assigned throughout the facility including in each housing unit, work areas, program areas and common areas. 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 was at least one staff member assigned to each housing unit and numerous other staff were observed in work, program and common areas, either assigned or conducting rounds. The auditor confirmed that staffing was adequate based on facility type and physical plant. The auditor did not observe any overcrowding issues. Additionally, the auditor observed adequate lines of sight once in the housing unit areas. During the tour the auditor observed a blind spot in maintenance. The facility immediately corrected the issue and added a mirror to the alleviate the blind spot. Photos of the mirror and placement were provided to the auditor as confirmation. The auditor observed video monitoring technology in housing areas and common areas. Cameras are monitored by the staff in central control. IPS,

SSI, Shift Commanders and Administrative staff are also able to access the cameras. Further, the staff in segregated housing are able to view the cameras in their specific area. The auditor confirmed that cameras were utilized to supplement staffing and assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Informal conversation with staff confirmed that staffing levels are adequate and the levels during the audit were typical. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides for adequate levels to protect inmates from sexual abuse. The Warden indicated the facility has supervisors who supervise line staff and each housing unit has a Correctional Officer assigned. He stated supervisors are then assigned to sectors of the building and that round are done every half hour to an hour, depending on the population. The Warden stated the facility hires overtime to fill any vacancies. He confirmed that video monitoring is part of the staffing plan and it's used as a supplement. The Warden confirmed the staffing plan is documented and it is managed daily via the three daily shift rosters. He indicated staffing levels are looked at and compared to the allotted shift posts, which is reviewed and analyzed annually. He stated the facility identifies how many staff are needed per housing unit based on physical plant. He also stated there are supervisors on all shifts and day shift numbers are higher because 90 percent of programming, movement and court occurs then. He further stated that they check for compliance annually and also daily through the roster review. He indicated the Captain identifies any vacancies the day before and fills them through overtime. He stated they hold over any staff from the prior shift if needed. He stated they are constantly assessing the staffing rosters. The Warden confirmed all required elements under this provision are included in the staffing plan development and review. The PCM confirmed that all requirements under this provision are considered when creating and modifying the staffing plan. She stated they look at staffing based on custody level and inmate type. She stated the segregated housing unit has additional staff due to custody level and the two day shifts have additional staff due to having to deal with movement, programs, etc.

115.13 (b): 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. 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 Warden stated that any deviations from the staffing plan would be documented on the daily shift roster. He stated that they typically fill any vacancies through overtime, either voluntary or mandatory. The Warden indicated the Captain documents all information on the record of change on the back of the shift roster. The auditor requested documentation to confirm that there have not been deviations from the staffing plan, however at the issuance of the interim report the documents had no yet been received.

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. Further 103 DOC 419, page 13 states at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of their institution in accordance with Attachment IV. Consideration shall be given to past PREA events, staffing plans, 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 copy of the PREA Safety Assessment shall be submitted to the Department's PREA Coordinator for review no later than the last working day of March. The staffing plan was most recently reviewed on January 11, 2023 by the Superintendent. 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 February 15, 2022 and February 21, 2021. The reviews were completed by the Superintendent. 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 one two shifts on one date in 2021 and one date in 2022. Informal conversation with staff confirmed that they make rounds once an hour and that they see a supervisor at least once a shift. Informal conversation with inmates indicated staff make rounds all day, usually every 30 minutes and that the supervisors come at least once a day,

usually more. 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 log books. Both staff indicated that they ensure staff don't notify one another about the rounds by staggering rounds, not completing them in a pattern and by not starting in the same units or going the same route. The auditor requested documentation for six random days to review unannounced rounds on all three shifts. The facility provided documentation for these rounds, however after review there were several areas that were unaccounted for related to rounds. The auditor requested additional documentation however at the issuance of the interim report the documentation had not yet been received.

Based on a review of the PAQ, 103 DOC 510, 103 DOC 512, Post Order 1, the staffing plan, the staffing plan development narrative, annual staffing reviews, daily staffing rosters, 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. The auditor requested documentation to confirm that there have not been deviations from the staffing plan, however at the issuance of the interim report the documents had not yet been received. While the facility had annual staffing plan reviews, none of the reviews provided including the PC. The auditor requested documentation for six random days to review unannounced rounds on all three shifts. The facility provided documentation for these rounds, however after review there were several areas that were unaccounted for related to rounds. The auditor requested additional documentation however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the originally requested documentation for deviations from the staffing plan. The facility will need to provide the annual staffing plan reviews with the PC signature and input. Further the facility will need to provide the auditor with additional documentation requested related to the missing documents for unannounced rounds.

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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Deviations From the Staffing Plan Documentation 2. Staffing Plan Review 3. Unannounced Rounds <p>The facility provided the originally requested documentation related to deviations from the staffing plan. The auditor confirmed through a review of the daily staffing rosters that there have been no deviations from the staffing plan. All posts have been filled through overtime.</p> <p>The facility provided the requested annual staffing plan review. It was completed on March 3, 2023 and included consultation with the PC.</p> <p>The facility provided the originally requested documentation for unannounced rounds. The documentation confirmed that unannounced rounds were made in all housing units across all shifts on the date selected or a day in the same week as the date selected.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy 3. Massachusetts State Law

	<p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful inmates are or were housed at the facility 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.</p> <p>115.14 (b): The PAQ indicated that no youthful inmates are or were housed at the facility 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.</p> <p>115.14 (c): The PAQ indicated that no youthful inmates are or were housed at the facility 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.</p> <p>Based on a review of the PAQ, 103 DOC 519 and Massachusetts State Law this standard appears to be not applicable and as such compliant.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 25 searches of this kind in the previous twelve months and none involved exigent circumstances. Further communication with the PCM indicated that there were 25 searches of transgender female inmates by female staff. Further clarification indicated that the inmates were searched by their gender preference and as such there were zero cross gender strip and cross gender visual body cavity searches related to transgender 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. The facility does not house cisgender female inmates, however they do house transgender females. Searches of male inmates are done by male staff and searches of transgender inmates are done by staff of the inmate's preference (identified on their ID card). Interviews with five transgender inmates confirmed all five are searched based on their preference and they have not been searched by a staff member opposite of their preference.

115.15 (b): The PAQ indicated that the facility does not house female inmates and therefore this provision of the standard does not apply. The PAQ stated the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated there were zero female inmates that were pat

searched by male staff. 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. Interviews with five transgender inmates indicated that they had never been restricted from going anywhere because there was not a female to do a pat search. Interviews with fourteen random staff confirmed all fourteen were unaware of a time that a transgender inmate was prohibited from going somewhere in order to comply with this provision.

115.15 (c): The PAQ indicated that facility policy does not require all cross gender strip searches and all cross gender visual body cavity searches be documented. Further communication with the PCM indicated that transgender inmates are searched based on their preference and these searches are not documented. After conversation with the auditor the PCM indicated that based on conversation this should be marked no, as transgender inmates are searched based on their preference which would not constitute a cross gender search. 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. All five transgender inmates interviewed 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. With regard to cross gender viewing, the auditor confirmed that housing units provide privacy through curtains, solid doors and doors with small security windows. The auditor observed strip search areas and confirmed no cross gender viewing issues. Strip searches for visitation are conducted in a room with a solid door. Intake strip searches are conducted in a room with open bar stock which is out of view of staff. Strip searches in segregated housing are done in an enclosed area in the dayroom with an accordion style privacy barrier. A review of the video monitoring system confirmed that none of the cameras in the general population housing areas and strip search areas caused any cross gender viewing issues. The auditor did observe cross gender viewing issues though in two medical observation cells and two segregated housing unit observation cells. All cells were equipped with a camera and showed all areas of the cell, including the toilet. During the tour the auditor heard the opposite gender announcement each time the audit team entered the inmate housing units, with the exception of one unit where a female staff member was already assigned. The announcement was made in English upon entry into each housing unit. The announcement was made verbally and over the loudspeaker. Informal conversation with inmates confirmed that they have privacy in the restroom and shower areas and that female staff announce when they come into the housing areas. Informal conversation with staff further confirmed that an announcement is made when female staff enter the housing areas and inmates have privacy when showering, using the restroom and changing clothes. The interviews with fourteen random staff confirmed that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all fourteen stated that staff of the opposite gender announce when entering housing units. Interviews with 31 inmates indicated that 29 have privacy when showering, using the restroom and changing their clothes. Additionally, 27 of the 31 inmates stated that opposite gender staff announce when entering housing units. It should be noted that the three inmates who stated the announcement is not made were LEP inmates, indicating the announcement is inadequate for LEP inmates.

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 fourteen staff indicated eleven 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 five transgender

inmates indicated that none 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 fourteen staff indicated that all fourteen 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 search training.

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. The auditor did observe cross gender viewing issues though in two medical observation cells and two segregated housing unit observation cells. All cells were equipped with a camera and showed all areas of the cell, including the toilet.

Corrective Action

The facility will need to make appropriate modification to cameras in the four observation cell. Photos of the modifications will need to be provided to the auditor.

Recommendation

The auditor highly recommends that the facility add the PREA Resource Center's

	<p>video on cross gender searches and searches of transgender inmates to their training curriculum. While all staff are trained on how to conduct male and female searches and transgender inmates are able to identify their search preference, it would be best practice to also utilize the video for additional training on professionalism during these searches. Further, many staff received the search training in the academy which could have been prior to the release of the standards and as such policy, procedure and practice has changed over the years related to these searches.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Modifications to Video Monitoring Technology <p>The facility provided photos confirming that a gray box was placed over the toilet area of the video monitoring technology in the medical observation cells and the segregated housing observation cells. The auditor confirmed that this provided adequate privacy.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 Handbook
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 LEP and Disabled Inmates
3. 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 Handbook, 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. Pages 4-5 of the Inmate Orientation Handbook outline information related telecommunications services and the Americans with Disabilities Act. A review of documentation confirmed that staff received training 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 Handbook) 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 two disabled inmates indicated both were provided PREA information in a format that they could understand. A review of documentation indicated that all six disabled inmates signed that they received PREA information in a format they understand. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as painted speed dial numbers. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters were on housing unit entrance doors, on housing unit bulletin boards and on walls throughout work, program and common areas. The PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The IPS hotline number was also observed to be painted in each housing unit near the phones. The phone number font appeared to be adequate for vision impaired inmates. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. Informal conversation with the inmates indicated that the posted PREA information has always been up and it is on their ID cards. Informal conversation with staff further confirmed that the PREA information has been up for quite a while.

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 investigations. Page 4 of the Inmate Orientation Handbook informs inmates the Department of Correction is currently using Lionbridge to provide over-the-phone interpretation, twenty- four (24) hours a day, seven (7) days a week. This service can provide translation of three-hundred and forty (340) different languages to any non-English speaking inmate. This service will be used by speaker telephones in the following areas: Booking and Admissions, IPS Office, HSU, Classification Boards, 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 will be utilized. A review of the Lionbridge 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 Handbook, Protecting Yourself from Sexual Assault Brochure and PREA Posters confirmed that PREA information is available in English and Spanish. During inmate interviews the auditor tested the accessibility of the language interpretation service (Lionbridge) for two 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 interviews with the LEP inmates through translation of information by the interpreter over the speaker phone. Interpretation services are only accessible to inmates through a staff member. Additionally, the auditor utilized a staff translator for the LEP Portuguese speaking inmate. Interviews with three LEP inmates indicated one was provided PREA information in a format that they could understand. The one inmate who indicated he understood stated he only saw the signs but they were in Spanish. A review of six LEP inmate records indicated all six signed an acknowledgement that they received information in a format they could understand, however the acknowledgement were all in English. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as painted speed dial numbers. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters were on housing unit entrance doors, on housing unit bulletin boards and on walls throughout work, program and common areas. The PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The IPS hotline number was also observed to be

painted in each housing unit near the phones. The phone number font appeared to be adequate for vision impaired inmates. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. Informal conversation with the inmates indicated that the posted PREA information has always been up and it is on their ID cards. Informal conversation with staff further confirmed that the PREA information has been up for quite a while. During the tour the auditor observed the opposite gender announcement was made in English only. 27 of the 31 inmates stated that opposite gender staff announce when entering housing units. It should be noted that the three inmates who stated the announcement is not made were LEP inmates, indicating the announcement is inadequate for LEP inmates.

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. The PAQ further indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. 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 expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fourteen random staff indicated that ten were aware of a policy prohibiting the use of inmate interpreters, readers and assistants for sexual abuse allegations. Interviews with two disabled inmates and three LEP inmates indicated none advised they ever had another inmate assist with translation or interpretation for a sexual abuse.

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 Handbook, PREA Posters, the staff translator list, the Lionbridge user's guide, the staff training documents, observations made during the tour to include the PREA signage, the auditor's use of Lionbridge, as well as interviews with the Agency Head Designee, random staff and LEP and disabled inmates indicates that this standard appears to require corrective action. During the tour the auditor observed the opposite gender announcement was made in English only. 27 of the 31 inmates stated that opposite gender staff announce when entering housing units. It should be noted that the three inmates who stated the announcement is not made were LEP inmates, indicating the announcement is inadequate for LEP inmates.

Corrective Action

The facility will need to establish a way for LEP inmates to understand the cross gender announcement. A process memo will need to be provided as well as training records for the LEP inmates.

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 103 DOC 401 - Booking and Admissions
2. Staff Training Documents
3. Documentation of Translated Information for LEP Inmates

The facility provided updated language for 103 DOC 401 which states on page 9 that the male/female announcement is to be translated to LEP staff so that they understand what the English verbiage means when announced. Appropriate staff (booking) were provided training on the updated policy on September 27, 2023.

The facility provided documentation confirming that the opposite gender announcement information was translated for the LEP inmates.

Based on the documentation provided the facility has corrected this standard and as such 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?". The auditor requested documentation for four newly hired staff and three newly hired contractors. At the issuance of the interim report the necessary documentation was not yet received.

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. Further communication with the PCM indicated all 24 individuals had a background check completed prior to hire. 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. The auditor requested documentation for four newly hired staff, however at the issuance of the interim report the documentation had not yet been received.

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 that all contractors have had a background check completed. Human Resource staff confirmed that all contractors have a criminal background records check completed prior to enlisting their services. The auditor requested documentation related to three contractors, however all necessary information was not provided prior to the issuance of the interim report.

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 for current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. 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. The auditor requested documentation related to three staff and four contractors employed longer than five years, however at the issuance of the interim report the documentation had not yet been received.

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?". 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. The auditor requested documentation related to PREA questions for four newly hired staff and two staff promoted within the previous twelve months, however at the issuance of the interim report the documentation had not yet been received.

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 require corrective action. The auditor requested documentation for four newly hired staff and three newly hired contractors. At the issuance of the interim report the necessary documentation was not yet received. The auditor requested documentation related to three staff and four contractors employed longer than five years, however at the issuance of the interim report the documentation had not yet been received. The auditor requested documentation related to PREA questions for four newly hired staff and two staff promoted within the previous twelve months, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation related to criminal record background checks, prior institutional checks and PREA questions in order for the auditor to determine if further corrective action is needed.

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. Staff Background Documents
2. Contractor Background Documents
3. Training Memorandum Related to Five Year Criminal Background Record Checks
4. Process Memorandum Related to Five Year Criminal Background Record Checks
5. List of Staff and Contractors and Date of Current Criminal Background Record Checks
6. Attachment X for New Hires and Promotions

The facility provided the originally requested personnel information for the new hires selected during the on-site portion of the audit. Documentation confirmed that the new hires had a criminal background records check completed prior to hire. Additionally, the facility provided the originally requested contractor personnel information. Two of the three had a criminal background records check completed prior to entry into the facility. One contractor was approved to shadow a medical staff member prior to the criminal background records check. The email provided from the agency indicated that this practice is no longer in place (shadowing prior to completion of a criminal background record check). The auditor requested additional medical contractor personnel information during the corrective action period to confirm that this is no longer the practice. The facility provided documentation for two medical contractors hired during the corrective action period. Both had a criminal background records check completed prior to enlisting their services.

The facility was unable to provide adequate documentation for the five year criminal background record checks for the staff and contractors. On September 13, 2023 the facility provided a process memo related to five year criminal background record checks for contractors. The memo stated that access to the criminal background database (CJIS) was provided to the PREA Division to assist with running criminal background record checks. The memo stated that the PREA Division and Human Resource staff will request rosters of contractors and staff with five or more years of employment and ensure criminal background record checks are completed. Additionally, the facility provided a training memo from Human Resource Staff and the PREA Division staff confirming their duties on five year criminal background records checks. The facility provide a list of staff and contractors and the date of their

	<p>last criminal background records check. The facility also provided a sample of records from the list to confirm the dates on the list were accurate. All current staff and contractors have a criminal background records check completed within the previous five years.</p> <p>The facility provided the Attachment X for new hires and those promoted. Those promoted were completed during the corrective action period and not prior to promotion. The facility provided the Attachment X for two staff hired during the corrective action period and two staff promoted during the corrective action period. All four staff completed the Attachment X prior to hire/enlisting services.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 703 - Design Criteria and Planning Guidelines 3. Facility Annual PREA Safety Assessments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. 103 DOC 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. During the tour the auditor confirmed there had not been any modifications to the existing facility. 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. The interview with the Warden confirmed there have not been any substantial expansions or modifications to the existing facility since the last PREA audit.

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 cameras were observed in housing, work, program and common areas. Cameras are monitored by the staff in central control. IPS, SSI, Shift Commanders and Administrative staff are

also able to access the cameras. Further, the staff in segregated housing are able to view the cameras in their specific area. The auditor confirmed that cameras were utilized to supplement staffing and assisted with supervision and monitoring through coverage of blind spots and high traffic areas. 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 have a PREA review process where they complete a vulnerability and surveillance assessment. He stated they also ask staff about blind spots or areas that are lacking and they also conduct rounds to look at areas related to vulnerabilities. The auditor requested documentation related to the video monitoring installation/upgrades, however at the issuance of the interim report the documentation had not yet been received.

Based on a review of the PAQ, 103 DOC 73, Facility Annual PREA Safety Assessments, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The auditor requested documentation related to the video monitoring installation/upgrades, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation.

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. Video Monitoring Technology Documentation

On June 12, 2023 the facility provided the originally requested documentation related to the update of video monitoring technology. Documentation illustrated that video monitoring was enhanced to supplement staffing and that the ability to protect

	<p>inmates from sexual abuse was considered in the installation of the video monitoring technology.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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. Affiliation Agreement with Boston Area Rape Crisis Center (BARCC) 6. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 7. A Guide to Your Rights as a Survivor of Sexual Assault Pamphlet 8. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Findings (By Provision):</p>

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. 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. Interviews with fourteen random staff indicated that all fourteen knew and understand the protocol for obtaining useable physical evidence. Additionally, all fourteen staff indicated that investigations would be completed by IPS, the Sexual Assault Investigator and/or the PCM.

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 all forensic medical examinations are performed at Beth Israel by SAFE/SANE. 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 was one forensic exams conducted in the previous twelve months by a SAFE/SANE. The PAQ further stated there were 30 examinations performed by qualified medical professionals. Further communication with the PCM indicated this was an error and that there were 30 (victim and perpetrator) medical examinations by facility staff, not forensic medical examinations. 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 and these efforts are documented. The PAQ further states that the facility provides a qualified staff member from a community based organization or a qualified agency staff member when a rape crisis center is not available to provide advocacy services. The agency utilizes BARCC to provide advocacy for all inmate victims of sexual abuse. The most recent agreement with BARCC was executed in 2021. The agreement states that that BARCC will provide 24-hour medical accompaniment for inmates transported to Beth Israel Deaconess Medical Center (BIDMC) emergency department for a forensic examination. BARCC will provide an advocate to meet a survivor and their transport team at BIDMC. The agreement further states that BARCC will provide advocates for incarcerated survivors going through an interview as a part of a PREA investigation. BARCC will provide an advocate to meet with an incarcerated survivor who has made a PREA report, and has requested an advocate be present for their investigational interview under the PREA standard 28 CFR 115.21(e). A review of documentation indicated all inmates are provided the "A Guide to Your Rights as a Survivor of Sexual Assault" Pamphlet upon report of sexual abuse. The Pamphlet goes over rights, including access to a sexual assault victim advocate. The Pamphlet provides numerous Rape Crisis Program contact information, including BARCC. Further medical and mental health care staff advise sexual abuse victims of BARCC services. The PCM confirmed that if requested by the inmate, a victim advocate would accompany him/her during the forensic medical examination and investigatory interviews and provide emotional support, crisis intervention, information and referrals. She stated Beth Israel would provide victim advocates for forensic medical examination via BARCC. The PCM further indicated that BARCC is the rape crisis center and the agency has an agreement with BARCC to provide services. The interviews with the inmates who reported sexual abuse indicated that two of the four were aware of BARCC and one was afforded the opportunity to contact the organization after reporting sexual abuse. While three inmates stated they did not contact anyone after their report, all three were provided the brochure and have access to BARCC anytime via the inmate phones or by requesting BARCC services through medical and mental health. Further, BARCC provides an orientation for all new intakes within MADOC, which details their services and how to access 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 inmate victims of sexual abuse. The most recent agreement with BARCC was executed in 2021. The agreement states that that BARCC will provide 24-hour medical accompaniment for inmates transported to Beth Israel Deaconess Medical Center (BIDMC) emergency department for a forensic examination. BARCC will provide an advocate to meet a survivor and their transport team at BIDMC. The agreement further states that BARCC will provide advocates for incarcerated survivors going through an interview as a part of a PREA investigation. BARCC will provide an advocate to meet with an incarcerated survivor who has made a PREA report, and has requested an advocate be present for their investigational interview under the PREA standard 28 CFR 115.21(e).). A review of documentation indicated all inmates are provided the "A Guide to Your Rights as a Survivor of Sexual Assault" Pamphlet upon report of sexual abuse. The Pamphlet goes over rights, including access to a sexual assault victim advocate. The Pamphlet provides numerous Rape Crisis Program contact information, including BARCC. Further medical and mental health care staff advise sexual abuse victims of BARCC services. The PCM confirmed that if requested by the inmate, a victim advocate would accompany him/her during the forensic medical examination and investigatory interviews and provide emotional support, crisis intervention, information and referrals. She stated Beth Israel would provide victim advocates for forensic medical examination via BARCC. The PCM further indicated that BARCC is the rape crisis center and the agency has an agreement with BARCC to provide services. The interviews with the inmates who reported sexual abuse indicated that two of the four were aware of BARCC and one was afforded the opportunity to contact the organization after reporting sexual abuse. While three inmates stated they did not contact anyone after their report, all three were provided the brochure and have access to BARCC anytime via the inmate phones or by requesting BARCC services through medical and mental health. Further, BARCC provides an orientation for all new intakes within MADOC, which details their services and how to access them.

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 an agreement 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

	<p>counseling training mandated by the Department of Health.</p> <p>Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, Response to Sexual Assault Incidents, the agreement with BARCC, the MOU with MSP and information from interviews with the random staff, the SAFE/SANE, the PREA Compliance Manager and the inmates who reported sexual abuse the facility appears to meet this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>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</p>

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 the 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 30 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and one resulted in an administrative investigation. The PAQ indicated all investigations were completed in the past twelve months. Further communication with the PCM indicated there were sixteen sexual abuse and sexual harassment allegations reported and all sixteen resulted in an administrative investigations. The PCM stated five were referred to outside law enforcement, however they did not initiate a criminal investigation for any of the referrals. A review of documentation indicated there were fourteen allegations reported from January 2022 to March 2023. A review of the ten sexual abuse and sexual harassment allegations confirmed all ten were referred for investigation. All ten had an administrative investigation completed and none of the ten had a criminal investigation completed. . It should be noted the auditor reviewed an eleventh investigation that was originally documented as sexual abuse or sexual harassment. Upon further review the allegation did not meet the definition of sexual abuse or sexual harassment and as such was not deemed PREA.

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 documentation indicated there were fourteen allegations reported from January 2022 to March 2023. None of the fourteen investigations were completed by an outside agency. Interviews with investigators confirmed that agency 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.

115.31	Employee training
	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) Basic 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 and how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates. The PAQ was marked no for how to comply with relevant laws related to mandatory reporting laws but further communication with the PCM indicated this was an error and staff are trained on mandatory reporting laws. 103 DOC 216, pages 10 states that all employees shall receive training on PREA. A review of the PREA Basic 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 fourteen random staff confirmed that all fourteen had received PREA training. Staff stated they receive training annually and it goes over steps to take, signs to look for and reporting mechanisms. All fourteen staff confirmed the required topics under this provision were covered in the training.

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 Basic 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 for fifteen staff indicated that thirteen had completed PREA training at least every two years. Two staff documents were not provided, however the staff were documented with the most recent PREA training. All staff receive PREA training during annual training and both staff without documentation should have received PREA training over the previous two years.

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.
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 216 - Training and Staff Development 3. Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) 4. Prison Rape Elimination Act (PREA) Basic Lesson Plan 5. Sample of Contractor Training Records 6. Sample of Volunteer Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers and Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>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. The agency has the Volunteer and Contractor Training and Acknowledgment of PREA form which outlines the zero tolerance policy and duty to report (immediately to the Shift Commander). Additionally, certain contractors are required the PREA Basic training that staff complete which includes the zero tolerance policy and methods to report. The PAQ indicated that 94 volunteers and contractors received PREA training. Further communication with the PCM indicated all 98 volunteers and contractors received PREA training. The interviews with two contractors and one volunteer</p>

confirmed that they all had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. The auditor requested documentation for three volunteers and eight contractors, however at the issuance of the interim report the documentation had not yet been received.

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. The agency has the Volunteer and Contractor Training and Acknowledgment of PREA form which outlines the zero tolerance policy and duty to report (immediately to the Shift Commander). Additionally, certain contractors (those with regular contact with inmates or those who are unescorted) are required the PREA Basic training that staff complete which includes the zero tolerance policy and methods to report. Interviews with two contractors and one volunteer confirmed the training discussed the zero tolerance policy and how and who to report information to. The contractors stated that they receive training annually online and that it includes a quiz at the end. One contractor also stated they received training the first week after hire as well. The volunteer stated she received an orientation which discussed the basics, including PREA. The auditor requested documentation for three volunteers and eight contractors, however at the issuance of the interim report the documentation had not yet been received.

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 which includes a quiz that documents their understanding. The auditor requested documentation for three volunteers and eight contractors, however at the issuance of the interim report the documentation had not yet been received.

Based on a review of the PAQ, 103 DOC 216, Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA), Prison Rape Elimination Act (PREA) Basic Lesson Plan, 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 documentation for three volunteers and eight contractors, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested training documents for contractors and volunteers.

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. List of Contractors
2. Contractor PREA Training
3. Volunteer PREA Training

The auditor was provided training documentation for two of the three volunteers. The facility indicated that they could not locate a record for the third volunteer. The facility confirmed the volunteer without the training was no longer an active volunteer.

The facility provided training records for the unescorted contractors who receive the PREA Basic training (same training as staff) but was unable to locate PREA training for the contractors with limited access to inmates (i.e. maintenance, delivery services, Prison Legal Services, etc.). The facility has contractors with limited access to inmates complete the Volunteer and Contractor Training and Acknowledgment of PREA form. This is done prior to entry into the facility at the visitors entrance/desk. The auditor was required to complete this form upon entry into the facility during the on-site portion of the audit. The facility indicated they were unable to locate the records because they were unsure which days these individuals entered over the previous twelve months. The auditor requested a list of contractors from the same category

that entered the facility over the previous two months. From that list the auditor was provided five contractor training records confirming they completed the form prior to entry into the facility.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

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 Handbook
6. Inmate Orientation Video
7. PREA What You Need to Know Video
8. Protecting Yourself from Sexual Assault Brochure
9. PREA Posters
10. Inmate Education Records
11. Lionbridge Interactive Voice Response Information

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 the Inmate Orientation Handbook confirmed that pages 24-28 include the same information as Attachment #2, however it is facility specific information for MTC. The PAQ indicated that 196 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 sixteen inmate files of those received in the previous twelve months indicated that fifteen had received PREA information at intake. One inmate document was not provided to the auditor prior to the issuance of the interim report, however documentation confirms inmates receive PREA information. The auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the Inmate Orientation Handbook. The Inmate Orientation Handbook is available in both English and Spanish. The Inmate Orientation Handbook includes information on the zero tolerance policy, method of reporting (including the external entity), victim advocacy contact information, way to avoid becoming a victim and policies and procedures after a report of sexual abuse. 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 inmates are provided the Inmate Orientation Handbook and they also view a video. 28 of the 31 inmates interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. It should be noted that MTC 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. All inmates watch the PREA What You Need to Know 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 MTC unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ indicated that 196 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of the inmates that arrived in the previous twelve months and stayed for over 30 days. 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 in the intake housing unit dayroom/classroom or the therapy room. Inmates view the general agency orientation video which includes information on PREA. The auditor observed that the video is English with Spanish subtitles. The video is shown on a 36 inch television with built in speakers. A review of the video confirms that it has PREA information including: zero tolerance, rights under PREA, reporting mechanisms (including MSP), BARCC information and steps after a report in (including medical and mental health and investigation). Additionally, the facility has the PREA What You Need to Know video that is shown as well. The PREA What You Need to Know video is available in English and Spanish. After the video staff ask if there are any questions and they sign the orientation paperwork. A review of sixteen inmate files of those received in the previous twelve months indicated that fifteen had received comprehensive PREA education within 30 days of arrival at the facility or at a prior facility upon entry into MADOC. One inmate document was not provided prior to the issuance of the interim report, however documentation confirms that inmates receive comprehensive PREA education multiple times across the MADOC facilities. The interview with the intake staff indicated that every inmate that arrives receives the Inmate Orientation Handbook and views the Inmate Orientation Video. The staff stated that this is done typically the following day after they arrive, but no more than a couple of days after arrival. Interviews with inmates indicated that 23 of the 31 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse and agency policies and procedures on responding to an allegation. The inmates stated they were provided documentation and watched a video the first week they arrived.

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 auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education in the intake housing unit dayroom/classroom or the therapy room. Inmates view the general agency orientation video which includes information on PREA. The auditor observed that the video is English with Spanish subtitles. The video is shown on a 36 inch television with built in speakers. A review of the video confirms that it has PREA information including: zero tolerance, rights under PREA, reporting mechanisms (including MSP), BARCC information and steps after a report in (including medical and mental health and investigation). Additionally, the facility has the PREA What You Need to Know video that is shown as well. The PREA What You Need to Know video is available in English and Spanish. After the video staff ask if there are any questions and they sign the orientation paperwork. The interview with the intake staff indicated that every inmate that arrives receives the Inmate Orientation Handbook and view the Inmate Orientation Video. The staff stated that this is done typically the following day after they arrive, but no more than a couple of days after arrival. A review of 45 total inmate files indicated 43 had received comprehensive PREA education. Two documents were not provided to the auditor at the issuance of the interim report. During a review of the education document the auditor identified nine inmates that had received education prior to 2013. The facility had numerous inmates that have been at the facility prior to the release of the standards and did not get supplemental education within the twelve months following release of the standards.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 103 DOC 401, page 13, states that each Superintendent/designee shall ensure that new inmates receive written orientation material in English and Spanish. When necessary, other non-English speaking inmates shall receive translation into their own language via the telephonic interpreter service. When a literacy problem exists, a staff member may assist the inmate in understanding the problem. 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. 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. A review of the Inmate Handbook, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirm that they can be provided in larger print, if necessary and are available in English and Spanish. 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. Pages 4-5 of the Inmate Orientation Handbook outline information related telecommunications services and the Americans with Disabilities Act. Page 4 of the Inmate Orientation Handbook informs inmates the Department of Correction is currently using Lionbridge to provide over-the-phone interpretation, twenty- four (24) hours a day, seven (7) days a week. This service can provide translation of three-hundred and forty (340) different languages to any non-English speaking inmate. This service will be used by speaker telephones in the following areas: Booking and Admissions, IPS Office, HSU, Classification Boards, 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 will be utilized. Further a review of the Inmate Orientation Video confirms it is available in English with Spanish subtitles. While the facility has information in English and Spanish and has appropriate resources for translation, the facility did not have PREA information accessible for the LEP Portuguese speaking inmates. A review of documentation for six disabled inmates indicated they signed that they received and understood the PREA education. A review of documentation for six LEP inmates indicated all signed an English acknowledgment form noting they received and understood the training (none of the forms documented any translation or accommodations).

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 inmate files of those received in the previous twelve months indicate that they sign an

acknowledgment form and/or they sign the IMS orientation printout sheet confirming 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 Handbook, PREA Posters and the Protecting Yourself from Sexual Assault Brochure. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as painted speed dial numbers. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters were on housing unit entrance doors, on housing unit bulletin boards and on walls throughout work, program and common areas. The PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The IPS hotline number was also observed to be painted in each housing unit near the phones. The phone number font appeared to be adequate for vision impaired inmates. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. Informal conversation with the inmates indicated that the posted PREA information has always been up and it is on their ID cards. Informal conversation with staff further confirmed that the PREA information has been up for quite a while.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, Inmate Orientation Handbook, Inmate Orientation Video, PREA What You Need to Know Video, Protecting Yourself from Sexual Assault Brochure, PREA Posters, Inmate Education Records, Lionbridge Interactive Voice Response Information, observations made during the tour as well as information from interviews with intake staff, random inmates and LEP and disabled inmates indicate that this standard requires corrective action. A review of 45 total inmate files indicated 43 had received comprehensive PREA education. Two documents were not provided to the auditor at the issuance of the interim report. During a review of the education document the auditor identified nine inmates that had received education prior to 2013. The facility had numerous inmates that have been at the facility prior to the release of the standards and did not get supplemental education within the twelve months following release of the standards. While the facility has information in English and Spanish and has appropriate resources for translation, the facility did not have PREA information accessible for the LEP Portuguese speaking inmates. A review of documentation for six LEP inmates indicated all signed an English acknowledgment form noting they received and understood the training (none of the forms documented any translation or accommodations).

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 with education prior to 2013 and a sample of their training records. 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 (i.e. for Portuguese speaking inmate). The list and acknowledgment forms should be provided to the auditor to confirm completion. Further, the facility will need to ensure all inmates are provided education documents on PREA in a format they understand. The facility has multiple inmate who speak Portuguese and the required PREA information is not available to them in the language they understand. The facility will need to at minimum have the basic PREA information translated under this standard (zero tolerance, right to be free from sexual abuse, right to be free from retaliation, reporting methods - including external, BARCC information and policies and procedures following a report of sexual abuse). A copy of the information as well as confirmation that the information was provided to the LEP inmates 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. Inmate Education Documents
2. LEP Inmate Education Documents

The facility identified all inmates that arrived at the facility prior to 2013. All inmates were provided comprehensive PREA education during the corrective action period. A sample of nineteen inmate education documents were provided, including those originally identified during documentation review by the auditor, with the exception of

	<p>one inmate who was deceased.</p> <p>Additionally, the facility identified all LEP inmates that required translation/ accommodation and provided comprehensive PREA education. Six inmate education documents were provided that noted that education was provided in Spanish or Portuguese.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA/Sexual Assault Investigator Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>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</p>

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 three facility staff have completed the specialized investigator training. The interviews with the investigative staff confirmed that both received specialized training. One facility investigator stated he received training that was an expanded training from the regular PREA training and it discussed responding to incidents, the “nitty gritty” of investigations, how to conduct interviews, not re-victimizing, medical and mental health, evidence collection and outcomes. The second facility investigator stated the training was great and covered crime scene preservation, SAFE/SANE, providing victim advocacy pamphlets to victims, interviewing without re-victimizing, medical and mental health services and evidence collection. The agency investigator stated the training included interview techniques, evidence collection, the investigative process, the PREA database and procedures for the SANE.

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 three facility staff have completed the specialized investigator training. The interviews with the investigators confirmed that they all received specialized training and 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 three facility staff have completed the specialized investigator training. A review of investigation indicated they were completed by four investigations, all of which were documented with the specialized investigator training. It should be noted that agency staff also conduct investigations and training records were provided for those staff as well.

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

	<p>Training Curriculum, investigator training records as well as information from interviews with investigative staff indicate that the facility appears to meet this standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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. Prison Rape Elimination Act (PREA) Basic Lesson Plan 7. Medical and Mental Health Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>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</p>

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 75 medical and mental health care staff and that 60% of the staff received the specialized training. Further communication with the PCM indicated this was an error and should have been 100%. Interviews with medical and mental health staff confirm that both have received specialized training. One staff member stated she receives annual web-based training that goes over procedures and protocols for PREA. She stated they also have monthly PREA meetings where they discuss cases, mental health concerns, housing risk factors and follow-ups. The second staff member stated the training went over everyone's role, medical assessments, forensic evidence, documentation of the information, housing risk scores and follow-up. Both staff confirmed that the specialized training covered the required elements under this provision. The auditor requested documented for six medical and mental health staff, however at the issuance of the interim report the documentation had not yet been received.

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 six medical and mental health staff, however at the issuance of the interim report the documentation had not yet been received.

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. Medical and mental health staff are required to complete the PREA Basic staff training (contractors and employees). A review of the PREA Basic 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). The auditor requested documented for six medical and mental health staff, however at the issuance of the interim report the documentation had not yet been received.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, Wellpath 57.00, the Wellpath PREA lesson plan, PREA Basic 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 six medical and mental health staff, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested medical and mental health training documents.

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. Medical and Mental Health Training Documents

	<p>The facility provided the originally requested medical and mental health training documents. All medical and mental health care staff were documented with the specialized medical and mental health care training as well as the PREA Basic staff training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 6. Housing Risk Screen Assessment IT Ticket Documents <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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. During the tour the auditor was provided a demonstration of the initial risk assessment and reassessment. Both risk assessments are completed in person in a one-on-one office setting. The initial risk screening is completed by booking staff and medical staff. Booking staff complete part of the initial risk assessment and most of the information is already pre-populated in the electronic system. The booking staff indicated he asks inmates questions such as: if it is their first incarceration; if they have any convictions for a sex offense; if they have an exclusively non-violent criminal history; history of protective custody placements, prior sexual abuse on others, domestic violence history, gang affiliation, history of violent offenses and extortion or other assault on others. The staff stated most of this information is already in the system but he asks the inmate anyway. The booking staff stated he utilizes what the inmate says related to the responses unless there is information in the system that proves otherwise. The medical staff complete the second part of the initial risk screening in ERMA. The information is then transferred to the inmate management system. The medical staff indicated she asks: if the inmate was ever a victim of sexual abuse in prison, history of victimization in the community, disabilities, perception of vulnerability, gender identity and sexual preference. Interviews with twelve inmates that arrived within the previous twelve months confirmed eleven had been asked the risk screening questions upon arrival. 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.

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 196 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 sixteen inmate files of those that arrived within the previous twelve months indicated that all sixteen had an initial risk screening completed. All sixteen were completed within the 72 hour timeframe. Interviews with twelve inmates that arrived within the previous twelve months indicated that eleven had been asked the risk screening questions at intake. The majority indicated they were asked the questions the first or second day. The interviews 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 indicate 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 interviews with the staff who perform the risk screening confirmed all elements under this provision are included in the risk screening. One staff member stated that she meets with the inmates and ask questions, including: prior victimization, disabilities, perception of vulnerability, gender identity and sexual orientation. She stated security staff complete the rest of the screening, which includes the other elements under this

provision. The second staff member stated that the initial risk screening is completed by booking and medical/mental health staff. She stated some information is pre-populated and some information is obtained through asking the inmate questions.

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 interviews with the staff who perform the risk screening confirmed all elements under this provision are included in the risk screening. One staff member stated that she meets with the inmates and ask questions, including: prior victimization, disabilities, perception of vulnerability, gender identity and sexual orientation. She stated security staff complete the rest of the screening, which includes the other elements under this provision. The second staff member stated that the initial risk screening is completed by booking and medical/mental health staff. She stated some information is pre-populated and some information is obtained through asking the inmate questions.

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 196, 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. During the tour the auditor was provided a demonstration of the initial risk assessment and reassessment. Both risk assessments are completed in person in a one-on-one office setting. The auditor was also provided a demonstration of the reassessment process. Classification staff complete a portion of the reassessment and mental health complete the other portion. Classification staff review the inmates file and update the risk screening related to anything in the file such as new charges. The mental health staff complete the same process as medical staff (initial risk screening process) and ask the inmate about history of victimization (in prison and in the community), disabilities, perception of vulnerability, gender identity and sexual preference. The interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with twelve inmates that arrived in the previous twelve months indicated 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 week after arrival. A review of a sixteen inmate files of that that arrived in the previous twelve months indicated that fourteen inmates had a reassessment completed. Thirteen of the fourteen were completed within 30 days.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 103 DOC 650, page 10 states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The interviews 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. Interviews with twelve inmates that arrived in the previous twelve months indicated 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 week after arrival. A review of sexual abuse investigations indicated that one was substantiated or unsubstantiated and necessitated a need for a reassessment (i.e. there was sexual abuse that may illicit a different response during the risk screening). The inmate victim was reassessed on the date of the notification of the outcome of the investigation.

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 indicated they thought there were controls but it was determined during the audit that it is not occurring. One staff responsible for the risk screening indicated he was unsure who had access to the risk screening information. The second staff member stated that as far as she knew only medical and mental health had access and then on the security side anyone who is authorized to have access. Inmate medical and mental health records are paper and electronic. Paper records are

maintained in the therapy suite and are all old records. This area is staffed during normal business hours and when not staffed the door is secure with access limited only to Wellpath (medical and mental health care) staff. Electronic records are maintained in the electronic system (ERMA). Electronic records are accessible to Wellpath staff, DOC health services staff and legal staff. Correctional staff do not have access to the ERMA system. During the tour the auditor had a security staff member pull up the risk screening information. The auditor confirmed that correctional staff at all levels had access to the risk screening information, including the inmate responses. During the interim report period the agency corrected the access issue. The agency provided an initial IT ticket requesting that access to the Housing Risk Assessment screen or corresponding reports be limited to specific profiles. The ticket included the list of profiles that can request access and noted that the basic security profile should not have access. The auditor confirmed the profiles listed for access were those that complete the Housing Risk Assessment or those with a need to know for security and management purposes. The auditor was provided a second IT ticket that confirmed that MTC requested access for six staff at the facility. Investigative files are maintained by SSI and IPS in their respective offices.

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 require corrective action. A review of a sixteen inmate files of that that arrived in the previous twelve months indicated that fourteen inmates had a reassessment completed.

Corrective Action

The facility will need to provide the missing risk assessment documents.

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 Risk Assessments

	<p>The facility provided the originally requested risk screening information. The auditor confirmed that all inmates had a risk assessment completed and those that arrived within the previous twelve months had an initial risk assessment completed within 72 hours and reassessment completed within 30 days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 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 utilized in IMS for housing and job assignments. She stated that within the IMS system a pop up will not allow a known victim to be housed with a known predator. She stated they will review all potential victims as well. The PCM stated mental health weighs in on housing and there are certain individuals that won't be placed together. She stated they also use the risk screening information for job assignments in that they would not put high risk inmates together in areas without staff supervision. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house inmates appropriately. One staff member stated that the housing officer uses the information to keep victims away from predators. The second

staff stated that everyone receives a risk score that determines if they are a potential victim or potential abuser. She stated housing is then based on that risk level. A review of documentation indicated most inmates on the high risk lists were both at high risk of victimization and abusiveness. There were zero inmates who were at high risk of victimization (not dual) that were housed in the same cell as an inmate who was at high risk of abusiveness (not dual). Additionally, the majority of the inmates on the lists were either assigned to the sex offender treatment program, which involves direct supervision during programming, or were employed as a dorm worker.

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. One staff member stated that the housing officer uses the information to keep victims away from predators. The second staff stated that everyone receives a risk score that determines if they are a potential victim or potential abuser. She stated housing is then based on that risk level.

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. A review of documentation confirmed that the Gender Dysphoria Treatment/Security Committee meets to discuss housing of transgender and intersex inmate on a case-by-case basis. Inmates are able to express their preference on being housed at a male or female facility based on their gender identity. The documentation confirms that the facility reviews safety and security concerns. The reviews were from 2018 to current and document transgender female inmates being approved to be housed at female facilities. The PCM stated that the facility has everyone at the table for risk assessment management and that they discuss housing as a team. She stated they try to match those who will get along and that they take into consideration some of their opinions but they house based on the information from other sources as well. She stated they try to match those based on characteristics and risk levels. The PCM confirmed that when housing transgender and intersex inmates they consider the inmates health and safety and whether the placement will present any security or management problems. It should be noted that male/female facility determinations are made at the agency level, not the facility level and as such the PCM referred to housing within the facility only. Interviews with five transgender inmates indicated three were asked how they felt about their safety and none felt that LGBTI inmates were housed in one facility, unit or wing based on gender identity and/or sexual preference. A review of documentation indicated that both inmates who advised they were not asked about their safety were documented with being 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 inters ex 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 interviews with the staff responsible for the risk screening indicated that one staff was unsure if transgender and intersex inmates would be reassessed biannually and one staff member confirmed that they are reassessed biannually. The PCM stated that transgender and intersex inmates are reassessed monthly during the care coordination meeting and they also have a housing risk assessment completed every six months. The auditor requested documentation for six transgender inmates across the agency, as well as four additional transgender inmates at MTC. At the issuance of the interim report, the necessary documentation was not yet received.

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 confirmed that transgender and intersex inmates' view with respect to their safety are given serious consideration. The interviews with five transgender inmates indicated that three were asked about how they felt about their safety. A review of documentation indicated that all transgender inmates were asked about their perception of vulnerability (safety) during risk assessments.

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 showers were single person with a curtain. 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 have two periods where they can shower alone, 11am and 4pm, which is right before count. The interviews with five transgender inmates indicated that all five are afforded the opportunity to shower separately from the rest of the inmate population.

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 across four 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 seven 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 require corrective action. The auditor requested documentation for six transgender inmates across the agency, as well as four additional transgender inmates at MTC. At the issuance of the interim report, the necessary documentation was not yet received.

Corrective Action

The agency/facility will need to provide the requested biannual assessments (the last three for each inmate).

Verification of Corrective Action Since the Interim Audit Report

	<p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Biannual Assessments <p>The facility provided a list of current transgender and intersex inmates and their associated biannual assessments. All transgender or intersex inmates currently housed at MTC were documented with updated biannual assessments.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43 Protective Custody	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff Who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 was one instance where an inmate has been placed in involuntary segregated housing due to their risk of sexual victimization. Further communication with the PCM indicated this was an inmate who reported sexual abuse or sexual harassment and was placed in segregated housing and as such this falls under 115.68. 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 indicated that none were housed in the segregated housing unit (Behavioral Assessment Unit - BAU).

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. During the tour the auditor observed the segregation housing unit had an inside group room utilized for indoor recreation. The PREA Posters were observed in both English and Spanish and the PREA hotline number and BARCC number were also observed painted in the unit. Inmates have out of cell time three hours a day to include: recreation, law library, wellness group and showers. Inmates are able to place grievances and mail in the locked mailbox when out of the cell or are able to give the document to staff to place in the locked mailbox. Phone calls in segregated housing are done through a rolling phone. Inmates are provided three calls per week. The auditor observed that the phone cart had the BARC and PREA hotline numbers posted on it for reference. 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 indicated they do not have job assignments in the unit, so that would be the only thing they may not be able to offer. He further 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 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 was one instance where an inmate was placed in involuntary segregated housing due to their risk of sexual victimization for longer than 30 days. Further communication with the PCM indicated this was an inmate who reported sexual abuse or sexual harassment and was placed in segregated housing and as such this falls under 115.68. 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 would work with the classification unit to find alternative housing and the inmate would not remain involuntarily segregated typically for longer than two business days. 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. He stated they would only be placed there for assessment by supervisors and medical and that it would not be a detention thing. He indicated the maximum amount of time for involuntary segregation would be 30 days. 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 was one instance where an inmate was placed in involuntary segregated housing due to their risk of sexual victimization and had a basis for the concern and why there was no alternative housing. Further

communication with the PCM indicated this was an inmate who reported sexual abuse or sexual harassment and was placed in segregated housing and as such this falls under 115.68. 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. 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
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Inmate Orientation Handbook 4. PREA Posters 5. Incident Reports (Verbal Reports) <p>Interviews:</p> <ol style="list-style-type: none"> 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 Handbook and PREA Posters, indicates 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. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as painted speed dial numbers. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters were on housing unit entrance doors, on housing unit bulletin boards and on walls throughout work, program and common areas. The PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The IPS hotline number was also observed to be painted in each housing unit near the phones. The phone number font appeared to be adequate for vision impaired inmates. Additionally, the PREA hotline was observed on the back of each inmate identification card. The auditor tested the PREA hotline during the tour from the housing unit phones. 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 the facility and the PC. Inmates have access to the phones during daytime hours. The auditor also called the IPS hotline during the tour. The auditor left a message on April 26, 2023. On April 27, 2023 the auditor was provided an email from IPS to the PCM confirming that a voicemail was received on the IPS hotline from the auditor. Additionally, the auditor tested the written reporting mechanism via a kite. The auditor submitted a kite via the medical box in the common area by food services on April 26, 2023. The auditor was provided a copy of the kite on April 27, 2023 confirming medical received it on April 26, 2023 by the 3-11 shift medical staff. The medical staff forwarded it to the PCM to handle. Interviews with 31 inmates confirm that all 31 were aware of at least one method to report sexual abuse and sexual harassment. Inmates advised they would report through IPS or the hotline. Interviews with fourteen staff confirm that inmates have multiple ways to report including verbally, through the hotline, to IPS, through a sick slip and by calling crisis.

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 26 of the Inmate Orientation Handbook states that the Department has established a third party agency to report sexual abuse and sexual harassment to, allowing the inmates to remain anonymous upon request. It further has the Massachusetts State Police mailing address for the inmates to write. Page 13 further states all mail/correspondence must be inspected and processed in accordance with the MTC Procedural Attachment to 103 CMR 481 Mail Policy. During the tour, the auditor did not observe any information related to the external reporting mechanism (MSP). The auditor observed the mail process and spoke with the mailroom staff. The common areas had locked boxes where mail is placed. Additionally, the mailroom staff makes daily rounds in each unit to collect any outgoing mail. The staff stated that she goes around with a cart and collects inmate mail. She stated she puts it in the locked box. The mail room staff stated she stamps the outgoing mail and that it is sealed before she receives it. She confirmed the facility does not open outgoing mail. She stated she just checks to make sure name, number and address is on the mail. With regard to incoming mail the mail room staff

stated she gets the mail from the Post Office and sort through it to determine whether it is regular, legal or privileged. She indicated that she opens each envelope, removes the stamp and other items but she does not read the mail. She stated if there is anything suspicious she provides the mail to IPS. The mail room staff further stated that legal and privileged mail is given to IPS. IPS will then call the inmate to come down for legal/privileged mail and the inmate will open it in front of IPS and log the number of pages. The mailroom staff stated that mail to and from MSP is treated as legal/privileged. The auditor tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Inmate Handbook. The auditor sent a letter on April 27, 2023 to MSP related to how they would handle an allegation of sexual abuse and whether inmates can remain anonymous. The auditor provided contact information for the MSP to respond. On May 19, 2023 the auditor received an email from the PREA Coordinator for the MSP. He provided a scanned copy of the letter and advised if it was a PREA complaint he would coordinate with the MADOC PC for investigation. He confirmed that inmates may remain anonymous upon request. The interview with the PCM indicated that inmates can report externally to their family and the DOC email address. She also stated they can report through the State Police. The PCM indicated they have never had an allegation reported through the State Police but she believed that if it was not something they (State Police) felt they could handle they would forward it back to the facility for investigation. She stated if the State Police determined they would investigate the allegation they would coordinate with the Office of Investigative Services. Interviews with 31 inmates indicated nineteen were aware that they could report to the MSP as an outside reporting mechanism, while fourteen 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 Handbook, page 27 notifies inmates that the department shall accept and investigate verbal, written, anonymous and third party reports of sexual abuse and harassment. Interviews with 31 inmates confirmed that all 31 knew they could report allegations of sexual abuse verbally or in writing to staff and 27 knew they could report via a third party. Interviews with fourteen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. The staff stated that they would document verbal reports in writing (via a confidential incident report) before the end of the shift. A review of a sample of

investigations indicated one was reported in writing, three were reported via third party, one was observed by staff and six were reported verbally. All eleven, including the six verbal reports were documented by staff in an incident report. 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 advised they would complete a confidential incident report electronically from any of the facility computers. The staff advised when you mark confidential, the incident report bypasses any other supervisors and goes directly to the Warden. Staff confirmed all verbal reports would be documented in a confidential incident report.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. 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. Interviews with fourteen staff indicated thirteen 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 submit a confidential incident report or report directly to the Shift Commander. 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 advised they would complete a confidential incident report electronically from any of the facility computers. The staff advised when you mark confidential, the incident report bypasses any other supervisors and goes directly to the Warden.

Based on a review of the PAQ, 103 DOC 519, the Inmate Orientation Handbook, PREA Posters, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility post information related to the external reporting entity (MSP) and ability to remain anonymous around the facility (to include in the housing units). While information is contained in the Inmate Orientation Handbook and is included in comprehensive PREA education, it would benefit the inmates for the information to be readily accessible through postings in the housing units.

115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 432 378">Documents:</p> <ol data-bbox="256 412 879 736" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 CMR 491 - Inmate Grievances 3. Sexual Abuse Grievances 4. Grievance Log and Sample Grievances 5. Inmate Orientation Handbook <p data-bbox="256 848 408 882">Interviews</p> <ol data-bbox="256 916 847 949" style="list-style-type: none"> 1. Inmates who Reported Sexual Abuse <p data-bbox="256 1061 588 1095">Findings (By Provision):</p> <p data-bbox="256 1207 1458 1285">115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 103 CMR 491 is the agency's grievance policy.</p> <p data-bbox="256 1397 1474 2013">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 requires the inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PCM indicated this was an error and they do not require the inmate to utilize the informal grievance process. 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 Handbook indicated that it contains information on grievances on pages 16-17, however the information was for the regular grievance process and did not indicate the requirements under this provision. It should be noted that inmates are advised in the Inmate Orientation Handbook the grievance policy number and have access to the grievance procedure in the library.</p>

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 Handbook indicated that it contains information on grievances on pages 16-17, however the information was for the regular grievance process and did not indicate the requirements under this provision. It should be noted that inmates are advised in the Inmate Orientation Handbook the grievance policy number and have access to the grievance procedure in the library.

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 were zero grievances of sexual abuse in the previous twelve months and a decision was reached within 90 days. A review of the grievance log and a sample of ten grievances confirmed none were related to sexual abuse. It should be noted that one allegation was reported via a medical grievance related to a medical staff member conducting medical services that were part of official duties (rectal examination). As such, the allegation was not sexual abuse.

115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing grievances for administrative remedies related to allegations of sexual abuse and to file such request on behalf of inmates. It also states that agency policy and procedure require that if the inmate declines to have third-party assistance in filing a grievance of sexual abuse, the agency documents the inmate's decision to decline. 103 CMR 491, page 7 states that allegations of sexual

abuse reported by third parties, including, but not limited to, other inmates, staff members, family members, attorneys, and outside advocates shall be addressed in accordance with 103 DOC 519 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 grievance log and a sample of ten grievances confirmed none were related to sexual abuse.

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 grievance log and a sample of ten grievances confirmed none were related to 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 grievance log, a sample of grievances, the Inmate Orientation Handbook and the interview with the inmates who reported sexual abuse, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility update their current Inmate Orientation Handbook and add the information related to sexual abuse grievances

under 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 Handbook
4. Affiliation Agreement with 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 facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The agreement with BARCC states that BARCC agrees to: Provide a confidential crisis counseling hotline available every day from 9 a.m. to 9 p.m. Inmates do not have access to telephones outside of these hours. This ensures 84 hours of hotline access each week. The hotline is not recorded in order to preserve

rape crisis center confidentiality, and to encourage usage from inmates. The hotline is accessible from normal inmate telephones and does not require inmates to spend money or to call the hotline collect. The hotline provides immediately accessible emotional support to incarcerated survivors. The advocate is trained to listen and provide emotional support, to offer appropriate referrals and information, and to help callers manage anxiety attacks or similar experiences caused by trauma. Especially for survivors who are newly incarcerated, the experience of being in prison or jail can trigger panic attacks and stress because of the drastic change in life circumstances. Further it states that BARC agrees to: Provide healing resources through a comprehensive mail program. The mail program provides reading material for incarcerated survivors who need longer-term emotional support resources. Inmates can send letters to BARCC requesting such materials, or can request them during a hotline call. Letters from inmates will go through standard procedures to ensure they do not contain dangerous substances or contraband, but will not be otherwise read, and the same applies to letters BARCC sends back to survivors. Materials include brochures and pamphlets about coping strategies survivors can use to lessen anxiety and stress while incarcerated. For inmates who are concerned about calling the hotline because it does not feel safe to do so, the mail program provides essential access to healing tools. Because a large number of inmates experience sexual assault before incarceration, many inmates choose to communicate with emotional support agencies through letters instead of telephones, where other members of the facility population may overhear their conversation. Additionally, the agreement states BARCC agrees to provide training to incoming inmates at MADOC's two intake facilities, MCI Cedar Junction and MCI Framingham about support resources available to sexual assault survivors. The Inmate Orientation Handbook, page 26 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 Handbook provides the mailing address and telephone numbers, as well as the speed dial number to utilize within the facility. It 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 auditor observed PREA information posted throughout the facility. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. It should be noted that the BARCC number had a "*" prior to the speed dial number. When the auditor tested the BARCC number it was determined that it was not functional when using the "*" before the number. The facility immediately corrected the issue by painting over all the "*". Additionally, the facility updated the phone number lists posted by the phones and in common areas by removing the "*" for the BARCC number. The auditor observed these changes and was also provided photos as confirmation of the

changes. Additionally, inmate identification cards contained the BARCC hotline number on the back. 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 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 reached a live person who 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 and a pin number is not required. The auditor observed the mail process and spoke with the mailroom staff. The common areas had locked boxes where mail is placed. Additionally, the mailroom staff makes daily rounds in each unit to collect any outgoing mail. The staff stated that she goes around with a cart and collects inmate mail. She stated she puts it in the locked box. The mail room staff stated she stamps the outgoing mail and that it is sealed before she receives it. She confirmed the facility does not open outgoing mail. She stated she just checks to make sure name, number and address is on the mail. With regard to incoming mail the mail room staff stated she gets the mail from the Post Office and sort through it to determine whether it is regular, legal or privileged. She indicated that she opens each envelope, removes the stamp and other items but she does not read the mail. She stated if there is anything suspicious she provides the mail to IPS. The mail room staff further stated that legal and privileged mail is given to IPS. IPS will then call the inmate to come down for legal/privileged mail and the inmate will open it in front of IPS and log the number of pages. The mailroom staff stated that mail to and from BARCC would be processed as regular mail. Interviews with 31 inmates, including those who reported sexual abuse, indicated that 25 were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most inmates stated the information on BARCC is on the back of the IDs, is hung up around the facility and is in their packet. Inmates indicated they assumed the calls were free and confidential. Some inmates stated they thought they had to use their pin.

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. Page 7 of the Inmate Orientation Handbook states all inmates' 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 13 further states All mail/correspondence must be inspected and processed in accordance with the MTC Procedural Attachment to 103 CMR 481 Mail Policy. Additionally, the Inmate Orientation Handbook, page 26 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 Handbook provides the mailing address and information on BARCC PREA Hotline. The Inmate Orientation Handbook 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 auditor observed PREA information posted throughout the facility. The auditor observed the BARCC phone number painted in each housing unit near the phones as well. The phone number font appeared to be adequate for vision impaired inmates. Further the facility had a phone number list in each housing unit near the phones and in some of the common areas. The phone number list included the BARCC number. The phone number list was on yellow letter size paper. It should be noted that the BARCC number had a "*" prior to the speed dial number. When the auditor tested the BARCC number it was determined that it was not functional when using the "*" before the number. The facility immediately corrected the issue by painting over all the "*". Additionally, the facility updated the phone number lists posted by the phones and in common areas by removing the "*" for the BARCC number. The auditor observed these changes and was also provided photos as confirmation of the changes. Additionally, inmate identification cards contained the BARCC hotline number on the back. 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 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 reached a live person who 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 and a pin number is not required. The auditor observed the mail process and spoke with the mailroom staff. The common areas had locked boxes where mail is placed. Additionally, the mailroom staff makes daily rounds in each unit to collect any outgoing mail. The staff stated that she goes around with a cart and collects inmate mail. She stated she puts it in the locked box. The mail room staff stated she stamps the outgoing mail and that it is sealed before she receives it. She confirmed the facility does not open outgoing mail. She stated she just checks to make sure name, number and address is on the mail. With regard to incoming mail the mail room staff stated she gets the mail from the Post Office and sort through it to determine whether it is regular, legal or privileged. She indicated that she opens each envelope, removes the stamp and other items but she does not read the mail. She stated if there is anything suspicious she provides the mail to IPS. The mail room staff further stated that legal and privileged mail is given to IPS. IPS will then call the inmate to come down for legal/privileged mail and the inmate will open it in front of IPS and log the number of pages. The mailroom staff stated that mail to and from BARCC would be processed as regular mail. Interviews with 31 inmates, including those who reported sexual abuse, indicated that 25 were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most inmates stated the information on BARCC is on the back of the IDs, is hung up around the facility and is in their packet. Inmates indicated they assumed the calls were free and confidential. Some inmates stated they thought they had to use their pin.

	<p>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 an agreement with BARCC that was signed in 2021. The agency maintains copies of the agreement with BARCC.</p> <p>Based on a review of the PAQ, 103 DOC 401, the Inmate Orientation Handbook, the Agreement with BARCC, observations from the facility and interviews with random inmates and inmate who reported sexual abuse, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that in addition to the BARCC hotline number, the facility post information related to BARCC in the housing units on what BARCC is and the services they offer (such as the information in the Inmate Orientation Handbook).</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Poster <p>Findings (By Provision):</p> <p>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</p>

519, pages 8-9 state the Massachusetts Department of Corrections has incorporated and enhanced a third-party reporting system which includes a form for the public to access through www.mass.gov/doc. At this site, released inmate, a family member or loved one of an inmate will have access to report a PREA Allegation. It further states 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=422-3486. These reports shall be immediately forwarded to the appropriate Superintendent or Division Head. A review of the agency's website confirms that third parties can report by calling the PREA Division or by completing an online form. The third party reporting information is found at <https://www.mass.gov/how-to/report-a-prea-allegation>. 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 PREA Poster further advises that third parties can immediately contact the facility Superintendent or call the Department hotline at 508-422-3486. The auditor submitted the form on April 27, 2023. The PC provided email confirmation on the same date that the online form was received. The PC indicated it would be forwarded for investigation if it was a sexual abuse or sexual harassment allegation. During the tour third party reporting information was observed in the visitation area and in the front lobby via the PREA Poster. The PREA Poster was observed in English and Spanish on legal size paper and included information on the PREA hotline number.

Based on a review of the PAQ, 103 DOC 519, the PREA Poster, the agency's website and the submission of the online form this standard is compliant.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 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 fourteen random staff confirmed 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.

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 fourteen random staff confirmed 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.

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 four were reported to medical and or mental health care staff either in writing or verbally. All four were reported to security staff and had an incident report completed by the medical or mental health care staff member. 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. Both staff stated they are required to report any allegation, incident or information related to sexual abuse that occurred within an institutional setting. Neither of the staff interviewed stated that they had ever become aware of such information.

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. 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. He stated they would handle any reports by vulnerable adults through the court process and through their criminal investigative process. He stated they have never had to refer information to another agency.

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 through IPS and SSI and then it is

determined whether an investigation is done at the facility level or the agency level. A review of a sample of investigations indicated one was reported in writing, three were reported via third party, one was observed by staff and six were reported verbally. All eleven allegations were referred to IPS or SSI for investigations.

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	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Incident Reports/Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>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 two inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months and the average amount of time it took for actions to be taken was three hours. The PAQ stated that the actions taken included the</p>

internal investigators began an investigation and moved the inmates into the admissions area and place them in separate cells. 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 closest 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 then conduct interviews and an investigation. The Warden stated that if there was an inmate deemed at risk of imminent sexual abuse the facility would immediately contain and isolate. He stated they would take the inmate to health services for evaluation and interview. He indicated they do not penalize the victim or potential victim and they try to move the individual to another housing unit and/or offer a single cell. He stated they typically try to isolate the perpetrator or potential perpetrator. Interviews with fourteen random staff confirmed that all fourteen would take immediate action by separating the individual and notifying the supervisor. Staff stated they would get the inmates housing changed as well. The auditor requested documentation related to the two inmates at imminent risk of sexual abuse. The facility provided documentation showing one inmate was placed in segregated housing, however no further documentation was provided.

Based on a review of the PAQ, 103 DOC 519, incident reports/investigative reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to require corrective action. The auditor requested documentation related to the two inmates at imminent risk of sexual abuse. The facility provided documentation showing one inmate was placed in segregated housing, however no further documentation was provided.

Corrective Action

The facility will need to provide the requested documentation.

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. Investigative Reports

	<p>2. Incident Reports</p> <p>The facility indicated that the information provided was incorrect and that there were two inmates that reported sexual abuse that they deemed at imminent risk. The auditor reviewed documentation and confirmed that two inmates reported sexual abuse. Both inmates who reported sexual harassment had actions taken immediately upon reporting. The inmates were seen by IPS and mental health care staff. One inmate was placed in the segregated housing unit (see 115.68).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Notification Letters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>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</p>

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 seven inmates report that they were sexually abused while confined at another facility. The PAQ stated the facility sent a letter with the details to the agency/facility where it occurred and if they did not receive a response the PCM followed up with a phone call. The auditor requested documentation related to the seven reports, however at the issuance of the interim report the necessary documentation was not provided.

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. The auditor requested documentation related to the seven reports, however at the issuance of the interim report the necessary documentation was not provided.

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 the facility the information would be processed immediately and IPS would investigate. He confirmed they have had one allegation received from another county and they investigated it. He also stated they had recently received one from another MADOC facility and they initiated an investigation. The PAQ stated that was one allegation received from another Warden/Agency Head within the previous twelve months. A review of the investigative log did not indicate which allegations were reported via Warden to Warden. The auditor requested additional documentation, however at the issuance of the interim report the documentation had not yet been received.

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 require corrective action. A review of the investigative log did not indicate which allegations were reported via Warden to Warden. The auditor requested documentation related to the seven reports, however at the issuance of the interim report the necessary documentation was not provided. A review of the investigative log did not indicate which allegations were reported via Warden to Warden. The auditor requested additional documentation, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation.

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. Warden to Warden Notification

	<p>2. Updated Investigative Log</p> <p>From 2021 to current the facility identified seven inmates who reported sexual abuse that occurred at another agency/facility. Documentation was provided for all seven allegations. All seven included a Warden to Warden notification via a letter. Six of the seven were provided within the 72 hour timeframe.</p> <p>Further the facility provided updated information for the investigative log and confirmed that there was one Warden to Warden notification received and the allegation was investigated.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with First Responders 2. Interviews with Random Staff 3. Interviews with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.64 (a). The PAQ indicated that the agency has a first responder policy for</p>

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 two allegations of sexual abuse. The PAQ noted that in once instance the alleged victim and alleged perpetrator were separated. The PAQ further stated that the one instance also involved the preservation of the crime scene and instructions to the victim and perpetrator not to take action to destroy any evidence. A review of documentation indicated there was one incident that was reported where the victim and perpetrator were separated and the allegation was reported within a timeframe that still allowed for the collection of physical evidence. There was not a crime scene however staff did instruct the victim not to take any action to destroy evidence. The victim refused the forensic medical examination. The interview with the security first responder indicated first responder duties include separating the alleged victim and abuser, notifying the Shift Commander, securing the scene, asking the reporter what transpired, making sure they don't take steps to destroy any evidence, escorting the victim to medical for an examination and writing a detailed confidential report by the end of shift. The non-security first responder stated her first responder duties include taking down any information that is provided, notifying security immediately to ensure the individual are separated and doing her best to ensure they maintain the integrity of the physical evidence and then make sure it is reported up the chain of command. The interviews with the inmates who reported sexual abuse indicated that three were reported verbally to staff and the staff immediately took the inmate to IPS. In all three instances the inmate victim was separated by a housing change (either of the victim or the alleged perpetrator). One inmate stated staff observed the incident and the inmate was immediately taken to medical. The inmate further stated the alleged perpetrator was moved from his housing unit immediately.

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

	<p>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 was one allegation of sexual abuse that involved a non-security staff first responder. The PAQ stated that it did not involve instruction to the inmate not to destroy any evidence but it did involve the non-security first responder notifying security. The interview with the security first responder indicated first responder duties include separating the alleged victim and abuser, notifying the Shift Commander, securing the scene, asking the reporter what transpired, making sure they don't take steps to destroy any evidence, escorting the victim to medical for an examination and writing a detailed confidential report by the end of shift. The non-security first responder stated her first responder duties include taking down any information that is provided, notifying security immediately to ensure the individual are separated and doing her best to ensure they maintain the integrity of the physical evidence and then make sure it is reported up the chain of command. Interviews with fourteen random staff confirmed that they are aware of their first responder duties. Most staff indicated they had a card with the information and subsequently pulled it out and read the first responder duties from the card. A review of documentation confirmed the three sexual abuse allegations reported to medical or mental health were immediately reported to security by the receiving medical and mental health staff member. None involved the need to instruct the inmate not to take any action to destroy evidence.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Massachusetts Treatment Center PREA Response Plan

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>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 MTC PREA Response Plan is a twelve page document that outlines the duties to take after a reported sexual abuse allegation. The document includes a checklists and directions. 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 interview with the Warden confirmed that the facility has a plan to coordinate actions among first responders, medical, mental health, investigators and facility leadership. He stated they have an emergency response plan that dictates immediate reaction and transition plans. He stated this plan is reviewed annually by the special operations division and they train staff on any updates.</p> <p>Based on a review of the PAQ, the Massachusetts Treatment Center PREA Response Plan and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Agreement with Alliance, AFSCME-SEIU Local 509 Units 8 & 9 3. Agreement with the Massachusetts Correctional Officers Federated Union (MCOFU) <p>Interviews:</p>

	<p>1. Interview with the Agency Head Designee</p> <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 & 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 agreement with MCOFU. The agreement with the Massachusetts Correctional Officers Federated Union confirms that page 64 states that no employee who has been employed in Bargaining Unit 4 for six consecutive month or more, except for nine consecutive months for entry-level Correction Officers, shall be discharged, suspended or demoted for disciplinary reasons without just cause. It additionally states that any discipline imposed shall be consistent with Departmental policy. 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>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 and PSU 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 all inmate victims are offered mental health services for emotional support. Further most inmate victims or the alleged inmate perpetrators were moved to different housing units as a protective measure. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head Designee stated that the agency has a stringent no tolerance policy and that staff are constantly trained on the issue. He indicated that if there is a violation related to retaliation that they have a disciplinary process and a rule book that addresses

retaliation. The Agency Head Designee stated that 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 the facility has protective measures including separating the individual through housing changes and/or facility transfers. He also stated they can also monitor the individual, have a keep away plan implemented, remove staff from contact and provide emotional support services. The staff responsible for monitoring stated he monitors individuals for 90 days by following up with them and observing them in the units. He stated he talks to them and interviews them, he watches video and he checks reports and stuff like that to ensure there is not any retaliation. He confirmed that they can take protective measures to protect from retaliation, including placing them in segregated housing (if requested due to fear), moving them to a different housing unit, transferring to a different facility or establishing a keep away from plan. He also confirmed they can remove staff abusers from contact with the inmate and they can offer emotional support services. The staff confirmed that he conducts face to face periodic status checks at least three or four times during the 90 day period. The interviews with the inmates who reported sexual abuse indicated that three of the four felt safe at the facility and felt protected from retaliation.

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 and communication with the PCM 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 initiate an investigation, watch video and conduct interviews. The staff responsible for monitoring indicated that he monitors for 90 days and that if he suspects retaliation there is not a maximum length of time for monitoring, he would just monitor until the issue is resolved. He stated during monitoring he asks about fear, asks if they are worried about anything and checks to see if they are having any issues with others such as people making fun of him/her. He confirmed that he tracks housing

assignments, job assignments, discipline, incident reports, etc. He further confirmed that he would review staff performance evaluations and staff assignments. A review of five sexual abuse allegations indicated four had monitoring for retaliation. Three had the full 90 day monitoring completed and one was still ongoing. All four included periodic status checks and necessary housing, program, job and disciplinary reviews. Monitoring was documented weekly via the Attachment V. The auditor requested the fifth monitoring document, however at the issuance of the interim report it was not provided. The auditor confirmed that monitoring is consistently completed even with the missing document. It should be noted that the majority of the sexual harassment investigations reviewed also included monitoring for 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 confirmed that he conducts face to face periodic status checks at least three or four times during the 90 day period. A review of five sexual abuse allegations indicated four had monitoring for retaliation. Three had the full 90 day monitoring completed and one was still ongoing. All four included periodic status checks and necessary housing, program, job and disciplinary reviews. Monitoring was documented weekly via the Attachment V. The auditor requested the fifth monitoring document, however at the issuance of the interim report it was not provided. It should be noted that the majority of the sexual harassment investigations reviewed also included monitoring for retaliation.

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. 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. A review of five sexual abuse allegations indicated four had monitoring for retaliation. One instance involved the monitoring of the third party reporting inmate (not the victim).

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 inmates who reported sexual abuse, the facility appears to meet this standard.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p>Findings (By Provision):</p> <p>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</p>

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 one inmate who alleged sexual abuse was involuntarily segregated for zero to 24 hours or longer than 30 days. PAQ supplemental documentation indicated the inmate was placed in segregated housing on September 30, 2022 and was released on November 25, 2022. The documentation provided had information stating the inmate was placed while under investigation. The documentation showed the different groups offered and updates on status. A review of housing documentation for five inmates who reported sexual abuse indicated four remained in the same housing status as they were in prior to the report of sexual abuse. One inmate was placed in segregated housing and indicated during the interview that he was placed there involuntarily under investigation. The auditor requested documentation related to the placement, the facility provided documentation confirming the inmate was placed under investigative status and that he was provided programming. The auditor requested additional documentation related to justification for the placement and why there was not alternative housing. At the issuance of the interim report the documentation was not yet received. During the tour the auditor observed the segregation housing unit had an inside group room utilized for indoor recreation. The PREA Posters were observed in both English and Spanish and the PREA hotline number and BARCC number were also observed painted in the unit. Inmates have out of cell time three hours a day to include: recreation, law library, wellness group and showers. Inmates are able to place grievances and mail in the locked mailbox when out of the cell or are able to give the document to staff to place in the locked mailbox. Phone calls in segregated housing are done through a rolling phone. Inmates are provided three calls per week. The auditor observed that the phone cart had the BARC and PREA hotline numbers posted on it for reference. 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 would work with the classification unit to find alternative housing and the inmate would not remain involuntarily segregated typically for longer than two business days. The Warden stated they have not had to involuntarily segregate an inmate victim. 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 they do not have job assignments in segregated housing so that would be the only thing they would not be able to accommodate. 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 stated the inmate would not be placed in segregation for detention, but rather an assessment and that the maximum amount of time typically would be 30 days. The staff member further confirmed that inmates would be reviewed at least every 30 days.

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 require corrective action. A review of housing documentation for five inmates who reported sexual abuse indicated four remained in the same housing status as they were in prior to the report of sexual abuse. One inmate was placed in segregated housing and indicated during the interview that he was placed there involuntarily under investigation. The auditor requested documentation related to the placement, the facility provided documentation confirming the inmate was placed under investigative status and that he was provided programming. The auditor requested additional documentation related to justification for the placement and why there was not alternative housing. At the issuance of the interim report the documentation was not yet received.

Corrective Action

The facility will need to provide the requested documentation.

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

	<p>standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Investigative Reports 2. Incident Reports 3. List of Inmates who Reported Sexual Abuse During the Corrective Action Period 4. Victim Housing Assignments <p>The facility was unable to provide the requested documentation related to the inmate who was involuntarily segregated after a report of sexual abuse. As such, the auditor requested a list of inmates who reported sexual abuse during the corrective action period and associated victim housing documents. The facility provided the requested list and the housing assignment documentation. The auditor confirmed that none of the victims who reported sexual abuse during the corrective action period were placed in the segregated housing unit after the allegation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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. A review of the investigative log indicated there were fourteen allegations reported during the previous twelve months. A review of ten investigations indicated all ten had an administrative investigation completed. All ten were completed timely and included a thorough and objective investigation. It should be noted the auditor reviewed an eleventh investigation but it was determined to not meet the definition of sexual abuse or sexual harassment. The interviews with the facility investigators confirmed that an investigation is initiated pretty quickly, typically once they find out. 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. 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 three facility staff have completed the specialized investigator training. The interviews with the investigators confirmed that they all received specialized training and 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. A review of the investigative log indicated there were fourteen allegations reported during the previous twelve months. A review of ten investigations indicated all ten included interviews of the alleged victim, suspect and witnesses, when applicable. Five of the ten included evidence collection (video review). The interviews with investigative staff indicated first steps involve any first responder duties and then an initial statement from the victim. The investigators indicated they ensure the inmate is seen by medical and then they watch video to corroborate any information. Investigators further stated that their investigative process would continue with additional interviews, evidence collection, analysis of the information and an investigative conclusion. All three investigators stated they would be responsible for collecting physical evidence, DNA evidence, video footage, statements/interviews, emails and phone calls.

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 ten investigations indicated two were substantiated, however neither involved compelled interviews. The interviews with the investigators confirmed that they would consult with prosecutors prior to conducting any compelled interviews. The facility investigators stated they would consult with legal, OIS and the DA. The agency investigator stated he 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 two facility investigators stated credibility is based what is determined through the evidence and that they take everything seriously. The interviews with inmates who reported sexual abuse indicated none were were 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. A review of the investigative log confirmed there were fourteen allegations reported in the previous twelve months. A review of ten investigations confirmed all ten were documented in a written report and included information on the initial allegation, interviews, evidence, the conclusion and the investigative finding. Each investigation was documented in a folder with all supplemental documents. The interviews with investigative staff confirmed that administrative investigations are documented in a written report. The facility investigators stated the report include an introduction, summary of interviews, summary of evidence and summary of findings. They stated the report would also include a six part folder with all associated documentation. 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 log 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. 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.

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 were two substantiated allegations, however the activity was not criminal and as such they were not referred for prosecution. The facility investigators stated they refer cases for prosecution when an actual assault or rape occurs and when they get details of what happen which warrant criminal investigation.

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 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.

	<p>115.71 (k): The auditor is not required to audit this provision.</p> <p>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 progress of an external investigation through the agency investigative units (PSU and OIS). He stated PSU and OSI work with MSP as liaisons. 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 OIS. 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.</p> <p>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 inmates who reported sexual abuse, the facility appears to meet this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 - Inner Perimeter Security Team (IPS) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</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 the investigative log confirmed there were two substantiated administrative investigations. A review of ten investigative reports, to include the two substantiated, confirmed that the investigators utilized a preponderance of the evidence as the criteria to substantiate. Interviews with three investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence (51 percent).

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.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p>

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 eleven investigations completed within the previous twelve months and eleven notifications were made. The interview with the Warden confirmed that inmate victims are notified whether the investigation is determined to be substantiated, unsubstantiated or unfounded. 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 interviews with the inmates who reported abuse indicated they all believed they were supposed to be notified of the outcome of the investigation. All four of the inmates advised that they were provided notification verbally or through a letter a few months after they reported the allegation. A review of five sexual abuse allegations indicated four had a victim notification. One document was not provided prior to the issuance of the interim report, however a review of documentation and interviews confirmed that notifications are made consistently. Additionally, the majority of the sexual harassment allegations reviewed also included a victim notification.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency does not request the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. Further communication with the PCM indicated this was incorrect and they do request 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. Communication with the PCM indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigative reports confirmed that all ten investigations 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 not 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. 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. Interviews with inmates who reported sexual abuse indicated all four were allegations against another inmate and as such notification under this provision were not applicable. A review of the investigative log and investigative reports confirmed there was only one allegation against a staff member and the investigation was deemed unfounded. As such, no notification under this provision were made or applicable.

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. The interviews with the inmates who reported sexual abuse indicated that all four allegations were against another inmate. None of the inmates advised that they were notified of anything under this provision. A review of ten investigations indicated two were substantiated (one sexual abuse and one sexual harassment). While two were substantiated, none were referred for criminal investigation and as such none involved notifications under this provision.

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 nine notifications to inmates under this standard. Further communication with the PCM indicated there were 23 total notifications as everyone involved in the allegation receives a notification. A review of five sexual abuse allegations indicated four had a victim notification. One document was not provided prior to the issuance of the interim report, however a review of documentation and interviews confirmed that notifications are made consistently. Additionally, the majority of the sexual harassment allegations reviewed also included a victim notification.

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.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 230 - Discipline and Terminations 3. Investigative Log 4. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and</p>

including termination for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that staff shall be subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there were zero 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. 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 the investigative log and a sample of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse or sexual harassment allegations.

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 the investigative log and a sample of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse or sexual harassment allegations.

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 investigative log and a sample of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse or sexual harassment allegations.

Based on a review of the PAQ, 103 DOC 230, the investigative log and investigative

	reports indicates that this standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Log 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>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 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 the investigative log and investigative reports confirmed there were zero substantiated sexual abuse or sexual harassment allegations that involved a volunteer or contractor.</p> <p>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</p>

	<p>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 the individual being terminated.</p> <p>Based on a review of the PAQ, 103 DOC 519, the investigative log, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 6. Disciplinary Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p>

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 two 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. A review of investigative reports confirmed there were two substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the previous twelve months. Both inmates were given discipline. Both inmates received room restriction and one included a keep away from order. One inmate was only given two days room restriction because mental health was factored into the disciplinary process.

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 agency has a disciplinary unit and that sanctions would be imposed based on the findings from that unit. Sanctions could include loss of phone, loss of media, loss of yard, loss of visits, etc. 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. A review of investigative reports confirmed there were two substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the previous twelve months. Both inmates were given discipline. Both inmates received room restriction and one included a keep away from order. One inmate was only given two days room restriction because mental health was factored into the disciplinary process.

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. A review of investigative reports confirmed

there were two substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the previous twelve months. Both inmates were given discipline. Both inmates received room restriction and one included a keep away from order. One inmate was only given two days room restriction because mental health was factored into 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 confirmed that they do offer therapy, counseling and other services designed to address and correct underlying reasons or motivations for sexual abuse. The staff stated that all services are voluntary and 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.

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, disciplinary records and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 650 - Mental Health Services 3. Housing Risk Screen Assessments 4. Medical/Mental Health Documents (Secondary Documents) 5. Housing Risk Screen Assessment IT Ticket Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p> <p>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</p>

sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with inmates who disclosed prior victimization during the risk screening indicated one of the two was offered a follow-up with mental health. He advised he was seen immediately. The interviews with the risk screening staff indicated that inmates who disclose prior sexual victimization are offered a follow-up with mental health. One staff stated when you make the selection in IMS it sends a notification to mental health. The second staff stated mental health would see them either immediately or within five days. The auditor requested documentation related to four inmates who disclosed prior sexual victimization. The facility provided a word document with dates of risk assessments and mental health follow-ups, but did not provide actual primary or secondary documentation. Additionally, only one of the inmates was documented with a mental health follow-up within the 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 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interviews with the risk screening staff indicated that inmates who are identified with prior sexual abusiveness are offered a follow-up with mental health. One staff stated when you make the selection in IMS it sends a notification to mental health. The second staff stated that she does not offer a follow-up because they already receive such intensive services due to being a sexual offender treatment facility, so they are already immediately provided services when they arrive. She stated they would be provided services within three days of arrival. The auditor requested documentation for three inmates who were identified with prior abusiveness. The facility provided a word document with dates of risk screenings and dates of mental health follow-ups, however no primary or secondary documentation was provided to confirm. The auditor did note that none of the three dates provided on the document were within the required fourteen day timeframe.

115.81 (c): This provision does not apply as the facility is a prison, not a jail.

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. Inmate medical and mental health records are paper and electronic. Paper records are maintained in the therapy suite and are all old records. This area is staffed during normal business hours and when not staffed the door is secure with access limited only to Wellpath (medical and mental health care) staff. Electronic records are maintained in the electronic system (ERMA). Electronic records are accessible to Wellpath staff, DOC health services staff and legal staff. Correctional staff do not have access to the ERMA system. During the tour the auditor had a security staff member pull up the risk screening information. The auditor confirmed that correctional staff at all levels had access to the risk screening information, including the inmate responses. During the interim report period the agency corrected the access issue. The agency provided an initial IT ticket requesting that access to the Housing Risk Assessment screen or corresponding reports be limited to specific profiles. The ticket included the list of profiles that can request access and noted that the basic security profile should not have access. The auditor confirmed the profiles listed for access were those that complete the Housing Risk Assessment or those with a need to know for security and management purposes. The auditor was provided a second IT ticket that confirmed that MTC requested access for six staff at the facility. Investigative files are maintained by SSI and IPS in their respective offices. Additionally, investigations are maintained in the PREA database, which has limited access and must be requested through the PREA unit.

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 confirmed that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff indicated they do not house anyone 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. Interviews with inmates who disclosed prior victimization during the risk screening indicated one of the two was offered a follow-up with mental health. The auditor requested documentation related to four inmates who disclosed prior sexual victimization. The facility provided a word document with dates of risk assessments and mental health follow-ups, but did not provide actual primary or secondary documentation. Additionally, only one of the inmates was documented with a mental health follow-up within the fourteen days. The auditor requested documentation for three inmates who were identified with prior abusiveness. The facility provided a word document with dates of risk screenings and dates of mental health follow-ups, however no primary or secondary documentation was provided to confirm. The auditor did note that none of the three dates provided on the document were within the required fourteen day timeframe.

Corrective Action

The facility will need to provide the requested documentation. Further 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. While inmates are seen by mental health for the risk reassessment, this is out of the fourteen day time period. 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.

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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Process Memorandum Related to Mental Health Follow-Ups 2. Staff Training Records 3. Mental Health Follow-Up Documents <p>The facility provided a process memo from the Mental Health Director. The memo indicated that those that have a “yes” response to prior victimization or abusiveness will have it documented whether the patient engaged or declined the offer. The memo advises that is the responsibility of Wellpath Mental Health to track and ensure these follow-ups are completed within fourteen days.</p> <p>On July 10, 2023 the facility provided documentation confirming that mental health staff were provided training on this process. Additionally, further training documentation was provided indicating appropriate staff were trained on the process during Health Service Administrative meetings on August 8, 2023 and August 15, 2023.</p> <p>On August 4, 2023 the facility provided one example of an inmate who disclosed prior sexual victimization during the risk screening. The inmate was provided a follow-up with mental health within the fourteen day timeframe. A second examples was provided in August 2023 of an inmate who disclosed prior sexual victimization during the risk screening. Documentation confirmed the inmate was provided a follow-up with mental health within the fourteen day timeframe.</p> <p>On October 6, 2023 the facility provided two additional examples of inmates identified with prior abusiveness during the risk screening. Both were provided a mental health follow-up within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	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 health services area included a small reception area with benches, exam rooms, treatment rooms and observation rooms. Exam and treatment rooms provided privacy through a door

with a small window and an additional mobile barrier. The interviews with the inmates who reported sexual abuse indicate three of the four were provided medical and/or mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The mental health staff member stated they are immediately seen by the crisis provider and are offered services for BARCC. The medical staff member stated they would be seen within 24 hours and if it was an emergency they would be seen immediately. Both staff confirmed that services are based on professional judgement as well as policy and procedure. A review of investigative reports and medical and mental health documentation indicated that all five inmate victims of sexual abuse were provided medical and mental health services. Additionally, all inmates who reported sexual harassment were also provided medical and/or mental health services.

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 investigative reports and medical and mental health documentation indicated that all five inmate victims of sexual abuse were provided medical and mental health services. Additionally, all inmates who reported sexual harassment were also provided medical and/or mental health services. The interview with the security first responder indicated first responder duties include separating the alleged victim and abuser, notifying the Shift Commander, securing the scene, asking the reporter what transpired, making sure they don't take steps to destroy any evidence, escorting the victim to medical for an examination and writing a detailed confidential report by the end of shift. The non-security first responder stated her first responder duties include taking down any information that is provided, notifying security immediately to ensure the individual are separated and doing her best to ensure they maintain the integrity of the physical evidence and then make sure it is reported up the chain of command.

	<p>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. A review of five sexual abuse investigations indicated one involved penetration. The investigation included medical and mental health documents illustrating that the inmate victim was provided testing for HIV and STIs and necessary follow-up medication. The interviews with the inmates who reported sexual abuse indicated that one involved penetration and the inmate was offered information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.</p> <p>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.</p> <p>Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be complaint.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 health services area included a small reception area with benches, exam rooms, treatment rooms and observation rooms. Exam and treatment rooms provided privacy through a door with a small window and an additional mobile barrier. A review of investigative reports and medical and mental health documentation indicated that all five inmate victims of sexual abuse were provided medical and mental health services. Additionally, all inmates who reported sexual harassment were also provided medical and/or mental health services. The auditor requested documentation related to four

inmates who disclosed prior sexual victimization. The facility provided a word document with dates of risk assessments and mental health follow-ups, but did not provide actual primary or secondary documentation. The document indicated that all four were seen by mental health.

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 all five inmate victims of sexual abuse were provided medical and mental health services. Additionally, all inmates who reported sexual harassment were also provided medical and/or mental health services. The interviews with the inmates who reported sexual abuse indicate that three of the four were provided follow-up services with medical and/or mental health. 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: coping skills; mental health groups; crisis treatment planning; sexual offender treatment programs/groups; SAFE/SANE; testing and answering any questions.

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 five sexual abuse investigations indicated one involved penetration. The investigation included medical and mental health documents illustrating that the inmate victim was provided testing for HIV and STIs and necessary follow-up medication. The interviews with the inmates who reported sexual abuse indicated one involved penetration and he was provided testing for HIV and STIs.

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 interviews with the inmates who reported sexual abuse confirmed none were required to pay for their medical and/or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 103 DOC 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. There was one substantiated inmate-on-inmate sexual abuse allegation during the previous twelve months (a second substantiated allegation was inmate-on-inmate sexual harassment). Interviews with medical and mental health staff indicated perpetrators would be offered mental health service similar to a victim and that they would attempt to conduct an evaluation as soon possible, but within 30 days. The auditor requested documentation related to the mental health evaluation of the perpetrator, but at the issuance of the interim report the documentation was not yet received.

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 inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation related to four inmates who disclosed prior sexual victimization. The facility provided a word document with dates of risk assessments and mental health follow-ups, but did not provide actual primary or secondary documentation. The document indicated that all four were seen by mental health.

The auditor requested documentation related to the mental health evaluation of the perpetrator, but at the issuance of the interim report the documentation was not yet received.

Corrective Action

The facility will need to provide the requested documentation.

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. Process Memorandum Related to Mental Health Follow-Ups
2. Staff Training Records
3. Mental Health Follow-Up Documents

The facility provided a process memo from the Mental Health Director. The memo indicated that those that have a “yes” response to prior victimization or abusiveness will have it documented whether the patient engaged or declined the offer. The memo advises that is the responsibility of Wellpath Mental Health to track and ensure these follow-ups are completed within fourteen days.

On July 10, 2023 the facility provided documentation confirming that mental health staff were provided training on this process. Additionally, further training documentation was provided indicating appropriate staff were trained on the process during Health Service Administrative meetings on August 8, 2023 and August 15, 2023.

On August 4, 2023 the facility provided one example of an inmate who disclosed prior sexual victimization during the risk screening. The inmate was provided a follow-up

	<p>with mental health within the fourteen day timeframe. A second examples was provided in August 2023 of an inmate who disclosed prior sexual victimization during the risk screening. Documentation confirmed the inmate was provided a follow-up with mental health within the fourteen day timeframe.</p> <p>The facility provided documentation confirming the perpetrator of the substantiated inmate-on-inmate sexual abuse allegation was provided mental health services after the report of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Incident Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>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,</p>

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 five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review of four sexual abuse investigations indicated three required a sexual abuse incident review. Documentation confirmed that all three investigations had a sexual abuse incident review completed.

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 were five sexual abuse incident reviews completed by the facility within 30 days of the conclusion of the investigation, excluding only "unfounded" incidents. A review of four sexual abuse investigations indicated three required a sexual abuse incident review. Documentation confirmed that all three investigations had a sexual abuse incident review completed. Two of the three reviews were past the 30 day timeframe.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 103 DOC 519, page 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 completed sexual abuse incident reviews indicated that the team includes the PCM, upper level management staff, mental health staff, medical staff and the investigator. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. He further confirmed the team consists of upper level 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 sexual abuse incident reviews indicated they included the required components under this provision. The topics were included a yes or no check box and an area for comments. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that they use the information from the sexual abuse incident reviews to look at vulnerability assessment. He stated they review whether they need additional video monitoring, additional staffing, if they need to potentially change program spaces, if they need to change anything structurally and just what types of adjustments they may need at the facility. The PCM stated that sexual abuse incident reviews are completed at the facility and she is part of the team. She stated she has not noticed any trends but that they did identify an area that would benefit from a camera and they were able to get one installed. The PCM indicated once the report is submitted if there is not any recommendations she would not do anything, however if there were recommendations she would follow-up with any actions related to the corrective action.

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 sexual abuse incident reviews indicated that a section exists for recommendations and corrective action. None 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 require corrective action. A review of four sexual abuse investigations indicated three required a sexual abuse incident review. Documentation confirmed that all three investigations had a sexual abuse incident review completed. Two of the three reviews were past the 30 day timeframe.

Corrective Action

	<p>The facility will need to ensure that sexual abuse incident reviews are completed within 30 days of the conclusion of the investigation. Examples during the corrective action period will need to be provided to show the date the investigation was closed and the completion of the sexual abuse incident review.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse Allegations Reported During the Corrective Action Period 2. Sexual Abuse Incident Reviews <p>The facility provided the list of sexual abuse allegations reported during the corrective action period and four sexual abuse incident reviews. The auditor confirmed that all four were completed within 30 days of the closure of the investigation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 for every allegation of sexual abuse and sexual harassment for each MADOC facility 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.

	<p>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.</p> <p>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.</p> <p>Based on a review of the PAQ, 103 DOC 519 and PREA Annual Reports, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p>

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 affects policy, training and corrective action across the agency.

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 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 indicated the annual reports are approved by the Agency Head. 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->) 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 indicates the nature of material redacted. 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	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 103 DOC 519, page 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.

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 (<https://www.mass.gov/lists/prea-reports#annual-reports->) confirmed that the current PREA Annual Report, which includes aggregated data, is available to the public online.

115.89 (c): 103 DOC 519, page 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>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>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>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Findings (By Provision):</p> <p>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>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>115.401 (n): The facility provided the auditor with photos of the audit announcement 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 on the entrance doors of housing units, on pillars in the housing units and on the walls in the common areas. The audit announcements were on bright colored letter size paper in English and Spanish. The audit announcements advised inmates that information sent to the auditor would remain confidential, with limited exceptions. Additionally, the Inmate Handbook states that inmates are permitted to send confidential information or correspondence to the DOJ PREA auditor in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): MADOC facilities were audited during the three year audit cycle and reports are available online at https://www.mass.gov/lists/prea-reports . A list of all MADOC facilities is available online and a cross reference of facilities with the audit reports confirms compliance with this standard.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
115.13 (d)	Supervision and monitoring	
	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

115.14 (a)	Youthful inmates	
	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
115.14 (b)	Youthful inmates	
	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
115.14 (c)	Youthful inmates	
	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
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	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)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
115.15 (e)	Limits to cross-gender viewing and searches	
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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	yes

	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?	
	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
115.17 (b)	Hiring and promotion decisions	
	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
115.17 (c)	Hiring and promotion decisions	
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
115.21 (d)	Evidence protocol and forensic medical examinations	
	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
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	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
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	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
115.31 (b)	Employee training	
	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
115.31 (c)	Employee training	
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	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
115.33 (b)	Inmate education	
	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
115.33 (c)	Inmate education	
	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
115.33 (d)	Inmate education	
	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
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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	yes

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
115.43 (b)	Protective Custody	
	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
115.43 (c)	Protective Custody	

	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
115.43 (d) Protective Custody		
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	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
115.51 (b) Inmate reporting		
	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	yes

	anonymous upon request?	
	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
115.51 (c)	Inmate reporting	
	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
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
115.54 (a)	Third-party reporting	
	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
115.61 (a)	Staff and agency reporting duties	
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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
115.67 (a)	Agency protection against retaliation	
	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
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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	yes

	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?	
	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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	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
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
115.71 (f)	Criminal and administrative agency investigations	
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	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
115.73 (d)	Reporting to inmates	
	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	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
115.77 (a)	Corrective action for contractors and volunteers	
	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
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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	yes

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

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	no
	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.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)		
	<p>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.)</p>	yes