

PREA Facility Audit Report: Final

Name of Facility: Old Colony Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/15/2023

Date Final Report Submitted: 10/25/2023

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: 10/25/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	05/01/2023
End Date of On-Site Audit:	05/02/2023

FACILITY INFORMATION	
Facility name:	Old Colony Correctional Center
Facility physical address:	1 Admin Road, Bridgewater, Massachusetts - 02324
Facility mailing address:	

Primary Contact	
Name:	Joy Gallant
Email Address:	Joy.Gallant@doc.state.ma.us
Telephone Number:	508-273-6861

Warden/Jail Administrator/Sheriff/Director	
Name:	Stephen Kennedy
Email Address:	stephen.kennedy@doc.state.ma.us
Telephone Number:	508-279-6760

Facility PREA Compliance Manager	
Name:	Joy Gallant
Email Address:	joy.gallant@doc.state.ma.us
Telephone Number:	O: (508) 279-6861
Name:	Ashli Doyle
Email Address:	ashli.doyle@doc.state.ma.us
Telephone Number:	O: (508) 279-6000

Facility Health Service Administrator On-site	
Name:	Jennifer Burns
Email Address:	jlburns@wellpath.us]
Telephone Number:	781-279-6824

Facility Characteristics	
Designed facility capacity:	818
Current population of facility:	502

Average daily population for the past 12 months:	522
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:	21-88
Facility security levels/inmate custody levels:	Medium-432 Minimum-70
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	327
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	112
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	97

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
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Agency-Wide PREA Coordinator Information			
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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

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-01
2. End date of the onsite portion of the audit:	2023-05-02

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:	BARCC and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	818
15. Average daily population for the past 12 months:	522
16. Number of inmate/resident/detainee housing units:	10
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:	522
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:	47
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:	9
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:	1
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:	84
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:	71
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:	1

<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>9</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>2</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 LGB or those who disclose prior victimization and as such the facility could not identify the number during the on-site. The auditor had staff go through to identify enough to complete targeted interviews.</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>327</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>97</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>88</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 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>The following inmates were selected from the housing units: two from A3, four from A4, seven from D1, two from D2, four from O, four from S, four from the minimum unit, one from the health services unit and one from the segregated housing 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 four were transgender female. Nine of the inmates interviewed were black, 20 were white (including those that were Hispanic) and one was another race. Four were Hispanic and 26 were non-Hispanic. The ages of the inmates interviewed were broken into categories; zero were under eighteen, zero were eighteen to 25; five were 26-35, eight were 36-45, seven were 46-55 and nine were over 55. Thirteen of the inmates were at the facility less than a year, five were there between one and five years, six were there between six and ten years, there were there 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:	15
<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:	1

<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 reviewed medical documentation, risk assessments and spoke to medical staff.</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>3</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>1</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>4</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 documentation for high risk inmates and those that 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>A few inmates were interviewed for multiple targeted categories.</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>12</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 <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Gender and Race</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <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; five staff were interviewed from the 7am-3pm shift; three were from the 3pm-11pm shift and four were from the 11pm-7am shift. With regard to the demographics of the random staff interviewed; ten were male and two were female, one was black and eleven. With regard to rank of those security staff interviewed, seven 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>27</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><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)</p>

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 May 1-2, 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 May 1, 2023. The tour included all areas associated with the facility to include; housing units, laundry, warehouse, 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 in English and Spanish. PREA Posters were on legal size paper on the bulletin boards and included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. In addition to the PREA Posters the facility had large metal posters that included the IPS hotline number and PREA hotline number. The metal posters were in each housing unit above the officer's station. The auditor also observed the large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Informal conversation with staff and inmates confirmed that PREA information has been posted for a while, however it was recently updated in January or February.

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 the facility follows the staffing plan. There were at least two security staff assigned to each housing unit. The auditor did not observe any overcrowding issues. Additionally, the auditor observed adequate lines of sight in the housing units for the dayroom area. The wings were not visible from the officer's station, however lines of sight during rounds (every 30 minutes) on the wings was adequate. The auditor observed video monitoring technology in housing units and common areas. Cameras are monitored by Control, Captains, IPS staff and Administrative staff. Health Services staff and segregated housing staff are also able to monitor the cameras in their unit only. 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 indicated that rounds are conducted every 30 minutes or every hour (depending on the housing unit) and rounds are conducted by the supervisor at least twice a day. Informal conversation with inmates also confirmed rounds are conducted every 30 minutes to an hour and that supervisors make rounds once a shift.

With regard to cross gender viewing, the auditor confirmed that housing units, with exception of the minimum housing unit, provided privacy when using the toilet through cell doors with windows. The minimum unit provided privacy when using the toilet through half wall barriers and placement around corners. Showers at the minimum housing unit were single person with curtains. The segregated housing unit provided privacy in the shower through an extended wall and metal door with a security window. The other housing units were single person showers with curtains, which were adequate for male inmates, but not adequate

for transgender female inmates. The auditor observed that the showers were visible from the officer's station and the shower curtains did not cover the breast area. The auditor observed strip search areas related to cross gender viewing. Strip searches for visitation and intake are conducted in a holding cell. Strip searches in the segregated housing unit are conducted in an enclosed area in the cells and/or in a created enclosure in the dayroom. The auditor observed that the enclosure in the dayroom was chain link style and allowed cross gender viewing. During the on-site portion of the audit the facility indicated that they would be utilizing a mobile privacy barrier in front of the enclosure. The auditor observed the mobile barrier and confirmed it was adequate for privacy. A review of video monitoring technology indicated concern for cross gender viewing in the medical observation cells and the segregated housing observation cells. The cameras did not provide privacy when inmates were using the restroom. Further the auditor confirmed that the cameras in the general population units viewed the shower area, and while the curtains provided privacy from video monitoring for male inmates, the video monitoring provided cross gender viewing issues for transgender inmates using the shower. The auditor heard the opposite gender announcement each time the audit team entered the inmate housing units. The announcement was made upon entry into the housing units verbally and/or over the loudspeaker.

Inmate medical, mental health and classification records are paper and electronic. Paper records are maintained in a locked room that is staffed Monday through Friday 7:30am-3:30pm. Access to the medical records room is limited to medical and mental health care staff. Electronic records are maintained in the ERMA electronic database and are only accessible to medical and mental health care staff. The staff stated

inmate records are only able to be provided to security if the inmate authorizes the release. Inmate risk assessments are documented electronically via the electronic inmate management 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. Additionally, the PC issued a memo to all Superintendents advising of the corrective action and advising them that the IMS Basic Security profile no longer supports access to the housing risk factor response screen and that they would need to deem any line staff in specialized roles that do need access and submit a ticket to have the access added to their IMS profile. Investigative files are maintained in the IPS and/or SSI office in a locked filing cabinet. Access to the IPS office is IPS staff only and access to the SSI office is the SSI only.

During the tour the auditor observed the mail process. Locked mailboxes are located in two common areas of the facility. Inmates are able to place outgoing mail in these boxes. Inmate in segregated housing provide any mail to staff and staff place it in the mailbox. The mail room staff indicated that incoming mail is picked up at the Post Office and then sorted by regular or legal mail. Legal mail is provided to the IPS staff where they call the inmate down to their office and the inmate opens the

mail in front of the IPS staff member. Regular mail is opened by the mail room staff and copies of the envelope and contents are made and the inmate is provided the copy. The staff advised that they do not read the mail once opened, they just make copies. Outgoing mail is brought from the boxes to IPS and mailroom staff pick up the mail each day. Outgoing mail is sealed by the inmate and it is not opened by mailroom staff. The mailroom staff advised that mail to and from the Massachusetts State Police is treated like legal mail. Mail to and from BARCC is treated like regular mail.

The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the Inmate Orientation Handbook. The Inmate Orientation Handbook is available in both English and Spanish and includes information on the zero tolerance policy and methods to report.

The auditor was provided a demonstration of the initial risk assessment. A portion of the initial risk screening is conducted in a private office setting on the first day of arrival by booking staff. Booking staff go through the risk screening information in IMS. Some of the risk screening information is pre-populated, including age and criminal history while some information is obtained through conversation with the inmate. The staff indicated they ask some of the questions and then the inmate is sent to mental health for additional screening. Medical staff complete the second part of the risk screening within 72 hours in a private office setting. Medical staff ask about; prior victimization, sexual preference, gender identity, disabilities and perception of vulnerability. The auditor reviewed the information on the risk screening via the computer screen and confirmed that information such as age, height, weight, prior incarcerations, current conviction, etc. were already populated. Staff had the ability to change certain information if applicable, (i.e.

if the inmate had gained or lost signification weight). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator.

The auditor tested the PREA hotline during the tour on May 1, 2023. 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. The auditor also called the IPS hotline during the tour. The auditor did not reach an IPS staff person and there was not a voicemail. Additionally, during the tour the auditor tested the written reporting mechanism via a kite. The auditor submitted a kite on May 1, 2023 through the locked mailbox in the common area. The auditor was provided confirmation on May 2, 2023 that the kite was received by security staff.

The auditor tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Inmate Orientation Handbook. The auditor sent a letter during a prior MADOC audit 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. It should be noted that the auditor did not send another letter as the process for sending mail to MSP and the process for the external reporting mechanism is the same across all MADOC facilities.

The auditor had a staff member provide an example of how they would document a verbal report. The staff member advised they would document the verbal report in IMS through a confidential incident report.

Electronically incident reports can be completed on any facility computer. The staff was unaware who the confidential incident report would be sent to once submitted, but the PCM confirmed that it goes directly to the Superintendent.

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 did not reach a live person and a recorded voicemail advised to call back. The auditor attempted to call BARCC in two additional housing units. The auditor had the same long wait and then the voicemail advising to call back at another time. While the auditor did not reach a live person at BARCC, the auditor had reached a BARCC staff member at two prior MADOC audits. The BARCC staff at the prior audits 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 determined that the staffing levels at BARCC related to not being able to handle the volume of calls was not a noncompliance issue for the facility. Inmates

have access to services, the services just are impacted by low staffing levels with BARCC.

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 a classroom setting within seven days of arrival. Inmates are shown a video on a 36 inch television and staff also go over things in the Inmate Orientation Handbook and answer any questions. The auditor viewed the video and confirmed that it provides information on ADA accommodations, right to be free from sexual abuse, the PREA hotline number (advises it is not recorded and does not require a pin), BARCC contact information (advises for support services and not a reporting mechanism), the external reporting entity contact information (MSP address) and information on the policy and that it is located in the library. The video is available in English and Spanish and also had closed captioning. Further the orientation also includes the PREA What You Need to Know video. LEP and disabled inmate would be provided accommodations through one-on-one PREA education. The staff stated they would request the video in the appropriate language needed as well, however they had not come across this issue yet.

The auditor observed that language translation information was posted on the walls in IPS. The auditor did not utilize the language translation service during the on-site portion of the audit, however the auditor did test the accessibility of the language interpretation service for LEP inmates during two prior MADOC audits. The auditor was provided the 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. Interpretation services are only accessible to inmates through a staff

member.

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 40 personnel and/or training records that included two staff hired within the previous twelve months, three contractors hired in the previous twelve months, three staff employed over five years, two contractors employed over five years and two staff promoted during the previous twelve months. Eight contractor training records were reviewed, six volunteer training records were reviewed and six medical and mental health staff training records were reviewed.

Inmate Files. A total of 40 inmate files were reviewed. Seventeen inmate files were of those that arrived within the previous twelve months, (including those originally requested and received during the CAP), three were disabled inmates, six were LEP inmates, four were transgender inmates and six were inmates who disclosed prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

Medical and Mental Health Records. The auditor reviewed the medical and mental health records for fourteen inmates who reported sexual abuse and sexual harassment as well as mental health documents for six inmates who disclosed victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

Grievances. In the past year, the facility had one sexual abuse grievance. The auditor reviewed the sexual abuse grievance, the grievance log from the previous twelve months and an additional sample of grievances to confirm that no other sexual

abuse grievances were filed.

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. There were two allegations reported via the hotline that the auditor reviewed.

Incident Reports. The auditor reviewed incident reports for fourteen 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. The auditor reviewed fourteen investigations, including one that was still open, to ensure all components were included from the investigating authority. All fourteen were administrative investigations. There were zero criminal investigations and zero investigations referred for prosecution.

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	8	0	8	0
Staff-on-inmate sexual abuse	7	0	7	0
Total	15	0	15	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	1	0	1	0
Staff-on-inmate sexual harassment	3	0	3	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	2	7	0
Staff-on-inmate sexual abuse	2	1	4	0
Total	2	3	11	0

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	1	0	0
Staff-on-inmate sexual harassment	1	0	2	0
Total	1	1	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

13

<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>8</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>5</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>1</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>0</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 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>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
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 checked="" type="radio"/> Yes <input 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.	There were zero criminal investigations completed during the previous twelve months.
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. Facility Appointment Letter
26. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

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

stated that there is a PCM at each facility, so there are fourteen total PCMs. He stated that they conduct quarterly training with the PCMs and they also conduct annual operation audits. The PC stated that his office assists, advises and trains the PCMs for the PREA audits. He stated they also visit the facilities and he is available anytime through email. The PC stated that if he identified an issue complying with PREA he would refer to the annual PREA safety and vulnerability assessment and also review the PREA standards. He stated his office would advise the facility of what changes need to be made and conduct any necessary training with staff. He confirmed the information would be forwarded to the Superintendent of any findings and issues and make sure they are aware of their responsibilities.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's effort to comply with the PREA standards. The PAQ stated the position of the PCM at the facility is the Deputy Superintendent of Re-Entry and this position reports to the Superintendent. The appointment letter states that the Deputy Superintendent has been selected as the PREA Coordinator (PREA Compliance Manager) for the facility. A review of the facility organization chart confirms that the Deputy Superintendent of Re-Entry, who is the PCM, reports directly to the Superintendent. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's efforts to comply with PREA standards. She stated she coordinates the facility's efforts to comply with PREA through training, education and having a presence. She stated she talks to everyone regularly about PREA and that they have numerous meetings about PREA. The PCM indicated that if she identifies an issue complying with a PREA standard she brings it to the attention of the Warden and they discuss why they are out of compliance. She stated she would then contact the PREA unit to determine next steps and they would formulate an action plan to get into compliance.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment letter, 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 indicated the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit and the contracts require contractors to adopt and comply with PREA standards. The PAQ further stated that there have been eighteen contracts for the confinement of inmates that the agency has entered into or renewed with private entities or other government agencies since the last PREA audit.

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 indicated all of the above contracts require the agency to monitor the contractor's compliance with PREA standards and that zero contracts did not require the agency to monitor contractor's compliance with PREA standards. 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

	<p>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.</p> <p>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.</p>
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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>

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 641 inmates. The facility employs 327 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 and at least two additional supervisors (Lieutenants and/or Sergeants). Staff are assigned to housing units, control, towers, programs, orientation and vehicle trap. Additional staff are assigned to mail, kitchen, supply, gym/education, yard, visiting room and unit team during the 7am-3pm shift and/or the 3pm-11pm shift. A review of the staffing plan development process narrative indicates that the facility utilizes the American Correctional Association report related to generally accepted practices. There are no known judicial findings of inadequacies or any inadequacies from federal oversight bodies. It further stated that the Annual Safety and Vulnerability Assessment is utilized for any internal findings of inadequacies and for the analysis of the physical layout. The document states that inmate composition is reviewed via the data collection system Tableau. The document states that supervisory staff are determined and placed based on the staffing analysis and that shift logs are utilized to review and analyze programs and activities occurring on particular shifts. It further states that staffing follows all applicable state laws and that a review of the PREA database is conducted related to incidents of sexual abuse at the facility. During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff assigned to each housing unit. The auditor did not observe any overcrowding issues. Additionally, the auditor observed adequate lines of sight in the housing units for the dayroom area. The wings were not visible from the officer's station, however lines of sight during rounds (ever 30 minutes) on the wings was

adequate. The auditor observed video monitoring technology in housing units and common areas. Cameras are monitored by Control, Captains, IPS staff and Administrative staff. Health Services staff and segregated housing staff are also able to monitor the cameras in their unit only. 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 indicated that rounds are conducted every 30 minutes or every hours (depending on the housing unit) and rounds are conducted by the supervisor at least twice a day. Informal conversation with inmates also confirmed rounds are conducted every 30 minutes to an hour and that supervisors make rounds once a shift. The interview with the Warden confirmed that the facility has a staffing plan and that the plan provides for adequate levels to protect inmates from sexual abuse. The Warden stated staffing is based on the location of the units, the volume of the unit and the needs of the unit. The Warden indicated that the staffing plan is derived from the ratio for relief. He confirmed that video monitoring is part of the staffing plan. He further confirmed that staffing plan is documented. The Warden confirmed the required elements under this provision are included in the staffing plan development/review process. He stated they are a hybrid facility with different units and different population. Because of this some areas require physically more staff member, such as unit with self-harm and violent inmates. The Warden also stated these areas also require a supervisor. Further the Warden indicated that general population units have at least two staff and each corridor has two supervisors. He stated the Health Services Unit and BAU have additional staff due to one-on-one interaction with inmates and inmate movement. He stated any areas where inmates are isolated have additional staff, such as the kitchen. The Warden indicated they make frequent rounds in isolated area and they have added cameras over the years to any isolated areas. He confirmed that day shift has the most staff and the 3:00pm-11:00pm has a high number of staff as well. Additionally, the Warden stated they monitor compliance with the staffing plan through daily rosters. He stated they have designated pull posts, meaning if there is an emergency, there are advance identified posts that the staff can be pulled from and the removal would not jeopardize safety (i.e. the vehicle trap staff member). The PCM confirmed that all requirements under this provision are considered when creating and modifying the staffing plan. She indicated that they are a mental health facility so they have an increased number of cameras and staff. She stated they discuss whether staffing is adequate and whether they need video monitoring technology in certain areas. She confirmed staffing levels are based on the custody level and type of inmate at the facility. She stated there are more staff in the Behavioral Assessment Unit (BAU) and in the Special Housing Unit (SHU). She further confirmed there are more staff during day shift as that is when most programs and movement occur. She stated there are supervisors on all shifts and that additional supervisors are assigned to areas to assist with special populations.

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. A review of daily staffing rosters for a sample of five random days confirmed that there were zero deviations from the staffing plan. All posts were filled through overtime. It should be noted that the daily roster notates the staff who are not working and for what reasons and it also notates the staff that are working overtime. The Warden stated that any deviations from the staffing plan would be documented on the record of change section on the daily roster.

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 February 15, 2023 by the Superintendent. The document confirms that the PC was consulted related to the staffing plan review as well. 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 April 23, 2021. The PC stated that he reviews the staffing plans annually for each facility. He stated that each year the facility completes a staffing analysis and it has to be reviewed by the PREA Division, where it is reviewed and signed off on.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented, they cover all shifts and the facility prohibits staff from

alerting other staff of the conduct of such rounds. 103 DOC 512, page 8 indicates that supervisory level employees shall conduct and document unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. Additionally, page 4 states that alerting staff members of unannounced supervisory rounds is prohibited unless the announcement is related to the operational functions of the facility. Page 8 of Post Order 1 states that the Shift Commander is required to conduct at least one round of all areas of the facility to ensure that all rules, regulations, department and institutional policies are adhered to. A review of the PAQ supplemental documentation indicated that unannounced rounds were conducted on all three shifts in one housing unit in February 2023. Informal conversation with staff indicated that rounds are conducted every 30 minutes or every hours (depending on the housing unit) and rounds are conducted by the supervisor at least twice a day. Informal conversation with inmates also confirmed rounds are conducted every 30 minutes to an hour and that supervisors make rounds once a shift. Interviews with intermediate-level or higher-level facility staff confirmed that they make unannounced rounds and that the unannounced rounds are documented by the officers in the housing unit logs. Both staff stated they can't stop staff from notifying one another and that it is against policy for them to do so. Staff stated they stagger their times and locations of the rounds and that they do not follow a pattern. One staff stated he conducts rounds based on what is going on for that day. The auditor requested documentation for unannounced rounds for five random days. The documentation provided was not adequate to confirm that unannounced rounds are made by intermediate or higher level supervisors in all housing units on all shifts.

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 for unannounced rounds for five random days. The documentation provided was not adequate to confirm that unannounced rounds are made by intermediate or higher level supervisors in all housing units on all shifts.

Corrective Action

The facility will need to provide the requested documentation. If it is unavailable the facility will need to ensure staff make unannounced rounds on all shifts in each housing unit. The auditor will select five additional days and documentation will need to be provided for those day.

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. Unannounced Rounds Documents 2. Training Email on Minimum Unit Unannounced Rounds 3. Unannounced Rounds for Minimum Unit <p>The facility provided the requested documentation for unannounced rounds. Rounds were documented in each housing unit across all shift, with the exception of the minimum unit. It was determined that unannounced rounds were not being conducted at the minimum unit across all shifts. On September 18, 2023 the facility sent a training email to supervisors advising of the requirement to conduct unannounced rounds across all shifts at the minimum unit.</p> <p>The facility provided confirmation that unannounced rounds were conducted at the minimum across all shifts for the weeks following the training email.</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 does not conduct cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 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 four transgender inmates confirmed all four 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. 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 four 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 twelve random staff confirmed all twelve 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 requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 103 DOC 506, page 7 states that except for gender non-conforming inmates, cross gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report. There were no cisgender females housed at the facility over the audit period. All four 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. A review of the PAQ supplemental documentation confirmed that female staff make a log entry when they enter housing units. During the tour the auditor confirmed that housing units, with exception of the minimum housing unit, provided privacy when using the toilet through cell doors with windows. The minimum unit provided privacy when using the toilet through half wall barriers and placement around corners. Showers at the minimum housing unit were

single person with curtains. The segregated housing unit provided privacy in the shower through an extended wall and metal door with a security window. The other housing units were single person showers with curtains, which were adequate for male inmates, but not adequate for transgender female inmates. The auditor observed that the showers were visible from the officer's station and the shower curtains did not cover the breast area. The auditor observed strip search areas related to cross gender viewing. Strip searches for visitation and intake are conducted in a holding cell. Strip searches in the segregated housing unit are conducted in an enclosed area in the cells and/or in a created enclosure in the dayroom. The auditor observed that the enclosure in the dayroom was chain link style and allowed cross gender viewing. During the on-site portion of the audit the facility indicated that they would be utilizing a mobile privacy barrier in front of the enclosure. The auditor observed the mobile barrier and confirmed it was adequate for privacy. A review of video monitoring technology indicated concern for cross gender viewing in the medical observation cells and the segregated housing observation cells. The cameras did not provide privacy when inmates were using the restroom. Further the auditor confirmed that the cameras in the general population units viewed the shower area, and while the curtains provided privacy from video monitoring for male inmates, the video monitoring provided cross gender viewing issues for transgender inmates using the shower. The auditor heard the opposite gender announcement each time the audit team entered the inmate housing units. The announcement was made upon entry into the housing units verbally and/or over the loudspeaker. The interviews with twelve random staff confirmed that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all twelve stated that staff of the opposite gender announce when entering housing units. Interviews with 31 inmates indicated that 28 have privacy when showering, using the restroom and changing their clothes. Additionally, 28 of the 31 inmates stated that opposite gender staff announce when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 103 DOC 512 page 7, states that searches or physically examining a gender non-conforming inmate for the sole purpose of determining the inmate's genital status shall not be permitted. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the contracted medical provider. Interviews with twelve staff indicated eight 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 four 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 twelve random staff indicated eight had received training on cross gender searches and searches of transgender inmates. The auditor requested documentation for fourteen staff, at the issuance of the interim report the auditor had only received five staff training records.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, 103 DOC 653, 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. Some of the housing units had single person showers with curtains, which were adequate for male staff, but not adequate for transgender female inmates. The auditor observed that the showers were visible from the officer's station and the shower curtains did not cover the breast area. A review of video monitoring technology indicated concern for cross gender viewing in the medical observation cells and the segregated housing observation cells. The cameras did not provide privacy when inmates were using the restroom. Further the auditor confirmed that the cameras in the general population units viewed the shower area, and while the curtains provided privacy from video monitoring for male inmates, the video monitoring provided cross gender viewing issues for transgender inmates using the shower. The auditor requested documentation for fourteen staff, at the issuance of the interim report the auditor had only received five staff training records.

Corrective Action

The facility will need to make appropriate modifications to the housing unit showers to alleviate the cross gender viewing issue from the officer's station for transgender inmates. Additionally, the facility will need to make appropriate modifications to

provide privacy when using the restroom for inmates housed in the observation cells. The facility will need to provide the requested training documents.

Recommendation

The auditor highly recommends that the facility add the PREA Resource Center's 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 preferences, 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 changes over the years related to these searches.

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. Requisition for Shower Curtains
2. Photos of Shower Curtains
3. Photos of Video Monitoring in Segregated Housing and Medical Observation
4. Staff Training Documents

The facility provided the requisition (order) for the purchase of showers curtains for transgender showers. The facility provided photos illustrating the view with the curtains. Curtains are those utilized at the female facility and cover the breast and genital area.

The facility provided photos confirming that modifications were made to the video monitoring technology in the segregated housing unit and the medical observation cells. The auditor observed that the camera views included a large gray box over the

	<p>toilet area.</p> <p>The facility provided staff training records confirming that they received training on cross gender searches and searches of transgender inmates.</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
	<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 401 - Booking and Admissions 3. 103 DOC 408 - Reasonable Accommodations for Inmates 4. 103 DOC 488 - Interpreter Services 5. Americans with Disabilities Act (ADA) in Corrections Training Curriculum 6. PREA Basic - Prison Rape Elimination Act Curriculum 7. Protecting Yourself from Sexual Assault Brochure 8. Inmate Orientation Handbook 9. PREA Posters 10. Staff Translator List 11. Lionbridge Interactive Voice Response Information 12. Staff Training Documentation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in Accessible Formats

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 103 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (ADA). The Department shall ensure that its programs, activities and services when viewed in their entirety, are readily accessible to, and usable by inmates with a disability. Additionally, it states that the Department shall provide inmates access to trained, qualified individual(s) who are educated in the problems and challenges faced by inmates with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist inmates with a disability, as well as in all the legal requirements for the protection of inmates with disabilities. A review of the Inmate Orientation 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. Page 22 and pages 25-26 outline information related to hearing impaired services and the Americans with Disabilities Act. A review of documentation confirmed that all staff receive training related on the Americans with Disabilities Act. Additionally, the PREA training also includes information on LEP and disabled inmates. 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 four disabled inmates indicated all four were provided PREA information in a format that they could understand. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters in English and Spanish. PREA Posters were on legal size paper on the bulletin boards and included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. In addition to the PREA Posters the facility had large metal posters that included the IPS hotline number and PREA hotline number. The metal posters were in each housing unit above the officer's station. The auditor also observed the large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Informal conversation with staff and inmates confirmed that PREA information has been posted for a while, however it was recently updated in January or February.

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 22 of the Inmate Orientation Handbook informs inmates that the Department of Corrections has a contracted service provider to provide over-the-phone interpretation, 24 hours a day, seven days a week. This service can provide translation of 140 different languages to any non-English speaking inmate. This service can only be used with a speaker telephone in the following areas whenever an inmate declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A 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. The facility provided a list indicated the facility has nineteen staff that can be utilized to interpret five different languages. A review of the Lionsbridge user's guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. The auditor observed that language translation information was posted on the walls in IPS. The auditor did not utilize the language translation service during the on-site portion of the audit, however the auditor did test the accessibility of the language interpretation service for LEP inmates during two prior MADOC audits. The auditor was provided the 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. Interpretation services are only accessible to inmates through a staff member. Interviews with three LEP inmates indicated one was provided PREA information in a format that he could understand. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters in English and Spanish. PREA Posters were on legal size paper on the bulletin boards and included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. In addition to the PREA Posters the facility had large metal posters that included the IPS hotline number and PREA hotline number. The metal posters were in each housing unit above the officer's station. The auditor also observed the large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Informal conversation with staff and inmates confirmed that PREA information has been posted for a while, however it was recently updated in January or February.

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 twelve random staff indicated that seven were aware of a policy prohibiting the use of inmate interpreters, readers and assistants for sexual abuse allegations. Interviews with four disabled inmates and three LEP inmates indicated none ever had another inmate assist with translation or interpretation for a sexual abuse allegation.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Protection Yourself from Sexual Assault Brochure, the Inmate Orientation 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,

	<p>random staff and LEP and disabled inmates indicates that this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that the facility emphasize the prohibition of inmate readers, interpreters and translators (provision c) during the next staff training.</p>
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115.17	Hiring and promotion decisions
	<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 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p>

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 103 DOC 201, page 21 states that all candidates for employment, regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about whether he/she has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Policy further states that if a candidate for employment answers yes to 201.06 Section 9, subsection a), b), or c) (questions above) they will be prohibited from being hired or promoted by the MA Department of Corrections. Page 2 of the MA Department of Corrections Application for Employment indicates that an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable: Criminal Offender Record Information (C.O.R.I); and Sex Offender Registry Information (S.O.R.I); and the Central Registry of Child Abuse/Neglect reports. If an offer of employment is made, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licensure, driver's license (if required for job) and/or a tax and background check. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?" and "Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?". A review of personnel files for two staff hired in the previous twelve months indicated that both had a criminal background records check completed. Additionally, a review of three contractor files of those hired in the previous twelve months confirmed that all three had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 103 DOC 201, page 52, Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the question "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?". Additionally, Attachment Y, page 113 includes the memorandum sent from the Executive Director of Human Resources on April 1, 2021 which states that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 103 DOC 201, pages 22-23 indicate that a criminal record check is conducted on all new employees prior to their assuming their duties in order to identify whether there are criminal convictions that may have a specific relationship to job performance in accordance with state and federal statutes. The background investigation shall include, but not be limited to, the following: a criminal records check including local police departments, Massachusetts Board of Probation, National Crime Information Center (NCIC), Nation Law Enforcement Telecommunications System (NLETS), Registry of Motor Vehicles, FBI fingerprints and Warrant Management Systems (WMS); past employment check, including the investigator's best efforts in contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an alleged sexual abuse and character reference check. The PAQ indicated that 22 people were hired in the previous twelve months who had a criminal background records check. Further communication with the PCM indicated there were zero new hires for the MADOC but Wellpath and Spectrum (contractors) have hired 22 people. A review of personnel files for two staff who were hired in the previous twelve months indicated that both had a criminal background records check completed. One of the two had prior institutional employment and the agency completed the prior institutional checks. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants and that the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 103 DOC 201, page 23 indicates that a full criminal record check and fingerprinting shall be conducted regarding all contractors as described in

103 DOC 201.09(1). The PAQ indicated that there have been four contracts for services where criminal background record checks were conducted on all staff covered under the contract. A review of three contractor personnel files of those hired in the previous twelve months indicated all three had a criminal background records check completed. The Human Resource staff member confirmed that all contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. Attachment Y, page 114 states that the agency shall either conduct criminal background record checks at least every five years 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. A review three staff hired more than five year ago and two contractors hired more than five years ago indicated only the two contractors had a criminal background records check completed at least every five years. The interview with the Human Resource staff member indicated that a criminal background records check is completed through the CJIS system. He stated the system checks all local criminal history, national criminal history, sex offender registry and any active warrants. He stated if there is any information indicating they had prior institutional work they would also reach out to that institution for information related to sexual abuse and sexual harassment. The Human Resource staff confirmed the agency has a system in place to do criminal background records check on all active employees and contractors at least every five years.

115.17 (f): 103 DOC 201, page 21 state that all candidates for employment, regardless of whether for initial employment or promotion, who may have contact with inmates, shall be asked, in either written application(s) or interview(s), about whether he/she has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Page 2 of the MA Department of Corrections Application for Employment indicates that an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable: Criminal Offender Record Information (C.O.R.I); and Sex Offender Registry Information (S.O.R.I); and the Central Registry of Child Abuse/Neglect reports. If an offer of employment is made, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licensure, driver's license (if required for job) and/or a tax

and background check. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?" and "Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?". A review of two new hires indicated that both completed Attachment X. Additionally, the auditor requested forms for two staff who were promoted over the previous twelve months. At the issuance of the interim report the documentation was not yet provided. The Human Resource staff stated that there is an attachment that is included with the application that asks these questions and each applicant is required to answer the questions. He further stated that the agency imposes a continuing duty to disclose any such misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 103 DOC 201, page 21 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Page 3 of the Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections states that staff are required to report promptly in writing to the Superintendent, DOC Department Head, or their designee, any changes of events regarding residential address, home telephone number, marital status, and any involvement with law-enforcement officials pertaining to any investigation, arrest or court appearance.

115.17 (h): The Human Resource staff member indicated that the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested. He stated he was unaware of any laws that would prohibit the disclosure of this information.

Based on a review of the PAQ, 103 DOC 201, Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections, the MA Department of Correction Application for Employment, the MA Department of Correction Application for Employment Attachment X, the PREA 201 Employer Addendum, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. A review three staff hired more than five year ago and two contractors hired more than five years ago indicated only the two contractors had a criminal

background records check completed at least every five years. The auditor requested forms for two staff who were promoted over the previous twelve months. At the issuance of the interim report the documentation was not yet provided.

Corrective Action

The facility will need to provide the requested documentation. If documentation is unavailable, the facility will need to determine a process to ensure five year background checks are conducted for all staff and contractors. A process memo will need to be provided as well as training of appropriate staff on the process. Examples of five year background checks will need to be provided to the auditor. Additionally, the facility will need to ensure that Attachment X is completed by all staff prior to promotion. Training of appropriate staff related to this will need to be provided along with examples from the facility promotions.

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. Training Memorandum Related to Five Year Criminal Background Record Checks
2. Process Memorandum Related to Five Year Criminal Background Record Checks
3. List of Staff and Contractors and Date of Current Criminal Background Record Checks
4. Staff Training Memorandum Related to Attachment X Prior to Promotion
5. Attachment X for Promoted Staff

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.

	<p>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 tracking spreadsheet with the date of their 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 had a criminal background records check completed within the previous five years.</p> <p>The facility provided a signed training memo that outlined the requirement for Attachment X to be completed prior to promotion. The facility provided documentation for two staff promoted during the corrective action period. Both staff completed the Attachment X prior to promotion.</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
	<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 703 - Design Criteria and Planning Guidelines 3. PREA Meeting Minutes <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 703, page 3 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design or modification upon the agency's ability to protect inmates from sexual abuse. 103 DOC 519, page 13 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment IV. Considerations shall be given to past PREA events, staffing plants, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. During the tour the auditor confirmed there were no substantial modifications to the existing facility. The facility modified an area of the facility for the MAT program, but it was not a substantial modification. 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 indicated that they have extended railings in a few units and they created a MAT program and medication area for the clinic. He stated they looked at and evaluated that additional staff were needed for the space and that cameras were needed as well. He confirmed no matter what the modification they have checks and balances.

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. A review of the September 2022 PREA Meeting Minutes confirmed that the facility discussed the facility's current camera coverage as well as the additional cameras requested and those that still needed installed. The meeting minutes outlined the areas that cameras needed to be installed as well as additional areas that were identified for camera needs. During the tour the auditor observed video monitoring technology in housing units and common areas. Cameras are monitored by Control, Captains, IPS staff and Administrative staff. Health Services staff and segregated housing staff are also able to monitor the cameras in their unit only. 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 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. 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 look at locations for cameras and by adding cameras they cover blind spots and other areas. The Warden further stated they have expanded the number of monitors in the control for review of the cameras and they have added cameras to isolated areas, such as the kitchen.

Based on a review of the PAQ, 103 DOC 73, PREA Meeting Minutes, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1626 544 1659">Auditor Discussion</p> <p data-bbox="256 1704 432 1738">Documents:</p> <ol data-bbox="256 1776 1278 2022" style="list-style-type: none"> <li data-bbox="256 1776 655 1809">1. Pre-Audit Questionnaire <li data-bbox="256 1848 1278 1881">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention <li data-bbox="256 1919 1031 1953">3. Wellpath 57.00 - Sexual Assault/PREA Compliance <li data-bbox="256 1991 847 2024">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. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting both administrative and criminal investigations and that the Massachusetts State Police (MSP) also conduct 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 twelve random staff indicated that all twelve knew and understand the protocol for obtaining useable physical evidence. Additionally, eleven staff indicated that investigations would be completed by IPS, the PREA Investigator and/or the State Police.

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 onsite and at an outside hospital. It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations conducted by SAFE or SANE and that when SAFE/SANE are not available, a qualified medical practitioner performs forensic medical examinations. The PAQ further states that efforts to provide SAFE or SANE are documented. Further communication with the PC indicated forensic medical examinations are offered outside of the facility only. 103 DOC 519, pages 15-16 state that upon completion of the medical and mental health evaluation, the Superintendent/designee, in consultation with medical and mental health personnel, shall determine whether a referral to an outside hospital with a rape crisis unit and SANE Program services is warranted. If the determination is made the inmate victim should be sent to an outside hospital, and if the inmate victim consents, the inmate victim shall be transported to an outside hospital with a SANE Program where he/she shall receive essential medical intervention, including preventative treatment for HIV,

sexually transmitted disease, and pregnancy, if appropriate. Page 17 further states rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. Additionally, Wellpath 57.00, page 2 states that healthcare staff shall not engage in the collection of forensic evidence, or the investigation of the complaint. Page 3 further states that healthcare staff shall follow guidelines for referring Massachusetts State prison patients to one of the designated SANE "designated hospitals" and shall notify the designated Hospital Emergency Unit (EU) triage nurse of the referral prior to transport. The designated hospitals attachment confirms that Beth Israel Deaconess Center is a designated SANE hospital. The PAQ stated that there were zero forensic exams conducted in the previous twelve months but one exam was conducted by SAFE/SANE and one exam was conducted by a qualified medical practitioner during the previous twelve months. Further communication with the PC indicated there was one forensic medical examination at an outside hospital. A review of the PAQ supplemental documentation indicated one inmate was advised of the importance of evidence collection at Beth Israel and was explained the process, but refused the forensic medical examination and signed a release of responsibility form. A review of documentation confirmed there was one allegation of sexual abuse that was reported within the timeframe for a forensic medical examination. The documentation was provided in the PAQ and was referenced above. 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 does not provide 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. Further communication with the PC indicated BARCC provides all 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 that Beth Israel provides a victim advocate for inmates during forensic medical examinations through BARCC. The interviews with the inmates who reported sexual abuse indicated none were afforded the opportunity to contact anyone after they reported an allegation. It should be noted that while inmates advised they did not contact anyone, they are provided the pamphlet which directs them on BARCC's services. Additionally, BARCC provides all inmates with a fifteen minute presentation upon arrival to MADOC on their services, including advocacy during a forensic medical examination and during investigatory interviews.

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 advocacy services are provided through BARCC, which is the local rape crisis center. The interviews with the inmates who reported sexual abuse indicated none were afforded the opportunity to contact anyone after they reported an allegation. It should be noted that while inmates advised they did not contact anyone, they are provided the pamphlet which directs them on BARCC's services. Additionally, BARCC provides all inmates with a fifteen minute presentation upon arrival to MADOC on their services, including advocacy during a forensic medical examination and during investigatory

	<p>interviews.</p> <p>115.21 (f): The PAQ indicated this provision does not apply. Further communication with the PC 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.</p> <p>115.21 (g): The auditor is not required to audit this provision.</p> <p>115.21 (h): The facility has a contract with BARCC to provide all advocacy services. BARCC is the local rape crisis center for Boston and surrounding areas and always provides advocacy services to inmates under this standard. The interview with the BARCC staff member confirmed all BARCC staff complete a 40 hour rape crisis counseling training mandated by the Department of Health.</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
	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. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 4. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 103 DOC 519, page 18 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Page 19 states that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. The interview with the Agency Head Designee confirmed that all allegations are investigated by either Internal Perimeter Security (IPS) staff, the Superintendents Special Investigator (SSI) or the Professional Standards Unit (formerly 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 21 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all 21 resulted in an administrative investigation. The PAQ indicated all investigations were completed in the past twelve months. A review of fourteen sexual abuse and sexual harassment allegations confirmed all fourteen were referred for investigation. Thirteen of the fourteen investigations were completed at the time of the on-site portion of the audit.

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

115.22 (c): 103 DOC 519, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegation involves a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. A review of the agency website (<https://www.mass.gov/lists/departments-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. The MOU with the MSP indicates that the MSP screens cases referred to their agency to determine if the MADOC may handle the case utilizing internal investigators, or if the case is most appropriately investigated by the MSP.

115.22 (d): 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

	<p>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.</p> <p>115.22 (e): The auditor is not required to audit this provision.</p> <p>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.</p>
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115.31	Employee training
	<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 216 - Training and Staff Development 3. Prison Rape Elimination Act (PREA) Basic Lesson Plan 4. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff <p>Findings (By Provision):</p> <p>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</p>

and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting laws. 103 DOC 216, pages 10 states that all employees shall receive training on PREA. A review of the PREA 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 fourteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff stated they receive training annually online and that the training goes over first responder duties and scenarios. All twelve staff stated the required elements under this provision were included 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 every two years. 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 fourteen staff training records indicated thirteen had completed PREA training at least every 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 fourteen staff training records indicated that all fourteen 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 Basic 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.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 Training Acknowledgment 5. New Employee Orientation PowerPoint Presentation - PREA Basic 6. Sample of Contractor Training Records 7. Sample of Volunteer Training Records <p>Interviews:</p>

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

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 103 DOC 216, page 11 states that volunteers and contractors who have contact with inmates shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. 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 257 volunteers and contractors received PREA training. Further communication with the PCM indicated that there is a high turnover rate with contractors and as such there are more contractors that received training than what are currently employed. All current contractors and volunteers have received training. The interviews with two contractors and one volunteer confirmed that they all had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of eight contractor training files indicated seven had completed the PREA training. The auditor requested six volunteer training files, but at the issuance of the interim report only one records was 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 are required the PREA Basic training that staff complete which includes the zero tolerance policy and methods to report. Interviews with contractors and volunteers indicated that they received training and the training covered the zero tolerance policy and how and who to report the information to. One contractor stated that she received training through Wellpath and also received the annual training through the MADOC. She stated the training is conducted in training

rooms and they cover PREA. The second contractor stated she received training the first week after hire and then has completed training annually after. She indicated her training was an online video and reading, which was during COVID, but she believes the training is in person now. The volunteer indicated that he received orientation where they discussed PREA verbally. He stated he also received a volunteer manual. A review of eight contractor training files indicated seven had completed the PREA training. The auditor requested six volunteer training files, but at the issuance of the interim report only one records was 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 the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) form or the Prison Rape Elimination Act (PREA) Basic Training Acknowledgment form to confirm receipt of the training. Contractors also can take the training electronically which includes a quiz that documents their understanding. A review of eight contractor training files indicated seven had completed the PREA training. The auditor requested six volunteer training files, but at the issuance of the interim report only one records was received.

Based on a review of the PAQ, 103 DOC 216, the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA), Prison Rape Elimination Act (PREA) Basic Training Acknowledgment, New Employee Orientation PowerPoint Presentation - PREA Basic, contractor and volunteer training records as well as the interviews with contractors and volunteers indicates that this standard appears to require corrective action. A review of eight contractor training files indicated seven had completed the PREA training. The auditor requested six volunteer training files, but at the issuance of the interim report only one records was received.

Corrective Action

The facility will need to provide the requested training documents or indicate if they were not completed in order for the auditor to determine if additional 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. Contractor Training Record
2. Volunteer Training Records

The facility provided the originally requested PREA training documents. All volunteers and contractors were documented with PREA training. It should be noted the one contractor had PREA training completed during the corrective action period as the record could not be located.

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

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Contractor Training Record
2. Volunteer Training Records

The facility provided the originally requested PREA training documents. All volunteers and contractors were documented with PREA training. It should be noted the one contractor had PREA training completed during the corrective action period as the record could not be located.

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 Training 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. Pages 28-30 of the Inmate Orientation Handbook confirms that it includes all the information as Attachment #2, however it is facility specific information for Old Colony. The PAQ indicated that 294 inmates received information at intake on the zero tolerance policy and how to report incident of sexual abuse/sexual harassment. This is equivalent to 100% of inmates who arrived at the facility over the previous twelve months. During the tour the auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the Inmate Orientation Handbook. The Inmate Orientation Handbook is available in both English and Spanish and includes information on the zero tolerance policy and methods to report. A review of twelve inmate files of those received in the previous twelve months indicated that all twelve received PREA information at intake. The auditor also requested documentation for eight additional inmates, however at the issuance of the interim report the documentation had not yet been received. The interview with intake staff confirmed that inmates are provided information on the agency's sexual abuse and sexual harassment policies during intake. The staff stated that all inmates receive an Inmate Orientation Handbook upon arrival in booking. 22 of the 31 inmates that were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. It should be noted that OCCC 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 OCCC unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ indicated that 294 inmates received comprehensive PREA education within 30 days of intake, which is equivalent to 100%

of those that arrived in the last twelve months and stayed longer than 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 a classroom setting within seven days of arrival. Inmates are shown a video on a 36 inch television and staff also go over things in the Inmate Orientation Handbook and answer any questions. The auditor viewed the video and confirmed that it provides information on ADA accommodations, right to be free from sexual abuse, the PREA hotline number (advises it is not recorded and does not require a pin), BARCC contact information (advises for support services and not a reporting mechanism), the external reporting entity contact information (MSP address) and information on the policy and that it is located in the library. The video is available in English and Spanish and also had closed captioning. Further the orientation also includes the PREA What You Need to Know video. LEP and disabled inmate would be provided accommodations through one-on-one PREA education. The staff stated they would request the video in the appropriate language needed as well, however they had not come across this issue yet. A review of twelve inmate files of those received in the previous twelve months indicated that all twelve had received comprehensive PREA education within 30 days. The auditor also requested documentation for eight additional inmates, however at the issuance of the interim report the documentation had not yet been received. The interview with the intake staff confirmed that inmates receive comprehensive PREA education through the orientation process. The staff stated that inmates watch the orientation PREA, which includes information on the inmates right to be free from sexual abuse, right to be free from retaliation and policies and procedures after a report of sexual abuse. Staff stated orientation is completed within seven day of arrival. Interviews with inmates indicated 21 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 information at other facilities and/or a few days after arrival at OCCC.

115.33 (c): The PAQ indicated that is provision is not applicable as all inmates had received comprehensive PREA education within 30 days of arrival. 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. A review of 40 total inmate files indicated 31 had comprehensive PREA education. It should be noted that the nine without were documents that were not received by the facility at the issuance of the interim report. Further, a review of the 31 inmate files indicated that eight had received comprehensive PREA education prior to 2013, which illustrated that they were not educated within a year of the release of the PREA standards as required by this provision. The interview with the intake staff confirmed that inmates receive comprehensive PREA education through the orientation process. The staff stated that inmates watch the orientation PREA, which

includes information on the inmates right to be free from sexual abuse, right to be free from retaliation and policies and procedures after a report of sexual abuse. Staff stated orientation is completed within seven day of arrival.

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. The PAQ stated that the agency has a full time ASL interpreter for deaf/hard of hearing inmates and that they are able to increase font size for anyone with a visual impairment. It further stated that staff assist any inmates with literacy issues. 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 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. Page 22 and pages 25-26 outline information related to hearing impaired services and the Americans with Disabilities Act. Page 22 of the Inmate Orientation Handbook informs inmates that the Department of Corrections has a contracted service provider to provide over-the-phone interpretation, 24 hours a day, seven days a week. This service can provide translation of 140 different languages to any non-English speaking inmate. This service can only be used with a speaker telephone in the following areas whenever an inmate declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. The facility provided a

list indicated the facility has nineteen staff that can be utilized to interpret five different languages. 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 three disabled inmate files indicated all three had signed that they received and understood PREA education. It should be noted that one of the disabled inmates completed PREA education prior to 2013. A review of six LEP inmate files indicated five had signed that they received and understood the PREA education. It should be noted that one LEP inmate completed the education prior to 2013 and three had English acknowledgment forms that did not notate any language 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. The facility utilizes the Intake and Orientation Checklist which illustrates that inmates sign that they have received the Inmate Orientation Handbook (includes a box to check to indicate if received in English, Spanish or Other). Further the form also has a second part where the inmate signs they received orientation which includes "Staff/Inmate Sexual Misconduct (PREA)". A review of 40 total inmate files indicate all documents provided (31 inmate) signed acknowledging that they received PREA education.

115.33 (f): The PAQ indicated 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 in English and Spanish. PREA Posters were on legal size paper on the bulletin boards and included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. In addition to the PREA Posters the facility had large metal posters that included the IPS hotline number and PREA hotline number. The metal posters were in each housing unit above the officer's station. The auditor also observed the large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Informal conversation with staff and inmates

confirmed that PREA information has been posted for a while, however it was recently updated in January or February.

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 appears to require corrective action. A review of twelve inmate files of those received in the previous twelve months indicated that all twelve had received comprehensive PREA education within 30 days. The auditor also requested documentation for eight additional inmates, however at the issuance of the interim report the documentation had not yet been received. A review of twelve inmate files of those received in the previous twelve months indicated that all twelve had received comprehensive PREA education within 30 days. The auditor also requested documentation for eight additional inmates, however at the issuance of the interim report the documentation had not yet been received. A review of 40 total inmate files indicated 31 had comprehensive PREA education. It should be noted that the nine without were documents that were not received by the facility at the issuance of the interim report. Further, a review of the 31 inmate files indicated that eight had received comprehensive PREA education prior to 2013, which illustrated that they were not educated within a year of the release of the PREA standards as required by this provision. A review of three disabled inmate files indicated all three had signed that they received and understood PREA education. It should be noted that one of the disabled inmates completed PREA education prior to 2013. A review of six LEP inmate files indicated five had signed that they received and understood the PREA education. It should be noted that one LEP inmate completed the education prior to 2013 and three had English acknowledgment forms that did not notate any language accommodations.

Corrective Action

The facility will need to provide the requested documentation. The facility will need to identify all inmates who receive PREA education prior to 2013 and subsequently educate. A sample of the records as well as an assurance memo will need to be provided. The facility will need to ensure all LEP and disabled inmates received PREA education in a format they can understand. LEP inmates should sign an acknowledgment form that they understand or documentation should be noted how the information was translated. The facility will need to identify all LEP inmates and educate them in an appropriate format and provide the updated documentation showing accommodations.

	<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. Inmate Education Documents 2. Assurance Memorandum Related to Comprehensive PREA Education 3. Assurance Memorandum Related to LEP/Disabled Inmate Education 4. LEP Inmate Education Documents <p>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 inmate education documents were provided, including those originally identified during documentation review by the auditor. Additionally, the facility provided an assurance memo confirming all inmates received prior to 2013 were provided comprehensive PREA education during the corrective action period.</p> <p>Additionally, the facility identified all LEP and disabled inmates that required translation/accommodation and provided comprehensive PREA education. A sample of inmate education records were provided outlining modifications and those that refused modifications. The facility provided an assurance memo advising all LEP and disabled inmates were provided education with necessary modifications.</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
	Documents:

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

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 103 DOC 519, page 10 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum confirms that it covers; techniques for interviewing sexual abuse victims (course 2, pages 2-6 and course 4, pages 3-16), proper use of Miranda and Garrity warnings (course 4, page 2), sexual abuse evidence collection in a confinement setting (course 3, pages 3-10) and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (course 5, page 1). A review of documentation indicated that nine facility staff have completed the specialized investigator training. The interviews with the investigative staff confirmed that all three received specialized training. One facility investigator stated he received training at Milford that was a three day training. The training went over policies and how to conduct an investigation from start to finish. The second facility investigator stated he received training on investigative steps, what to put in the report, who to notify and how to gather evidence. The agency investigator stated he received training years ago that included interview tactics, evidence collection, the process of conducting an investigation, the PREA database and procedures for SAFE/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 nine facility staff have completed the specialized investigator training. The interviews with the investigators confirmed that all three had received specialized training. All three confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that three facility investigator had completed the required training. A review of documentation indicated that nine facility staff have completed the specialized investigator training. A review of investigations indicated they were completed by five different investigators. Training records confirmed that all five completed the specialized investigator training.

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

Based on a review of the PAQ, 103 DOC 519, PREA/Sexual Assault Investigator Training Curriculum, investigator training records as well as information from interviews with investigative staff indicate that the facility appears to meet this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<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

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. Wellpath 57.00, pages 4-5 state the contracted healthcare vendor shall ensure that full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicion of sexual abuse and sexual harassment. 103 DOC 650, page 44 states that the vendor, in conjunction with the Department, shall ensure that all full and part time mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicion of sexual abuse and sexual harassment. A review of the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirms that it includes information on the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 91 medical and mental health care staff and that 100% of the staff received the specialized training. Interviews with medical and mental health staff confirm that both received specialized training, that included the elements under this provision. The medical staff member stated the training discussed what patients are at higher risk, what to do after a report of sexual abuse, where patients go for forensic medical examinations, evidence collection/preservation and secluding the victim from any further trauma. The mental health staff member stated that she completed a training independently and she also conducts online modules through Wellpath and MADOC. A review of six medical and mental health staff training documents confirmed that all six completed the specialized medical and mental health training.

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

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Wellpath 57.00, page 5 states the contracted healthcare vendor shall maintain documentation that medical and mental health care have received the training. 103 DOC 650, page 44 states that the vendor shall maintain documentation that mental health practitioners have received the training and forward a list of trained staff to the DOC on a quarterly basis. A review of six medical and mental health staff training documents confirmed that all six completed the specialized medical and mental health training. All six staff had a certificate of completion.

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). A review of documentation confirmed that all six medical and mental health care staff completed contractor PREA training required under 115.32.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, Wellpath 57.00, the Wellpath PREA lesson plan, 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 be compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 103 DOC 650, page 9 states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Interviews with thirteen inmates that arrived within the previous twelve months confirmed twelve had been asked the risk screening questions at intake. The interviews with the staff responsible for the risk screening confirmed that inmates are screened at intake for their risk of being sexually victimized or being sexually abusive. During the tour the auditor was provided a demonstration of the initial risk assessment. A portion of the initial risk screening is conducted in a private office setting on the first day of arrival by booking staff. Booking staff go through the risk screening information in IMS. Some of the risk screening information is pre-populated, including age and criminal history while some information is obtained through conversation with the inmate. The staff indicated they ask some of the questions and then the inmate is sent to mental health for

additional screening. Medical staff complete the second part of the risk screening within 72 hours in a private office setting. Medical staff ask about; prior victimization, sexual preference, gender identity, disabilities and perception of vulnerability. The auditor reviewed the information on the risk screening via the computer screen and confirmed that information such as age, height, weight, prior incarcerations, current conviction, etc. were already populated. Staff had the ability to change certain information if applicable, (i.e. if the inmate had gained or lost signification weight. After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator.

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 294 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 twelve inmate files of those that arrived within the previous twelve months indicated that all twelve had an initial risk screening completed. Nine of the twelve were completed within 72 hours. It should be noted the auditor requested an additional eight inmate files, however at the issuance of the interim report they were not yet received. Interviews with thirteen inmates that arrived within the previous twelve months indicated that twelve had been asked the risk screening questions at intake. The majority indicated they were asked the questions when they arrived at the facility. 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 indicated that some information on the risk screening is pre-populated in the system while other information is asked. One staff member stated the risk screening considers prior sexual victimization and perpetration, disabilities, gender identity and sexual preference, perception of vulnerability. The other staff member stated that the risk screening includes prior sexual victimization, prior abusiveness, criminal history, age, prior incarcerations, gender identity, sexual preference and disabilities. Both staff confirmed the required elements under this provision are included in the risk screening.

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 indicated that some information on the risk screening is pre-populated in the system while other information is asked. One staff member stated the risk screening considers prior sexual victimization and perpetration, disabilities, gender identity and sexual preference, perception of vulnerability. The other staff member stated that the risk screening includes prior sexual victimization, prior abusiveness, criminal history, age, prior incarcerations, gender identity, sexual preference and disabilities. Both staff confirmed the required elements under this provision are included in the risk screening.

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 294, or 100% of inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days.

Interviews with thirteen inmates that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. The inmates stated they were asked anywhere from a month to six months later. A review of twelve inmate files of those received in the previous twelve months indicated all twelve had a reassessment completed. Nine of the twelve were completed within 30 days. It should be noted the auditor requested eight additional inmate documents, however at the issuance of the interim report the documentation had not yet been received.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 103 DOC 650, page 10 states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The interview with staff responsible for risk screening confirmed that inmates are reassessed when warranted due to request, referral, incident of stated they can do a "for cause" review when warranted. Interviews with thirteen inmates that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. The inmates stated they were asked anywhere from a month to six months later. A review of sexual abuse investigations indicated two required a reassessment as they would require the victimization to be updated based on the incident/allegation. Of the two, one inmate had a reassessment completed. One inmate was transferred from the facility prior to the conclusion of the investigation and as such the facility could not conduct a reassessment.

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 that the agency was currently (during the on-site) working to ensure that the appropriate controls were in place for the risk screening information. She stated Correctional Officers did have access but they were unaware of the access so they were retaking steps to restrict the access. The staff responsible for the risk screening indicated they were not sure who all had access but they knew booking and mental health had access. One staff stated he did not believe everyone had access to the information. Inmate medical, mental health and classification records are paper and electronic. Paper records are maintained in a locked room that is staffed Monday through Friday 7:30am-3:30pm. Access to the medical records room is limited to medical and mental health care staff. Electronic records are maintained in the ERMA electronic database and are only accessible to medical and mental health care staff. The staff stated inmate records are only able to be provided to security if the inmate authorizes the release. Inmate risk assessments are documented electronically via the electronic inmate management 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. Additionally, the PC issued a memo to all Superintendents advising of the corrective action and advising them that the IMS Basic Security profile no longer supports access to the housing risk factor response screen and that they would need to deem any line staff in specialized roles that do need access and submit a ticket to have the access added to their IMS profile.

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 twelve inmate files of those that arrived within the previous twelve months indicated that all twelve had an initial risk screening completed. Nine of the twelve were completed within 72 hours. It should be noted the auditor requested an additional eight inmate files, however at the issuance of the interim report they were not yet received. Interviews with thirteen inmates that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. The inmates stated they were asked anywhere from a month to six months later. A review of twelve inmate files of those received in the previous twelve months indicated all twelve had a reassessment completed. Nine of the twelve were completed within 30 days. It should be noted the auditor requested eight additional inmate documents, 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. Once received the auditor will determine if additional information is needed to determine compliance or if any 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. Risk Screening Documents

The facility provided the requested documentation. All were completed as outlined under the standard related to the initial risk assessment within 72 hours and the reassessment within 30 days.

Based on the documentation provided the facility has corrected this standard and as

such appears to be compliant.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 DOC 652 - Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
5. 103 DOC 750 - Hygiene Standards
6. 103 DOC 401 - Booking and Admission
7. Sample of Housing Determination Documents
8. Transgender/Intersex Inmate Biannual Reviews
9. LGBTI Inmate Housing Documents

Interviews:

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

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates

3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 103 DOC 519, pages 10-11 state that the Department shall utilize an internal risk housing tool to assess inmates for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 – Booking and Admissions. Policy further states that once an inmate is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the inmate needs and housing assignment of that inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate’s victimization history and/or the inmate’s “at risk” status. Similar considerations shall be given for placement of an inmate in a dormitory setting. Additionally, page 12 continues that upon learning that an inmate has been identified as a predator, or is at risk for such, the Superintendent shall carefully assess the immediate needs and housing assignment of the inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate’s predatory history and/or the inmate’s “at risk” status. Similar considerations shall be given for placement of an inmate in a dormitory setting. The interview with the PREA Compliance Manager indicated that information from the risk screening is used for housing. She stated they do not house inmates together based on the risk screening if they are not compatible. She stated they do not put known victims and potential victims with known perpetrators and potential perpetrators. The PCM further stated that they look at the more vulnerable inmates and monitor them in the housing units. She stated the facility is always looking at housing units and any vulnerabilities related to inmate risk assessments. Additionally, the PCM indicated they have a lot of meetings related to appropriate housing. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to keep those at risk of victimization separate from those at risk of abusiveness. One staff member stated it is used for treatment and housing. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together in the same cells. It should be noted that there were high risk victims housed in the same unit as high risk abusers however they were not housed in the same cells and the housing units had direct staff supervision. Additionally, the known victims and known predators did not work/program together in unsupervised areas and generally, they did not work together at all. The facility utilizes the output categories from the risk screening to review housing for each individual who is at high risk of victimization or

abusiveness.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 103 DOC 519, pages 10-11 state that the Department shall utilize an internal risk housing tool to assess inmates for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 - Booking and Admissions. Policy further states that once an inmate is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the inmate needs and housing assignment of that inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate's victimization history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. Additionally, page 12 continues that upon learning that an inmate has been identified as a predator, or is at risk for such, the Superintendent shall carefully assess the immediate needs and housing assignment of the inmate. Where double bunking is necessary, the staff member making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the inmate, keeping in mind the inmate's predatory history and/or the inmate's "at risk" status. Similar considerations shall be given for placement of an inmate in a dormitory setting. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to keep those at risk of victimization separate from those at risk of abusiveness. One staff member stated it is used for treatment and housing.

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 interview with the PCM indicated that the majority of what the facilities relies upon related to housing is information from the Gender Dysphoria Treatment/Security Committee. When the inmate is deemed Gender Non-Conforming they get reviewed by the committee related to pronouns, housing, searches, etc. She further stated they are told what is appropriate for the inmate and that they can request a single cell. The PCM confirmed that when deciding housing and programming assignment for transgender and intersex inmates the facility considers the inmate's health and safety and whether the placement will present any security or management problems. Interviews with four transgender inmates indicated two were asked how they felt about their safety. All four stated they did not believe that LGBTI inmates were housed at one facility, in a housing unit or on a specific wing due to gender identity and/or sexual preference. It should be noted that that all four inmates were asked about their perception of vulnerability (safety) during risk assessments (biannual reviews).

115.42 (d): 103 DOC 519, page 12 states that placement and programming assignments for each transgender or 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 auditor requested documentation for six transgender inmates across the agency, as well as four additional transgender inmates at OCCC. The four transgender inmates currently at OCCC were documented with biannual assessments. The auditor did not receive sufficient documentation related to the six transgender inmates across the agency at the issuance of the interim report, however the auditor determined that because the transgender inmates at OCCC had biannual assessments, enough documentation was provided to confirm that the facility completes biannual assessments. The staff responsible for

the risk screening indicated that transgender and intersex inmates would be reassessed monthly by mental health. The second staff member stated he was unsure if they were as he did not conduct those screenings. The PCM stated that transgender and intersex inmates are reassessed every six months.

115.42 (e): 103 DOC 652, page 13 and 103 DOC 653, page 5 state that a GD/gender non-conforming inmate's own views with respect to his or her own safety will be given serious consideration. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' view with respect to their safety are given serious consideration. The interviews with four transgender inmates indicated that two were asked about how they felt about their safety. A review of documentation indicated that all inmates were asked about their perception of vulnerability (safety) during risk assessments (biannual reviews).

115.42 (f): 103 DOC 652, page 14 states that inmates diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other inmates per 103 DOC 750 - Hygiene Standards. 103 DOC 750, page 7 states that Superintendents shall develop procedures to ensure inmates identified as Gender Non-Conforming shall be given the opportunity to shower separately from other inmates. During the tour the auditor observed that all showers were single person and included curtains and/or an extended wall and metal door. The auditor did observe however that general population housing unit shower curtains were inadequate for transgender inmates (see Standard 115.15). 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 and intersex inmates get a shower letter and are able to shower at a separate time after count. The interviews with four transgender inmates indicated that all four 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 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 inmates were housed across over 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 five LGBTI inmates indicated that none felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 401, inmate housing determinations, transgender housing determinations, biannual reviews, LGBTI inmate housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.

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

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 103 DOC 519, page 11 states that inmates at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the inmate from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the inmate in segregated housing for less than 24 hours while completing the assessment. Additionally, page 8 of 103 CMR 423 states that upon verification that an inmate requires separation from general population to protect the inmate from harm by others, the inmate shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the inmate may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An inmate shall not be held in Restrictive Housing to protect the inmate from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the inmate may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. Such inmates will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of victimization in segregated housing unless there are no other available alternative means of separation of likely abusers. A review of housing assignments for inmates at high risk of victimization confirmed 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 a hearing office and had a library cart accessible for the inmates. The housing unit contained a dayroom and outdoor recreation enclosures. The PREA posters were observed in both English and Spanish in the housing unit by the showers. Additionally, the PREA hotline number and BARCC number were also observed in the housing unit. Inmates in segregated housing are provide three hours of out of cell recreation (two hours outside and one hour inside) and four phone calls per week via a rolling phone. Correspondence, grievances and mail are collected daily by a staff member. Inmates are provided grievance forms and "security" pens in segregated housing upon request. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate is involuntarily segregated due to their risk of sexual victimization they would be afforded access to programs, privileges, education and work opportunities to the extent possible. He stated any restrictions would be documented related to duration and reason for restriction. A review of housing assignments for inmates at high risk of victimization confirmed none were housed in the segregated housing unit (Behavioral Assessment Unit - BAU). There were no inmates in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. 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 as soon as they identify that the individual is a victim they would no longer be housed in segregated housing. The Warden stated the alleged perpetrator would instead be placed in segregated housing. The interview with the staff who supervise inmates in segregated housing confirmed that any inmate at risk of victimization that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. The staff indicated that this does not happen often and he can't remember the last time that it did so he honestly couldn't say the average length of time the inmate would be involuntarily segregated. He did indicate that investigation have to be completed within 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 have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision. A review of housing assignments for inmates at high risk of victimization confirmed none were housed in the segregated housing unit (Behavioral Assessment Unit - BAU).

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 placed in involuntary segregated housing would be reviewed at least every 30 days. He stated they would actually be reviewed weekly. 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
	<p data-bbox="256 1473 544 1509">Auditor Discussion</p> <p data-bbox="256 1554 432 1585">Documents:</p> <ol data-bbox="256 1626 1276 1944" style="list-style-type: none"> <li data-bbox="256 1626 659 1657">1. Pre-Audit Questionnaire <li data-bbox="256 1697 1276 1729">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention <li data-bbox="256 1769 743 1800">3. Inmate Orientation Handbook <li data-bbox="256 1841 509 1872">4. PREA Posters <li data-bbox="256 1912 791 1944">5. Incident Reports (Verbal Reports) <p data-bbox="256 2056 416 2087">Interviews:</p>

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. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters in English and Spanish. PREA Posters were on legal size paper on the bulletin boards and included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. In addition to the PREA Posters the facility had large metal posters that included the IPS hotline number and PREA hotline number. The metal posters were in each housing unit above the officer's station. Additionally, the PREA hotline was observed on the back of each inmate identification card. The auditor tested the PREA hotline during the tour on May 1, 2023. 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. The auditor also called the IPS hotline during the tour. The auditor did not reach an IPS staff person and there was not a voicemail. Additionally, during the tour the auditor tested the written reporting mechanism via a kite. The auditor submitted a kite on May 1, 2023 through the locked mailbox in the common area. The auditor was provided confirmation on May 2, 2023 that the kite was received by security staff. 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 staff, their lawyer, the hotline or MSP. Interviews with twelve staff confirm that inmates have multiple ways to report including through staff and the hotline.

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 29 of the Inmate Orientation Handbook states that the Department also provides a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the agency, allowing the inmates to remain anonymous upon request. It further has the Massachusetts State Police mailing address for the inmates to write. During the tour, the auditor did not observe any information related to the external reporting mechanism (MSP). During the tour the auditor observed the mail process. Locked mailboxes are located in two common areas of the facility. Inmates are able to place outgoing mail in these boxes. Inmate in segregated housing provide any mail to staff and staff place it in the mailbox. The mail room staff indicated that incoming mail is picked up at the Post Office and then sorted by regular or legal mail. Legal mail is provided to the IPS staff where they call the inmate down to their office and the inmate opens the mail in front of the IPS staff member. Regular mail is opened by the mail room staff and copies of the envelope and contents are made and the inmate is provided the copy. The staff advised that they do not read the mail once opened, they just make copies. Outgoing mail is brought from the boxes to IPS and mailroom staff pick up the mail each day. Outgoing mail is sealed by the inmate and it is not opened by mailroom staff. The mailroom staff advised that mail to and from the

Massachusetts State Police is treated like legal mail. The auditor tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Inmate Handbook. The auditor tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Inmate Orientation Handbook. The auditor sent a letter during a prior MADOC audit 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. It should be noted that the auditor did not send another letter as the process for sending mail to MSP and the process for the external reporting mechanism is the same across all MADOC facilities. The interview with the PCM indicated that inmates can report externally through the BARCC hotline or the PREA hotline or the Duty Station line. She indicated that if they report to the Duty Station line or the PREA hotline that they forward the information back to the facility for investigation. Interviews with 31 inmates indicated eight 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 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 28 knew they could report allegations of sexual abuse verbally or in writing to staff and 26 knew they could report via a third party. Interviews with twelve 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 fourteen allegations indicated three were reported via Warden to Warden, two were reported via the hotline, two were reported in writing and seven were reported verbally. All fourteen allegations, including the seven verbal reports, were documented in a confidential incident report. During the tour the auditor had a staff member provide an example of how they would document a verbal report. The staff member advised they would document the verbal report in IMS through a confidential incident report. Electronically incident

reports can be completed on any facility computer. The staff was unaware who the confidential incident report would be sent to once submitted, but the PCM confirmed that it goes directly to the Superintendent.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates and staff are informed of these procedures through policy and training. 103 DOC 519, page 7 states that allegations of inmate-on-inmate or staff-on-inmate sexual harassment/sexually abusive behavior shall immediately be reported by staff members to the Shift Commander verbally and followed up with a confidential incident report to the Superintendent before the end of the staff member's shift. Further communication with the PC indicated staff are able to submit a confidential incident report to the Superintendent as the confidential reporting method. Interviews with twelve staff confirmed ten knew they could privately report sexual abuse and sexual harassment of inmates. Most stated they could report through a confidential incident report or directly to a supervisor.

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 require corrective action. The interview with the PCM indicated that inmates can report externally through the BARCC hotline or the PREA hotline or the Duty Station line. She indicated that if they report to the Duty Station line or the PREA hotline that they forward the information back to the facility for investigation. Interviews with 31 inmates indicated eight were aware that they could report to the MSP as an outside reporting mechanism, while fourteen stated they knew they could report anonymously.

Corrective Action

The facility will need to ensure staff (to include the PCM) and inmates are aware of the outside reporting mechanism and their ability to remain anonymous. The facility will need to post information related to the external reporting entity (MSP) and ability to remain anonymous around the facility (to include in the housing units). Photos of the posted information 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

	<p>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 MSP Information Posted in Housing Units <p>The facility provided photos of a memo posted around the facility that outlined MSP as the external reporting mechanism.</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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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol 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>Interviews</p> <ol style="list-style-type: none"> 1. Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>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>

115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, it indicated that the policy does not require the inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. 103 CMR 491, page 7 states that time limits established in 103 CMR 491.14(1) shall not apply to grievances alleging sexual abuse. It also states that inmates shall not be required to exhaust informal processes with regard to allegations of sexual abuse. A review of the Inmate Orientation Handbook indicated that it contains information on grievances on pages 12-13, 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 (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 12-13, 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 was one grievance of sexual abuse in the previous twelve months and a decision was reached within 90 days. The PAQ stated that no sexual abuse grievances involved an extension. The auditor reviewed fourteen investigations, upon review the auditor observed one allegation was reported via a grievance. The facility does not utilize the grievance process for sexual abuse allegation, rather they immediately forward the allegation for investigation. The allegation was investigated by the facility and was deemed unsubstantiated. The inmate victim was advised of the outcome. A review of the grievance log and sample grievances confirmed there were no additional sexual abuse grievances.

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. The auditor reviewed fourteen investigations, upon review the auditor observed one allegation was reported via a grievance. The facility does not utilize the grievance process for sexual abuse allegation, rather they immediately forward the allegation for investigation. The allegation was investigated by the facility and was deemed unsubstantiated. The inmate victim was advised of the outcome. A review of the grievance log and sample grievances confirmed there were no additional sexual abuse grievances.

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. The auditor reviewed fourteen investigations, upon review the auditor observed one allegation was reported via a grievance. The facility does not utilize the grievance

	<p>process for sexual abuse allegation, rather they immediately forward the allegation for investigation. The allegation was investigated by the facility and was deemed unsubstantiated. The inmate victim was advised of the outcome. A review of the grievance log and sample grievances confirmed there were no additional sexual abuse grievances.</p> <p>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.</p> <p>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.</p> <p>Recommendation</p> <p>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.</p>
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115.53	Inmate access to outside confidential support services
	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. 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 agency does not detail inmates solely for immigration purposes and as such this part of the provision does not apply. 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 29 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 a large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Additionally, inmate identification cards contained the BARCC hotline number on the back. The facility provides access to victim advocates through the BARCC hotline. 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 did not reach a live person and a recorded voicemail advised to call back. The auditor attempted to call BARCC in two additional housing units. The auditor had the same long wait and then the voicemail advising to call back at another time. While the auditor did not reach a live person at BARCC, the auditor had reached a BARCC staff member at two prior MADOC audits. The BARCC staff at the prior audits 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 determined that the staffing levels at BARCC related to not being able to handle the volume of calls was not a noncompliance issue for the facility. Inmates have access to services, the services just are impacted by low staffing levels with BARCC. During the tour the auditor observed the mail process. Locked mailboxes are located in two common areas of the facility. Inmates are able to place outgoing mail in these boxes. Inmate in segregated housing provide any mail to staff and staff place it in the mailbox. The mail room staff indicated that incoming mail is picked up at the Post Office and then sorted by regular or legal mail. Legal mail is provided to the IPS staff where they call the inmate down to their office and the inmate opens the mail in front of the IPS staff member. Regular mail is opened by the mail room staff and copies of the envelope and contents are made and the inmate is provided the copy. The staff advised that they do not read the mail once opened, they just make copies. Outgoing

mail is brought from the boxes to IPS and mailroom staff pick up the mail each day. Outgoing mail is sealed by the inmate and it is not opened by mailroom staff. The mailroom staff advised that mail to and from BARCC is treated like regular mail. Interviews with 31 inmates, including those who reported sexual abuse, indicated that 23 were familiar with BARCC and were provided a mailing address and telephone number to the organization.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. The Inmate Orientation Handbook, page 29 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. Page 21 states all incoming non-privileged mail shall be photocopied prior to distribution to the inmate and packages will be opened and inspected for contraband before being delivered to inmates. Mail will be delivered six (6) days per week, excluding Sundays and holidays. Mail will hand delivered to the inmates by the 3x11 shift's Housing Unit Officers between 5:00 PM and 6:30 PM. All privileged mail will be opened and inspected for contraband in the presence of the inmate. The auditor observed PREA information posted throughout the facility. The auditor observed a large metal poster had the phone number (full number and speed dial number) for BARCC. The metal poster was observed above the officer's station in each housing unit. Additionally, inmate identification cards contained the BARCC hotline number on the back. During the tour the auditor observed the mail process. Locked mailboxes are located in two common areas of the facility. Inmates are able to place outgoing mail in these boxes. Inmate in segregated housing provide any mail to staff and staff place it in the mailbox. The mail room staff indicated that incoming mail is picked up at the Post Office and then sorted by regular or legal mail. Legal mail is provided to the IPS staff where they call the inmate down to their office and the inmate opens the mail in front of the IPS staff member. Regular mail is opened by the mail room staff and copies of the envelope and contents are made and the inmate is provided the copy. The staff advised that they do not read the mail once opened, they just make copies. Outgoing mail is brought from the boxes to IPS and mailroom staff pick up the mail each day. Outgoing mail is sealed by the inmate and it is not opened by mailroom staff. The mailroom staff advised that mail to and from BARCC is treated like regular mail. Interviews with 31 inmates, including those who

	<p>reported sexual abuse, indicated that 25 were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most inmates did not indicate specifics on the organization such as times they can contact, cost and confidentiality. Some inmates did indicate they believed it was free and confidential. It should be noted that this information is provided during PREA education and is included in the Inmate Orientation Handbook.</p> <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>
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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 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</p>

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 twelve random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the supervisor.

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 twelve random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the supervisor.

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 fourteen investigations indicated that four were reported to medical and/or mental health care staff. In all four instances the medical or mental health care staff notified security staff and completed a confidential incident report. 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 Neither of the staff interviewed stated that they had an inmate report institutional sexual abuse to them.

115.61 (d): 103 DOC 650, page 43 states that if the alleged victim is under the age of eighteen or considered a vulnerable adult under a State or local vulnerable person statute, the agency shall report the allegation to the designated State or local service agency under applicable mandatory reporting laws. A review of investigative reports confirmed that none were reported by an inmate under eighteen or anyone considered a vulnerable adult. The PC stated that he is not familiar with the juvenile system because the agency does not house youthful inmates. He stated that as mandated reporters the agency would follow-up and report the information to the appropriate agencies. The interview with the Warden indicated that PREA allegations involving forcible rape would be referred to the Criminal Prosecution Unit and they would get in touch with the State Police and Prosecutor. He stated all felonies get referred to the District Attorney and State Police.

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 of sexual abuse and sexual harassment are referred to the facility investigator. He stated inmate-on-inmate allegations are referred to IPS and staff-on-inmate allegations are referred to SSI. A review of fourteen allegations indicated three were reported via Warden to Warden, two were reported via the hotline, two were reported in writing and seven were reported verbally. All fourteen allegations were reported to the facility investigators, either IPS

	<p>or SSI.</p> <p>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.</p>
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115.62	Agency protection 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. 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 zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The Agency Head Designee stated that they would assess the inmate's housing needs and potentially place that inmate in a single cell or in a cell 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.</p>

	<p>The Warden stated that if there was an inmate deemed at risk of imminent sexual they would first make sure the individual was not living with the individual who was the threat. He further stated they would initiate an investigation into the threat and determine validity of the allegation. The Warden stated they would put in a conflict if needed to separate the individuals by facility. Further, the Warden stated that they have the housing risk screening that they base housing on and that they do not place victims with predators. He also stated they can house individuals alone for medical and mental health reasons if there are concerns related to imminent risk. The interviews with twelve random staff confirmed that all twelve would take immediate action. Staff stated they would separate the individual and/or find better housing for the individual.</p> <p>Based on a review of the PAQ, 103 DOC 519 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
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115.63 Reporting to other confinement facilities	
	<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. Investigative Reports 4. Inmate Risk Assessments <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</p>

receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 103 DOC 519, page 8 states that upon a Superintendent's receipt of an allegation that an inmate was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility. A review of risk screening documents and investigation further confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 103 DOC 519, page 8 states that upon a Superintendent's receipt of an allegation that an inmate was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 103 DOC 519, page 8 states that upon a Superintendent's receipt of an allegation that an inmate was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of risk screening documents and investigation further confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

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

	<p>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 OCCC they would follow-up and conduct an investigation. He stated they would first confirm that it was not already investigated though. The Warden confirmed that the facilities has received an allegation from another agency/facility and that the information was investigated. The PAQ stated that there were three allegations received from another Warden/Agency Head within the previous twelve months. A review of documentation indicated confirmed there were three allegation reported via Warden to Warden and all three were investigated.</p> <p>Based on a review of the PAQ, 103 DOC 519, risk screening documents, investigative reports and interviews with the Agency Head Designee and Warden, this standard 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>

115.64 (a). The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing and ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.). The PAQ indicated that during the previous twelve months, there were seven allegations of sexual abuse. The PAQ noted one involved the immediate separation of the alleged victim and abuser, one occurred within a timeframe that still allowed for the collection of physical evidence, one involved securing the crime scene and one involved advising the inmate victim not to take any action to destroy physical evidence. A review of documentation confirmed none of the sexual abuse allegations involved first responder duties. One allegation involved the inmate victim being moved from general population to the health service unit and thus involved a separation. Another allegation involved the alleged perpetrator being moved to a different housing unit thus involving a separation. One allegation was reported in a timeframe that allowed for evidence collection, however the victim refused any services. The medical staff did counsel with the inmate on the importance of evidence collection and as such did advise the inmate not to take any action to destroy evidence, however the inmate still declined services. The interview with the security first responder indicated he would notify the Shift Commander, separate the individuals, secure the scene, make sure the inmates do not get rid of any evidence and have them seen by medical. The interview with one non-security first responder indicated that she would notify the Shift Commander, refer the victim to medical, write a confidential report and offer mental health services. The second non-security first responder stated she would report to the Shift Commander and her direct supervisor and write a confidential incident report. The interviews with the inmates who reported sexual abuse indicated that two reported via the hotline and two reported verbally. All four inmates advised they were interviewed by IPS staff the same day of the allegation and they remained in the same housing unit.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PC further stated that the agency policy does not differentiate between security and non-security first responders. All first responders are trained on first

responder duties. 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate 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 five allegations of sexual abuse that involved a non-security staff first responder. All five involved the staff notifying security and one involved advising the inmate victim not to take any action to destroy physical evidence. The interview with the security first responder indicated he would notify the Shift Commander, separate the individuals, secure the scene, make sure the inmates do not get rid of any evidence and have them seen by medical. The interview with one non-security first responder indicated that she would notify the Shift Commander, refer the victim to medical, write a confidential report and offer mental health services. The second non-security first responder stated she would report to the Shift Commander and her direct supervisor and write a confidential incident report. Interviews with twelve random staff confirmed that they are aware of their first responder duties. A review of documentation indicated seven of the fourteen investigations were reported to non-security staff. In all instances the staff reported the information to security. None involved any other first responder duties.

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.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Old Colony 103 DOC 519 Sexual Harassment/Abuse Response and Prevention Policy (SHARPP) <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 Old Colony 103 DOC 519 is a twelve page document that outlines intervention, PREA Response Kits, evidence collection, identification of the alleged assailant, notifications and refusal of treatment. The intervention section outlines duties for first responders and Shift Supervisors, while the PREA Response Kits and evidence collection outlines duties of medical staff, mental health staff, investigators and facility leadership. Additionally, the document includes the Sexual Assault Check Sheet, which also outlines duties for each area (including those under this provision) after a report of sexual abuse. The interview with the Warden confirmed that the facility has a plan to coordinate actions among first responders, medical and mental health staff, investigators and facility leadership.</p> <p>Based on a review of the PAQ, Old Colony 103 DOC 519 Sexual Harassment/Abuse Response and Prevention Policy (SHARPP) 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> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</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.

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

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

115.67	Agency protection against retaliation
	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. Investigative Reports 4. Sexual Abuse Retaliation Monitoring Log - Attachment V <p>Interviews:</p>

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

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 103 DOC 519, page 20 states that retaliation by any staff member against another employee, contractor, volunteer or inmate, for reporting an allegation of sexual harassment/sexually abusive behavior, for assisting in making such a report, or for cooperating in the investigation of such an allegation, regardless of the merits or disposition of the allegation, is strictly prohibited. Any such occurrence is a very serious matter that may result in discipline, up to and including termination. The Department protects all inmates and staff members who report sexual harassment/abuse, or who cooperate with sexual harassment/abuse investigations, from retaliation by other inmates or staff members. The PAQ indicated that IPS staff are responsible for monitoring for retaliation.

115.67 (b): 103 DOC 519, page 20 states that the Department employs multiple protective measures including, but not limited to, housing changes or transfers for inmate victims or inmate abusers from contact with victims. The Department also provides emotional support services for inmates or staff members who fear retaliation for reporting sexual harassment/abuse or for cooperating with an investigation. A review of documentation indicated none of the inmates were transferred from the facility has a protective measure, however at least one inmate alleged perpetrator was placed in segregated housing. All inmate victims were also offered emotional support via mental health. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated that the agency has a stringent no tolerance policy and that staff are constantly trained on the issue. He indicated that if there is a violation related to retaliation that they have a disciplinary process and a rule book that addresses retaliation. The Agency Head Designee stated that within the PREA policy (103 DOC 519) there is an attachment that is started and conducted by IPS. He stated some of the monitoring tools utilized would be a review of video, phone calls and email. He stated they look at disciplinary reports, staff attendance and any overall change in the individual. The Agency Head Designee confirmed that if there was a conflict they

would take appropriate action such as housing changes, transfers and removal of alleged staff abuser from contact with the inmate. The interview with the Warden confirmed that they could employ multiple protective measures including housing changes, facility transfers, removal of staff abusers and emotional support services. He indicated all staff are compelled by rules and regulation and advised that they are not to discuss certain matters. He stated they also have a policy related to retaliation. The staff responsible for monitoring indicated that his role in preventing retaliation is to keep the inmates separate through different housing units or different facilities, if needed. He stated he assesses the inmates risk and also conducts face to face contact with the inmate. He further stated he reviews reports and other things to determine if retaliation is occurring. He stated he checks on the individual once a week. The staff member confirmed that they can place staff on no inmate contact and they can also offer emotional support service. The interviews with the inmates who reported sexual abuse indicated two felt safe and one felt protected from retaliation. Two inmates stated they have been around a while and they have seen retaliation occur and other thing occur. Neither inmate could advise any actions where they were retaliated against. A third inmate stated he did not feel protected because the other inmate was still in his housing unit. He did confirm that he had not had any problems with him since the allegation though. A review of thirteen sexual abuse investigations indicated eleven had completed monitoring for retaliation. One closed investigation was missing monitoring documents and one open investigation was missing monitoring documents.

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 abut to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 103 DOC 519, pages 20-21 state that for a period of at least 90 days following a report of sexual harassment/abuse, IPS staff shall regularly meet with and monitor the conduct and treatment of inmates or staff members who reported the sexual abuse, and of inmates who were reported to have suffered sexual abuse, to see if there are claims and/or changes that may suggest possible retaliation by inmates or staff members, and shall act promptly to remedy any such retaliation. IPS staff should monitor any inmate disciplinary reports, housing changes, program changes, or negative performance reviews or reassignments of staff members. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that there had been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation they would look into the matter and investigate per policy. He stated they would conduct a fact finding hearing and impose any discipline. The staff responsible for monitoring indicated he monitors for retaliation for 90 days and that if he has a concern related to monitoring he would extend the monitoring for as long as needed. The staff further stated that when monitoring for retaliation he checks

cameras to see if there are any predatory behaviors. Additionally, the staff confirmed that he reviews housing changes, program changes, work changes and disciplinary changes. He also confirmed for staff he reviews negative performance reviews and posts changes. A review of thirteen sexual abuse investigations indicated eleven had completed monitoring for retaliation. One closed investigation was missing monitoring documents and one open investigation was missing monitoring documents. Nine of the monitoring documents confirmed that appropriate checks were conducted as well as periodic status checks. Two of the monitoring documents indicated only face to face checks were conducted. A review of the monitoring documents indicated that none included any reports of retaliation.

115.67 (d): 103 DOC 519, page 21 indicates that in the case of inmates, such monitoring shall also include periodic status checks. The monitoring staff indicated that he conducts periodic status checks once a week.

115.67 (e): 103 DOC 519, page 21 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against any form of retaliation. A review of documentation indicated there were zero individuals who cooperated with the investigation who expressed fear 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 would employ the same protective measures as indicated in provision (b) and that suspected retaliation would result in an investigation and discipline, if warranted.

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.

115.68	Post-allegation protective custody
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 103 DOC 519, page 11 states that inmates at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the inmate from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the inmate in segregated housing for less than 24 hours while completing the assessment. Additionally, page 8 of 103 CMR 423 states that upon verification that an inmate requires separation from general population to protect the inmate from harm by others, the inmate shall not be placed in Restrictive Housing, but shall be placed in

a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the inmate may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An inmate shall not be held in Restrictive Housing to protect the inmate from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the inmate may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. Such inmates will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of housing documentation for thirteen inmates who reported sexual abuse indicated two were not at the facility at the time of the reported sexual abuse, one was placed in the Health Services Unit and ten remained in the same housing status as when they reported the sexual abuse. During the tour the auditor observed the segregation housing unit had a hearing office and had a library cart accessible for the inmates. The housing unit contained a dayroom and outdoor recreation enclosures. The PREA posters were observed in both English and Spanish in the housing unit by the showers. Additionally, the PREA hotline number and BARCC number were also observed in the housing unit. Inmates in segregated housing are provide three hours of out of cell recreation (two hours outside and one hour inside) and four phone calls per week via a rolling phone. Correspondence, grievances and mail are collected daily by a staff member. Inmates are provided grievance forms and "security" pens in segregated housing upon request. The interview with the Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in segregated housing unless there are no other available alternative means of separation from likely abusers. The Warden further stated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that as soon as they identify that the individual is a victim they would no longer be housed in segregated housing. The Warden stated the alleged perpetrator would instead be placed in segregated housing. Further, the Warden indicated there were zero inmate victims placed in involuntary segregated housing. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate is involuntarily segregated following an allegation of sexual abuse, the inmate would be afforded access to programs, privileges, education and work opportunities to the extent possible. He stated any restrictions would be documented related to duration and reason for restriction. The staff who supervise inmates in segregated housing confirmed that any inmate who reported sexual abuse that is placed in involuntary segregated housing would only be placed there until an alternative means of separation could be arranged. The staff indicated that this does not happen often and he can't remember the last time that it did so he honestly couldn't say the average length of time the inmate would be involuntarily segregated. He did indicate that investigation have to be completed within 30 days. The staff member further confirmed that inmates would be reviewed at least every 30 days.

	<p>Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, investigative reports, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.</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) <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Findings (By Provision):</p> <p>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</p>

states that investigations of reported allegations of sexual harassment/sexually abusive behavior between inmates will be initiated by the Superintendent utilizing appropriately trained facility investigative staff or, upon request to the Chief of OIS/IAU, in conjunction with an investigator from OIS. The investigator assigned is responsible for producing an investigative report and completing the PREA database case file within 30 days. There were nineteen allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. A review of fourteen investigations confirmed that all were investigated by facility/agency investigators. One investigation was still ongoing during the on-site portion of the audit. Twelve of the thirteen investigations were timely and all thirteen were thorough and objective. All completed investigations followed a template that included information related to the allegation, statements/interviews, evidence collected and facts and findings. The interviews with the investigators confirmed that an investigation is initiated immediately. 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 nine facility staff have completed the specialized investigator training. The interviews with the investigators confirmed that all three had received specialized training. All three confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation. 115.71 (c): 103 DOC 519, page 18 states that the assigned trained sexual assault investigator shall ensure that all evidence collected at the institution or at any hospital is transported to the State Police Laboratory as soon as possible. Potential witnesses shall be interviewed in an attempt to gather information, corroborate the victim's statement, and/or to identify any suspect(s). The Massachusetts Statewide Records Retention Schedule, page 190 confirms that inmate investigative records are retained for ten years. There were nineteen allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. A review of fourteen investigations confirmed that all were investigated by facility/agency investigators. All thirteen

closed investigations included interviews of the alleged victim, suspect and witnesses, when applicable. Six of the thirteen included evidence collection (video and clothing). The interviews with investigative staff indicated that the investigative process starts with reviewing video and interviewing the alleged victim. The investigative process would then involve evidence collection, additional interviews and analysis of the information to determine an outcome. 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. The interviews with the facility investigators indicated they do not consult with prosecutors but that the agency investigators would. The agency investigator stated they would contact prosecutors to determine the route to take and that if compelled interviews were necessary he would do Miranda or Garrity or have the MSP conduct the interviews.

115.71 (e): 103 DOC 519, page 17 states that all reports of sexual activity are to be considered PREA until a full investigation indicates otherwise. The interviews with the investigators confirmed that the agency does not require the inmate victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation. Additionally, the investigators stated that credibility is based on evidence and information gathered during the investigation. The interviews with the inmates who reported sexual abuse indicated none were 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 thirteen closed investigations confirmed that all were documented in a written report. The report included the initial allegation, a chronology of events during

the investigative process, a description of interviews, a description of evidence, facts and findings and other supplemental document associated with the investigation (i.e. incident reports). The interviews with investigative staff confirmed that administrative investigations are documented in a written report. The facility investigators stated reports include a table of content, an executive summary, summary of interviews, description of evidence and a conclusion. The agency investigator stated similar elements and stated reports would also include lab results for DNA and any policy violations. He also stated that the investigation is documented in a six part folder that includes incident reports and information on the inmates and staff involved. All investigators stated that during the investigative process they determine if staff actions or failure to act contributed to the sexual abuse. Facility investigators indicated they review the staff members' history and any evidence, such as video to see if they did anything against policy. The agency investigators stated that they would document any violations in the report which would potentially involve discipline.

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 zero investigations that were substantiated and/or referred for prosecution. The investigators stated they refer cases for prosecution when a felony has been committed and/or if the allegation involves a crime.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to

the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Massachusetts Statewide Records Retention Schedule, page 190 confirms that inmate investigative records are retained for ten years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 103 DOC 518, page 10 states that the departure of the alleged abuser or victim from the employment or control of the institution or the Department shall not provide a basis for terminating an investigation. The interviews with the investigators confirmed that an investigation would continue regardless of whether the staff member and/or inmate remained employed/incarcerated with the MADOC. The agency investigator stated that whether the staff member or inmate leaves the MADOC it is still a significant allegation and potentially a crime. The investigation would proceed and there would still be an investigative outcome.

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

115.71 (l): 103 DOC 519, page 17 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS/IAU, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's office and shall ensure that the Department seeks assistance and begins a cooperative investigation with these agencies. The interview with the Warden indicated that when an outside agency conducts an investigation they typically coordinate with CPU or OSI, who serve as a liaison for the State Police. He indicated agency level investigators deal with the outside agency and debrief the facility at the end of the investigation. 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. She stated the facility would not have much involvement until an investigative finding was made and they learned the outcome. Investigative staff stated that when an outside agency conducts an investigation they serve as a liaison and provide them with any assistance or information that they need.

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

115.72	Evidentiary standard for administrative investigations
	<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="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1043 591" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 - Inner Perimeter Security Team (IPS) 3. Investigative Reports <p data-bbox="256 703 416 736">Interviews:</p> <ol data-bbox="256 770 788 804" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="256 916 588 949">Findings (By Provision):</p> <p data-bbox="256 1061 1477 1509">115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 103 DOC 518, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of investigative reports confirmed the findings were accurate based on the evidence. Interviews with three investigators confirmed the agency investigator was aware that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence. The two facility investigators were not familiar with the level of evidence, and one investigator advised the level was proof beyond a reasonable doubt.</p> <p data-bbox="256 1621 1450 1778">Based on a review of the PAQ, 103 DOC 518, investigative reports and information from the interviews with investigative staff it appears this standard requires corrective action. One investigator advised the level was proof beyond a reasonable doubt.</p> <p data-bbox="256 1890 501 1924">Corrective Action</p> <p data-bbox="256 2036 1445 2069">The facility will need to ensure all facility investigators are re-trained on the level of</p>

	<p>evidence required to substantiate an administrative investigation.</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. Training Confirmation for Investigators <p>The facility provided a training memo that confirmed that IPS and SSI staff completed remedial training on the standard of evidence to substantiate an administrative 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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115.73	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

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 103 DOC 519, page 21 states that following an investigation into an inmate's allegation that he/she suffered sexual harassment/abuse in a Department institution, the Superintendent shall inform the alleged victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by utilizing Attachment I. The PAQ indicated that there were seven investigation completed within the previous twelve months and seven inmates were notified verbally or in writing of the results of the investigation. The interview with the Warden confirmed that inmate victims are notified of the outcome of the investigation into their allegation. 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 interviews with the inmates who reported abuse indicated all four knew they were to be notified of the outcome of the investigation into his allegation. All four confirmed that they were provided notification of the outcome a month to six weeks after they reported. Three advised they were notified in writing and one was notified verbally. A review of thirteen sexual abuse investigation indicated twelve had a victim notification. The one without a notification was still an ongoing investigation.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency shall request the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 103 DOC 519, page 21 states that if the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigative reports confirmed none of the investigations were completed by an outside agency.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the

agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ stated that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past twelve months. It further stated that in each case the agency subsequently informed the inmate whenever the staff member was no longer posted within the inmate's unit; the staff member was no longer employed at the facility; the agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 21 states that following the inmate's allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim inmate of the staff member's status utilizing Attachment II. A review of Attachment II confirms that it includes information on whether: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. A review of fourteen investigative reports indicated five were staff-on-inmate sexual abuse allegations. None were substantiated or involved notifications under this provision. Interviews with inmates who reported sexual abuse indicated who were against a staff member, however neither inmate was provided any notifications under this provision.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 21 states that following an inmate's allegation that he or she has been sexually harassed/abused by another inmate, the Department shall subsequently inform the alleged victim inmate of the legal status of the incident utilizing Attachment III. A review of Attachment III confirms that it contains information on whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review fourteen investigative reports indicated seven were inmate-on-inmate sexual abuse allegations; however none were substantiated. As such none required notifications under this provision. The interviews with the inmates who reported sexual abuse indicated two were against another inmate but neither were informed of any 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 seven notifications to inmates under this standard. A review of thirteen sexual abuse investigation indicated twelve had a victim notification. The one without a notification was still an ongoing investigation.

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

harassment policies.

115.76 (b): The PAQ indicated there were zero staff members 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 investigative reports confirmed there was one substantiated staff-on-inmate sexual abuse allegation. A review of investigations 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 investigations 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 investigations confirmed there were zero substantiated staff-on-inmate sexual abuse or sexual harassment allegations.

Based on a review of the PAQ, 103 DOC 230 and investigative reports indicates this

	standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	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. 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 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 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</p>

	<p>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 could result in the contractor or volunteer being barred from entering the facility. He stated that contractors fall under the Blue Book and as such have the same process as staff related to discipline. The Warden indicated depending on the seriousness of the allegation, volunteers and contractors may not be allowed back into the facility.</p> <p>Based on a review of the PAQ, 103 DOC 519, the memo from the Superintendent, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	<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 430 - Inmate Discipline 4. 103 DOC 650 - Mental Health Services 5. Investigative Reports <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 has been one administrative finding of guilt for inmate-on-inmate sexual abuse and one criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. Further communication with the PCM indicated there were zero criminal findings of guilt and one administrative finding of guilt. A review of investigations indicated there were zero finding of guilt during the previous twelve months, however there was an inmate-on-inmate sexual harassment investigation that was substantiated prior to the previous twelve months. The inmate perpetrator received a disciplinary report and was placed on housing restriction.

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 an external disciplinary process now and that because of the mental health component of the facility, very little discipline is handled at the facility. The Warden stated they do not utilize segregation as a disciplinary measure anymore and that sanctions could include a higher security level and a loss of privileges. The Warden confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. A review of investigations indicated there were zero finding of guilt during the previous twelve months, however there was an inmate-on-inmate sexual harassment investigation that was substantiated prior to the previous twelve months. The inmate perpetrator went through the disciplinary hearing process and was found guilty. The inmate perpetrator was placed on housing restriction as the sanction.

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. He stated that they are able to seek alternative sanctions based on mental health.

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 and they would offer the services to the inmate perpetrator. The mental health staff member stated that they do not require the inmate's participation in order to gain access or privileges to other benefits or services/programs.

115.78 (e): The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. 103 CMR 430, pages 18-19 outline the category one offense of sexual assault on a staff member, contract employee, member of the public or volunteer. Inmates would be charged with this category one offense if they had sexual contact with a staff member who did not consent.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 103 CMR 430, pages 20-21 outline the category three offense of lying or providing false information to a staff member. Inmates would be disciplined under this code if they falsely report sexual abuse.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 103 DOC 519, page 6 states that all intentional acts of sexual harassment/sexually abusive behavior or intimacy between an inmate and a staff member, or between inmates, regardless of consensual status, are prohibited. It further states that the Department resolves to prohibit all forms of sexual harassment and sexual activity involving inmates.

	Based on a review of the PAQ, 103 DOC 519, 103 DOC 650, 103 DOC 430, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.
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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) <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 3. Interview with Inmates who Disclosed Prior Sexual Victimization <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 offered within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the</p>

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. The auditor requested documentation for four inmates identified with prior sexual victimization, however at the issuance of the interim report the auditor had not received the documentation. The interviews with the inmates who disclosed prior victimization indicated that one of the two was offered a follow-up with mental health. 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 member stated they would be seen the same day while the second staff member stated they would be seen by mental health for follow-up if the prior victimization was a change from prior risk screenings.

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 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. During documentation review the auditor identified two inmates with a history of sexual abusiveness. The auditor requested documentation related to the two inmates, however at the issuance of the interim report the auditor had not yet received the documentation. 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 the inmate would be seen the same day while the second staff member stated that 99 percent of the inmates at the facility already receive mental health services for prior abusiveness and so they would meet with a clinician.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ stated that the meetings were offered within fourteen days of the intake screening. 103 DOC 650, page 10 states that if the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening.

The PAQ indicated that 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 auditor requested documentation for four inmates identified with prior sexual victimization, however at the issuance of the interim report the auditor had not received the documentation. The interviews with the inmates who disclosed prior victimization indicated that one of the two was offered a follow-up with mental health. 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 member stated they would be seen the same day while the second staff member stated they would be seen by mental health for follow-up if the prior victimization was a change from prior risk screenings.

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. Inmate medical, mental health and classification records are paper and electronic. Paper records are maintained in a locked room that is staffed Monday through Friday 7:30am-3:30pm. Access to the medical records room is limited to medical and mental health care staff. Electronic records are maintained in the ERMA electronic database and are only accessible to medical and mental health care staff. The staff stated inmate records are only able to be provided to security if the inmate authorizes the release. Inmate risk assessments are documented electronically via the electronic inmate management 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. Additionally, the PC issued a memo to all Superintendents advising of the corrective action and advising them that the IMS Basic Security profile no longer supports access to the housing risk factor response screen and that they would need to deem any line staff in specialized roles that do need access and submit a ticket to have the access added to their IMS profile. Investigative files are maintained in the IPS and/or SSI office in a locked filing cabinet.

Access to the IPS office is IPS staff only and access to the SSI office is the SSI only.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. 103 DOC 650, page 11 states that medical and mental health practitioners shall obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate is under eighteen. Interviews with medical and mental health staff indicated they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The medical staff member stated she would refer the individual to mental health though for services. both staff indicated they were unaware of any separate consent process for those under eighteen because the facility houses adult inmates only and they would never have inmates under the age of eighteen.

Based on a review of the PAQ, 103 DOC 650, housing risk screening assessments, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The auditor requested documentation for four inmates identified with prior sexual victimization, however at the issuance of the interim report the auditor had not received the documentation. The interviews with the inmates who disclosed prior victimization indicated that one of the two was offered a follow-up with mental health. During documentation review the auditor identified two inmates with a history of sexual abusiveness. The auditor requested documentation related to the two inmates, however at the issuance of the interim report the auditor had not yet received the documentation.

Corrective Action

The facility will need to provide the requested documentation. If the documentation is not available, the facility will need to develop a process to ensure that inmates who disclose victimization and inmates who are identified with sexual abusiveness are offered a mental health follow-up within fourteen day. A process memo will need to be provided related to the process. All appropriate staff will need to be trained on the process and a copy of the training will need to be provided. The facility will need to provide examples during the corrective action plan of inmates who disclose victimization and those identified with prior sexual abusiveness.

	<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. 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>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>The facility provided two examples of an inmate who disclosed prior sexual victimization during the risk screening and two inmates who were identified with prior abusiveness during the risk screening during the corrective action period. The inmates were provided a follow-up with mental health within the fourteen day timeframe.</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 the health services are

consisted of an emergency room, treatment rooms, exam rooms, a reception area, an infirmary and suicide observation rooms. The auditor observed that exam rooms and treatment rooms had doors with windows. The facility had mobile privacy barriers available for additional privacy, when needed. The emergency room was a large room with large windows, however the facility had mobile privacy barriers available for additional privacy when needed. The reception area consisted of a small space with benches. Interviews with the inmates who reported sexual abuse indicate that three of the four were offered medical and/or mental health services. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Both staff stated that inmates are provided services immediately after the report of sexual abuse. The staff further confirmed services are based on their professional judgement as well as policy and procedure. A review of investigative reports and medical and mental health documentation for thirteen inmate victims of sexual abuse confirmed that all thirteen were provided medical and/or mental health services, including the two that reported at another MADOC facility.

115.82 (b): 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing, ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.), receive the reporter's information on what took place, immediately escort the inmate victim to the institution's Health Services Unit for emergency medical care/mental health treatment; enter detailed information on the IMS incident report before the end of the shift and remain on shift until debrief by the sexual assault investigator. 103 DOC 650, page 45 states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The facility has 24/7 medical and mental health care. Inmates are immediately escorted to medical upon notification of an allegation of sexual abuse. A review of documentation confirmed that inmate victims of sexual abuse were seen by medical staff the same day of the report. The interview with the security first responder indicated he would notify the Shift Commander, separate the individuals, secure the scene, make sure the inmates do not get rid of any evidence and have them seen by medical. The interview with one non-security first responder indicated that she would notify the Shift Commander, refer the victim to medical, write a confidential report and offer mental health services. The second non-security first responder stated she would report to the Shift Commander and her direct supervisor and write a confidential incident report.

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 documentation indicated there was one allegation that involved a need for sexually transmitted infection prophylaxis. The inmate victim declined services and documentation illustrated that medical staff counseled with the victim about the importance of the services and he still refused. The interviews with inmates who reported sexual abuse indicated none involved any type of penetration that would necessitate the need for sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 17 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	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. Wellpath 57.00 - Sexual Assault/PREA Compliance
5. Investigative Reports
6. 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 the health services are consisted of an emergency room, treatment rooms, exam rooms, a reception area, an infirmary and suicide observation rooms. The auditor observed that exam rooms and treatment rooms had doors with windows. The facility had mobile privacy barriers available for additional privacy, when needed. The emergency room was a large room with large windows, however the facility had mobile privacy barriers available for

additional privacy when needed. The reception area consisted of a small space with benches. A review of investigative reports and medical and mental health documentation for thirteen inmate victims of sexual abuse confirmed that all thirteen were provided medical and/or mental health services, including the two that reported at another MADOC facility. The auditor requested documentation for four inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation.

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 for thirteen inmate victims of sexual abuse confirmed that all thirteen were provided medical and/or mental health services, including the two that reported at another MADOC facility. The interviews with the inmates who reported sexual abuse indicate that one of the three was offered/ provided follow-up services with medical and/or mental health care staff. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to inmate victims of sexual abuse. Staff stated a few of the services SANE, HIV/STI testing, prophylaxis, mental health groups, coping skills, referral services and other treatment services.

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

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

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

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 103

DOC 519, page 20 states that if the determination is made that the inmate victim should be sent to an outside hospital, and if the inmate victim consents, the inmate victim shall be transported to the outside hospital with a SANE program where he/she shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted diseases and pregnancy, if appropriate. Additionally, Wellpath 57.00, page 2 states that patient victims of sexual abuse while incarcerated shall be offered testing for sexually transmitted infections as medically appropriate. A review of documentation indicated there was one inmate who alleged sexual abuse that would necessitate testing for sexually transmitted infections. The inmate declined all services. The documentation illustrated that the medical staff member counseled with the victim on the importance of services, but he still refused the services. The interviews with the inmates who reported sexual abuse indicated the allegations did not involve any type of penetration and as such sexually transmitted infection tests were not required.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 17 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. The interviews with the inmates who reported sexual abuse confirmed the three that stated they were offered medical and mental health services did not pay for the services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 103 DOC 650, page 45 states that a mental health evaluation of all known inmate on inmate abusers shall be conducted within 60 days of learning of such abuse history and mental health staff shall offer treatment when deemed clinically appropriate. There were zero substantiated inmate-on-inmate sexual abuse allegations and as such no documentation was reviewed. Interviews with medical and mental health staff indicated that mental health would attempt to conduct an evaluation on the inmate-on-inmate perpetrator at some point after the incident occurred.

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 for four inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation.

Corrective Action

The facility will need to provide the requested documentation. If the documentation is not available, the facility will need to develop a process to ensure that inmates who disclose victimization are offered follow-up services with medical and/or mental health. A process memo will need to be provided related to the process. All appropriate staff will need to be trained on the process and a copy of the training will need to be provided. The facility will need to provide examples during the corrective action plan of inmates who disclose victimization and their medical/mental health services.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. 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.

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.

The facility provided two examples of an inmate who disclosed prior sexual victimization during the risk screening during the corrective action period. The

	<p>inmates were provided a follow-up with mental health within the fourteen day timeframe.</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
	<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. 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, 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 thirteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. A review of thirteen sexual abuse investigations indicated one was unfounded and as</p>

such only twelve required a sexual abuse incident review. Documentation confirmed all twelve had a sexual abuse incident review completed within 30 days of the completion of the investigation.

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 thirteen sexual abuse incident review completed by the facility within 30 days of the conclusion of the investigation, excluding only “unfounded” incidents. A review of thirteen sexual abuse investigations indicated one was unfounded and as such only twelve required a sexual abuse incident review. Documentation confirmed all twelve had a sexual abuse incident review completed within 30 days of the completion of the investigation.

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, line supervisors, medical staff, mental health staff, investigators and leadership staff. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. He further confirmed that the team consists of upper management, supervisors, investigators medical and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, page 22 states that the review team shall; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause 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 completed sexual abuse incident reviews

indicated that they all included the required components under this provision. The topics were included with 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 all the factors involved in the incident. He confirmed that they would use the information for changes in policy, procedure and practice. The PCM stated that she participates in the sexual abuse incident reviews and she has not noticed any trends. She indicated that once the report is submitted she would follow up with any recommendations by reporting any needs to the Warden and adding the information to the PREA Safety Assessment.

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.

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

115.87	Data collection
	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>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate uniform data for</p>

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.

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,

	<p>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
	<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 <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> <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</p>

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 lets the agency know if facilities are educated on PREA and if they are in compliance. She stated it also shows whether they are any issues at the facility level and identifies any needs or areas that need addressed at the facility level.

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 but further communication with the PC indicated this should have been marked yes. 103 DOC 519, page 24 states that the Department's report shall be approved by the Commissioner and made readily available to the public through the Department's website. The interview with the Agency Head Designee confirmed that the PREA Coordinator completes the annual report and it is submitted to the Agency Head for review. He stated the Agency Head will review it and sign off on it and then the report is posted to the website. A review of the website (<https://www.mass.gov/lists/prea-reports#annual-reports->) 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
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	Auditor Overall Determination: Meets Standard
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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.

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.

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.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The facility provided the auditor with photos of the audit announcement confirming that the audit announcement was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the auditor observed the audit announcement posted in housing units and common areas on bright yellow paper. The audit announcements were in English</p>

	<p>and Spanish and were on letter size paper. The audit announcements indicated that information provided to the auditor was confidential with the exception of reports of sexual abuse, harm to self or harm to others. Additionally, page 28 of the Inmate Orientation 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>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>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.</p>

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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes