

PREA Facility Audit Report: Final

Name of Facility: Boston Pre-Release Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/06/2024

Date Final Report Submitted: 09/19/2024

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: 09/19/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	05/09/2024
End Date of On-Site Audit:	05/09/2024

FACILITY INFORMATION	
Facility name:	Boston Pre-Release Center
Facility physical address:	430 Canterbury Street, Roslindale, Massachusetts - 02131
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director

Name:	John Dean Jr.
Email Address:	john.dean@doc.state.ma.us
Telephone Number:	617-822-5000

Facility PREA Compliance Manager

Name:	Jermaine Latham
Email Address:	jermaine.latham@doc.state.ma.us
Telephone Number:	
Name:	Tiana Bennett
Email Address:	tiana.bennett@doc.state.ma.us
Telephone Number:	O: 617-822-5000 Ext. 61
Name:	Brendan McCormack
Email Address:	brendan.mccormack@doc.state.ma.us
Telephone Number:	O: (617)-822-5000

Facility Health Service Administrator On-site

Name:	Amber Bakeman
Email Address:	ambakeman@wellpath.us
Telephone Number:	508-279-8406

Facility Characteristics

Designed facility capacity:	200
Current population of facility:	56
Average daily population for the past 12 months:	39
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:	24-67
Facility security levels/inmate custody levels:	Minimum / Pre-Release
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	65
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23

AGENCY INFORMATION	
Name of agency:	Massachusetts Department of Correction
Governing authority or parent agency (if applicable):	Executive Office of Public Safety and Security
Physical Address:	50 Maple Street, Milford, Massachusetts - 01757
Mailing Address:	
Telephone number:	5084223300

Agency Chief Executive Officer Information:
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Name:	Shawn Jenkins
Email Address:	Shawn.Jenkins@doc.state.ma.us
Telephone Number:	508-422-3300

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
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:	2024-05-09
2. End date of the onsite portion of the audit:	2024-05-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and BARCC

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	39
16. Number of inmate/resident/detainee housing units:	4
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:	60
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:	4
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:	0
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:	0
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:	2
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:	10
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:	0

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:	1
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:	1
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:	2
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	65
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:	23

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:	10
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees. The following incarcerated individuals were selected from the housing units: five from M1, four from M2, three from P1 and four from P2.

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):	Fifteen of the incarcerated individuals interviewed were male and one was transgender female. Five of the incarcerated individuals interviewed were black, five were white, four were Hispanic, and two were another race/ethnicity. With regard to age, zero were between eighteen and 25; six were 26-35; three were 36-45; three were 46-55 and four were 56 or older. Fourteen of the incarcerated individuals interviewed were at the facility less than a year and two were there between a year and five years.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<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

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke to medical and mental health care staff.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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>The auditor reviewed risk screening documents and spoke to medical and mental health care staff.</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>1</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>3</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>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><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>
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>The auditor reviewed risk screening documents and spoke to staff and incarcerated individuals.</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:	1
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have a segregated housing unit.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	10
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <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 </div>
If "Other," describe:	Race, gender and ethnicity.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</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 auditor was unable to interview the minimum number of staff as the facility had a limited number of non-specialized staff during the on-site portion of the audit. Most of the shifts, with the exception of first shift, have limited security staff. Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Four staff were interviewed from first shift, three were from second shift and two were from third shift. With regard to the demographics of the random staff interviewed; eight were male and two were female. One was black, seven were white and two were Hispanic. Five were Correctional Officers, two were Sergeants and three were Lieutenants.</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>21</p>

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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 type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" 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.

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?

☒ Yes

☐ No

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)?

☒ Yes

☐ No

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)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

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 9, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview. It should be noted that the majority of documentation was reviewed prior to the on-site as the facility provided first day audit lists weeks in advance of the on-site. The auditor conducted a tour of the facility on May 9, 2024. The tour included all areas associated with the facility to include; housing units, intake, visitation, education, maintenance, food service, health services, recreation, the annex and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the IPS hotline, PREA hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The painted numbers were adequate size font. Additionally, a list of phone numbers, including the IPS hotline and PREA hotline number, was posted by the phones. The list was in English and on letter size paper. PREA information was also observed on the tablets via the Handbook.

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 a staffing plan. There were security staff assigned to each shift and these staff are responsible to rove the facility and conduct security checks. Security staff are not directly assigned to housing units due to the physical plant, however there are security staff assigned to posts such as control and booking. The auditor observed that lines of sight were adequate with security rounds and cameras. The staffing appeared to be adequate based on the physical plant and custody level of incarcerated individuals. Many of the incarcerated individuals leave the facility during the day and work within the community. The auditor did not observe any blind spots and the facility was not overcrowded.

During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are monitored by control and can be viewed by the Director of Security, Inner Perimeter Security (IPS) and administrative level staff.

With regard to cross gender viewing, the auditor confirmed that housing units provide privacy in restrooms and showers via curtains. The auditor observed the strip search area and confirmed no cross gender viewing issues. All strip searches are conducted in an office in intake behind a solid door. A review of the video monitoring system identified one cross gender viewing issue. The holding cell was equipped with a camera and the toilet was in view of the camera. During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made verbally upon entry and was at an adequate audible level.

Incarcerated individual medical, mental health and classification records are electronic. Electronic medical and mental health records are maintained in the ERMA electronic database which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that all staff at the facility have access to the risk screening due to the limited number of staff and their many duties. All staff may be responsible for completing the intake/booking process. Investigative files are maintained in the IPS office in a locked filing cabinet. Access to the IPS office is IPS staff only.

During the tour the auditor observed the mail process. The common areas had locked boxes where mail is placed. The mailroom staff indicated that incoming mail is opened and reviewed for contraband. The incarcerated individual is provided the original document. Incoming legal mail is treated differently in that it is not opened. The legal mail is provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed. The staff do not open outgoing mail. The mailroom staff confirmed that mail to the Massachusetts State Police is treated like legal mail. The staff advised they have never seen mail to BARCC but that would be something they would provide to IPS or the Shift Commander to handle.

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

also available on the incarcerated individual's tablet. All incarcerated individuals are provided a tablet, free of charge.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed by booking staff as well as medical staff. Booking staff complete their portion one-on-one in a private office. They ask questions related to prior sexual victimization, prior sexual abusiveness, disabilities, and if they are afraid of anything (perception of vulnerability). The booking staff indicated some information is already pre-population from the electronic file information, such as age, gender, and criminal history. The medical staff complete the other part of the initial risk assessment in the health services medical room one-on-one. The medical staff member asks about disabilities, prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. The medical staff enter the information in ERMA and also the MADOC system (IMS). The process includes yes or no questions and the medical staff does not review any other information. 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 incarcerated individual had gained or lost significance 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 reassessment process is identical to the initial risk screening process. Both booking and medical staff complete the risk screening process again within 30 days.

The auditor tested the PREA hotline during

the tour from the housing unit phones. The auditor reached a live person (Duty Station staff) who advised that if they received a report of sexual abuse from an incarcerated individual they would immediately document the information and forward it to the facility and the PC. Incarcerated individuals have access to the phones anytime they are at the facility (some incarcerated individuals leave for work in the community).

The auditor previously tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Handbook. The auditor did not send another letter as the process is the same across all MADOC facilities. The auditor sent a letter to MSP related to how they would handle an allegation of sexual abuse and whether incarcerated individuals can remain anonymous. The auditor provided contact information for the MSP to respond. Approximately two weeks later 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 incarcerated individuals may remain anonymous upon request.

The auditor had a staff member demonstrate how they would document a verbal report and how they can report sexual abuse of an incarcerated individual confidentially. The mechanism is the same, with the exception of a checkbox. The staff member advised they would complete a confidential incident report electronically from any of the facility computers. The staff advised when you mark confidential, the incident report bypasses the chain of command and goes directly to the supervisor. Staff confirmed all verbal reports would be documented in a confidential incident report.

The auditor tested the third party reporting

mechanism via the agency website. The auditor submitted the online form on May 28, 2024. 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 emotional support services through the BARCC hotline. The auditor tested the BARCC hotline during the on-site portion of the audit. The auditor dialed the number and was provided the option for services in English or Spanish. The automated message advised to hold and that they would be providing someone soon for services. The auditor reached a live person who confirmed that they are available to provide services to any incarcerated individual who calls the line between the hours of 9am and 9pm. The BARCC hotline is an unmonitored line and a pin number is not required.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is conducted in the work release offices (for small groups) or in the housing unit (for larger groups). Education is completed via the orientation video. The video is played on a 32 inch tv with speakers. The video is available in English with Spanish subtitles. Incarcerated individuals assist with translation, if needed, and the language services can be utilized. All incarcerated individuals also receive a Handbook.

During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge). The facility provided the auditor a phone number to dial and the facility's pin number for services. The auditor was able to choose the appropriate language of interpretation and was connected to a live person. After reaching the interpreter the incarcerated

individual advised he would prefer to use a staff member to translate rather than the language service because they have trouble understanding his dialect. The auditor then utilized a staff translator for the LEP (Spanish) incarcerated individual interview. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals 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, incarcerated individual files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The auditor reviewed a random sample of 28 personnel and/or training records that included two contractors hired within the previous twelve months, three staff employed over five years, two contractors employed over five years and two staff promoted in the previous twelve months. The review included five volunteers, eight total contractors and three medical and mental health care staff.

Incarcerated individual Files. A total of seventeen incarcerated individual files were reviewed. Fifteen incarcerated individual files were of those that arrived within the previous twelve months, three were disabled incarcerated individuals, two were LEP incarcerated individuals, one was a transgender incarcerated individual and one was an incarcerated individual who disclosed prior sexual victimization during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documents for the two incarcerated individuals who reported sexual abuse or sexual harassment and the one incarcerated individual who disclosed prior sexual victimization during the risk screening.

Grievances. The facility indicated they had seven sexual abuse grievances in the previous twelve months. The auditor reviewed the grievances and confirmed there was one sexual abuse grievance, which was forwarded to IPS for investigation.

Hotline Calls. The facility has a PREA hotline

as well as an Internal Perimeter Security (IPS) hotline. Incarcerated individuals can report sexual abuse and sexual harassment through both hotlines. The facility had zero calls to the PREA hotline and the IPS hotline related to sexual abuse and/or sexual harassment.

Incident Reports. The auditor reviewed the incident reports associated with the three allegations reported as well as a sample of random incident reports from the incident report log.

Investigation Files. During the previous twelve months, there were three allegations reported. The auditor reviewed all three investigations. One was sexual abuse, one was sexual harassment and the third did not meet the definition of sexual abuse or sexual harassment. All three investigations were administrative and none were 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	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	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	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	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	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	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	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	1	0	0	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:

1

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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?

☐ Yes

☒ No

☐ 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?

☒ Yes

☐ No

☐ 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.

No text provided.

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.

☐ Yes

☒ 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"> Pre-Audit Questionnaire 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy 103 DOC 510 - Security Staffing and Analysis 103 DOC 512 - Post Orders 103 DOC 506 - Search Policy 103 DOC 401 - Booking and Admissions 103 DOC 408 - Reasonable Accommodations for Inmates 103 DOC 488 - Interpreter Services

9. 103 DOC 201 – Selection and Hiring
10. 103 DOC 703 – Design Criteria and Planning Guidelines
11. 103 DOC 216 – Training and Staff Development
12. 103 DOC 650 – Mental Health Services
13. 103 DOC 652 – Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
14. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
15. 103 DOC 750 – Hygiene Standards
16. 103 CMR 423 – Restrictive Housing
17. 103 CMR 491 – Inmate Grievances
18. 103 DOC 518 – Inner Perimeter Security Team
19. 103 DOC 230 – Discipline and Terminations
20. 103 CMR 430 – Inmate Discipline
21. 103 DOC 407 – Victim Services Unit
22. Post Order 1 – Shift Commander
23. PREA Coordinator Appointment Letter
24. Agency Organizational Chart
25. Facility PREA Manager Appointment Letter
26. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The 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 incarcerated individuals. 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, incarcerated individual 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 incarcerated individuals, 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

	<p>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.</p> <p>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 reports to Superintendent[1]. The appointment letter states that the Deputy Superintendent has been selected as the PREA Compliance Manager for the facility. A review of the facility organization chart confirms that the Deputy Superintendent reports directly to the Superintendent. A review of the facility organizational chart confirms that the Deputy Superintendent reports to the Superintendent. The interview with the PREA Compliance Manager indicated she has sufficient time to manage all of her PREA related responsibilities. She stated she coordinates PREA compliance through the monthly PREA meetings and the annual PREA assessment. The PCM further stated that if an issue is identified she discusses it with the PREA committee, tours the area and consults with the PC and Superintendent related to any corrective action.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment letters, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.</p> <p>[1] Superintendent and Warden are used interchangeably within this report.</p>
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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 incarcerated individuals 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 29 contracts for the confinement of incarcerated individuals that the agency has entered into or renewed with private entities or other government agencies since the last PREA audit. Further communication indicated these are all interstate compact agreements with other states. A review of interstate contracts 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 contracts 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 incarcerated individuals in have completed the required PREA audits and submitted the Governor's Assurance information. The staff indicated if the documentation is not available on the DOJ website they reach out to that specific state to get the information. The staff further confirmed that all states that currently house MADOC incarcerated individuals have

	<p>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. Annual Staffing Plan Reviews 7. Daily Staffing Rosters 8. 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. Interviews with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect incarcerated individuals 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 incarcerated individual'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 incarcerated individual/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 51 incarcerated individuals, which is the average daily population. The facility employs 65 staff. Security staff mainly make up three shifts, 7am-3pm, 3pm-11pm and 11pm-7am. A review of the daily shift rosters indicated that each shift has a Shift Commander and at one additional supervisor (Sergeant/ Lieutenant). Additionally, numerous Correctional Officers are assigned across the shift. A review of the staffing plan narrative confirms that the elements under this provision are included in the staffing plan development process and review process. The staffing plan narrative notes the video monitoring technology, the lack of any finding of inadequacies, the two total buildings, the composition of the population in each housing unit, the supervisory staff and administrative staff, the times and staff for the different programs and information on incidents of sexual abuse and sexual harassment. During the tour the auditor confirmed the facility follows a staffing plan. There were security staff assigned to each shift and these staff are responsible to rove the facility and conduct security checks. Security staff are not directly assigned to housing units due to the physical plant, however there are security staff assigned to posts such as control and booking. The auditor observed that lines of sight were adequate with security rounds and cameras. The staffing appeared to be adequate based on the physical plant and custody level of incarcerated individuals. Many of the incarcerated individuals leave the facility during the day and work within the community. The auditor did not observe any blind spots and the facility was not overcrowded. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are monitored by control and can be viewed by the Director of Security, Inner Perimeter Security (IPS) and administrative level staff. The interview with the Warden confirmed that the facility has a staffing plan and that the plan provides for adequate levels to protect incarcerated individuals from sexual

abuse. The Warden stated the staffing plan is adequate as it considers each element under this provision. He advised they have enough positions and they look at many security aspects to ensure there are enough staff. He confirmed video monitoring is part of the staffing plan and the staffing plan is documented. The Warden further stated that each year they conduct an assessment related to staffing and blind spots. They review the staff to incarcerated individual ratio and determine if they need any additional coverage. He advised staffing is based on one building with minimum custody level incarcerated individuals. He also advised that the 7am-3pm shift has the most coverage due to more movement. The Warden noted that they check for compliance with the staffing plan via the daily roster. The Shift Commander and Chief of Security review the roster daily. The interview with the PCM indicated the staffing plan is based on the total number of individuals at the facility and the number of staff needed to safely operate. She confirmed staffing is also based on one physical structure as well as minimum custody pre-release incarcerated individuals.

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 incarcerated individual-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 indicated that daily rosters indicate whether or not positions on the staffing plan are filled or not filled. The roster notates why certain positions were not filled and outlines overtime used to fill any mandatory positions. The Warden stated that all mandatory posts are staffed, unless there is an emergency. He confirmed any deviations from the staffing plan would be documented.

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

	<p>Coordinator for review no later than the last working day of March. The staffing plan was most recently reviewed on January 17, 2024 by the Superintendent and PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The review included a vulnerability assessment that assessed sexual abuse and sexual harassment allegations, the physical layout and cameras locations. The staffing plan was previously reviewed on September 15, 2023 and July 8, 2022. 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.</p> <p>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 January 2024. The auditor requested documentation for five randomly selected weeks to review unannounced rounds on all three shifts. The facility provided documentation for the requested days that confirmed unannounced rounds were made by intermediate or higher levels supervisors on each shift in each housing unit at least once during that week, if not more. Interviews with intermediate-level or higher-level facility staff confirmed that they make unannounced rounds and that the unannounced rounds are documented on in the visitor log in IMS. All three staff stated they ensure staff don't notify one another they are making rounds by listening to the radio, conducting rounds at different times, switching up the rounds and not telling staff when they are coming.</p> <p>Based on a review of the PAQ, 103 DOC 510, 103 DOC 512, Post Order 1, the staffing plan, 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 be compliant.</p>
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115.14	Youthful inmates
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	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 incarcerated individuals 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 incarcerated individuals 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 incarcerated individuals 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>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interview with Transgender/Intersex Incarcerated Individuals

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 incarcerated individuals 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 incarcerated individuals, cross gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report.

115.15 (b): The PAQ indicated that the facility does not house female incarcerated individuals 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 incarcerated individual'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 incarcerated individuals shall not be permitted absent exigent circumstances. There were no cisgender females housed at the facility. The interview with the one transgender female indicated she is searched based on her preference and is searched professionally. She further advised she has not been restricted access 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 incarcerated individuals and as such any documentation of cross gender pat down searches of female incarcerated individuals would not apply. 103 DOC 506, page 7 states that except for gender non-conforming incarcerated individuals, cross gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable incarcerated individuals 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 incarcerated individuals 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 incarcerated individual 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. During the tour the

auditor confirmed that housing units provide privacy in restrooms and showers via curtains. The auditor observed the strip search area and confirmed no cross gender viewing issues. All strip searches are conducted in an office in intake behind a solid door. A review of the video monitoring system identified one cross gender viewing issue. The holding cell was equipped with a camera and the toilet was in view of the camera. After the on-site portion of the audit the facility provided photos confirming modification to the video monitoring technology (black box over toilet). During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made verbally upon entry and was at an adequate audible level. Interviews with ten random staff confirmed that incarcerated individuals have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all ten stated that staff of the opposite gender announce when entering housing units. Interviews with sixteen incarcerated individuals indicated all sixteen have privacy when showering, using the restroom and changing their clothes. Additionally, fourteen of the sixteen incarcerated individuals 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 incarcerated individual for the sole purpose of determining the incarcerated individual'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 incarcerated individual for the sole purpose of determining the incarcerated individual's genital status shall not be permitted. If the incarcerated individual's genital status is unknown, it may be determined during conversation with the incarcerated individual, 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 ten staff indicated eight were aware of a policy prohibiting searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. The interview with the transgender incarcerated individual confirmed that she has never been searched for the sole purpose of determining her 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 incarcerated individual'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 incarcerated individual, an unclothed search will be conducted by an officer of the gender which the incarcerated individual 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 incarcerated individuals. A review of the fully clothed and unclothed training

	<p>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 incarcerated individual'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 ten staff indicated all ten had received training on cross gender searches and searches of transgender incarcerated individuals. A review thirteen staff training records indicated that all thirteen had received the fully clothed and unclothed training. It should be noted that many of these staff received this during their academy, which was prior to the release of the PREA standards.</p> <p>Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, the clothed and unclothed search training curriculums, staff training records, photos provided after the on-site, observations made during the tour as well as information from interviews with random staff and random indicates this standard appears to be complaint.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility add the PREA Resource Center's video on cross gender searches and searches of transgender incarcerated individuals to their training curriculum. While all staff are trained on how to conduct male and female searches and transgender incarcerated individuals 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 changed over the years related to these searches.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. PREA Basic – Prison Rape Elimination Act Curriculum
6. Protecting Yourself from Sexual Assault Brochure
7. Inmate Handbook (Handbook)
8. PREA Posters
9. Staff Translator List
10. Lionbridge Interactive Voice Response Information

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with Incarcerated Individuals with Disabilities
3. Interview with LEP Incarcerated Individuals
4. Interviews 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 incarcerated individuals 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 incarcerated individuals with a disability. Additionally, it states that the Department shall provide incarcerated individuals access to trained, qualified individual(s) who are educated in the problems and challenges faced by incarcerated individuals with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist incarcerated individuals with a disability, as well as in all the legal requirements for the protection of incarcerated individuals with disabilities. A review of the Incarcerated individual

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 incarcerated individuals with cognitive disabilities, vision impairment and limited reading skills. Page 46-48 outline information related to the Americans with Disabilities Act and requesting reasonable accommodations. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the IPS hotline, PREA hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The painted numbers were adequate size font. Additionally, a list of phone numbers, including the IPS hotline and PREA hotline number, was posted by the phones. The list was in English and on letter size paper. PREA information was also observed on the tablets via the Handbook. The interview with the Agency Head Designee confirmed that the agency takes appropriate steps to ensure incarcerated individuals with disabilities and incarcerated individual 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 incarcerated individuals 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 incarcerated individuals are provided verbal and written information through the handbook in the incarcerated individual's primary language. The interview confirmed that the facility will take appropriate steps for incarcerated individuals 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 incarcerated individuals as well as an interpreter service line. Interviews with two disabled incarcerated individuals and three LEP incarcerated individuals confirmed that all five were provided PREA information in a format that they could understand. A review of documentation for three disabled incarcerated individuals and two LEP incarcerated individuals confirmed all five signed an acknowledgment confirming they understood the PREA information provided.

115.16 (b): The PAQ stated that the agency has established procedures to provide incarcerated individuals 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 incarcerated individuals (to include incarcerated individuals admitted directly to a Restrictive Housing Unit) receive written orientation materials in English and Spanish. When necessary, other non-English speaking incarcerated individuals shall receive translation into their own language via the telephone interpreter service. When a literacy problem exists, a staff

member may assist the incarcerated individual 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 incarcerated individuals in the following areas: Internal Perimeter Security (IPS), Booking and Admissions, Health Services Unit (HSU), Classification Boards, Incarcerated individual Grievances and Disciplinary Hearings. If an incarcerated individual 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 incarcerated individuals if the situation does not lend itself to the use of the telephonic interpreter service during the course of an investigations. Pages 31-32 of the Incarcerated individual Handbook informs incarcerated individuals 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 incarcerated individual. This service can only be used with a speaker telephone in the following areas whenever an incarcerated individual declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A provided list indicates the facility has eleven staff that can be utilized to interpret four different languages. A review of the Lionsbridge user's guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. A review of the Incarcerated individual Handbook, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed they were available in English and Spanish. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the IPS hotline, PREA hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The painted numbers were adequate size font. Additionally, a list of phone numbers, including the IPS hotline and PREA hotline number, was posted by the phones. The list was in English and on letter size paper. PREA information was also observed on the tablets via the Handbook. During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge). The facility provided the auditor a phone number to dial and the facility's pin number for services. The auditor was able to choose the appropriate language of interpretation and was connected to a live person. After reaching the interpreter the incarcerated individual advised he would prefer to use a staff member to translate rather than the language service because they have trouble understanding his dialect. The auditor then utilized a staff translator for the LEP (Spanish) incarcerated individual interview. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals through a staff member. It should be noted that two of the LEP incarcerated individuals had a primary language other than English and as such was designated as LEP by the agency, but was fluent enough in English to communicate without a translator. Interviews with two disabled incarcerated individuals and three LEP incarcerated

	<p>individuals confirmed that all five were provided PREA information in a format that they could understand. A review of documentation for three disabled incarcerated individuals and two LEP incarcerated individuals confirmed all five signed an acknowledgment confirming they understood the PREA information provided.</p> <p>115.16 (c): The PAQ stated that agency policy prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances. The PAQ further indicated the facility documents the limited circumstances in individual cases where incarcerated individual interpreters, readers or other assistants are used 103 DOC 488, page 4 state that incarcerated individuals shall not be used as interpreters for other incarcerated individuals in IPS, Booking and Admissions, HSU, Classification Boards, Incarcerated individual Grievances and Disciplinary Hearings. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with ten random staff indicated that eight were aware of a policy prohibiting the use of incarcerated individual interpreters, readers and assistants for sexual abuse allegation. Interviews with two disabled incarcerated individuals and three LEP incarcerated individuals confirmed that all five were provided PREA information in a format that they could understand and none had an incarcerated individual translate, interpret or read for them.</p> <p>Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Protection Yourself from Sexual Assault Brochure, the Handbook, PREA Posters, the Lionsbridge user's guide, the staff translator list, observations made during the tour as well as interviews with the Agency Head Designee, random staff and LEP and disabled incarcerated individuals indicates that this standard appears to be compliant.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals 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 incarcerated individuals, 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 contractors hired in the previous twelve months indicated that both had a criminal background records check completed prior to enlisting their services. There were zero staff hired at the facility during the previous twelve months, however the auditor reviewed numerous documents for other MADOC facilities related to new hires and confirmed the agency conducts a criminal background records check prior to hire and requires the applicant to complete the Attachment X.

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 incarcerated individuals. 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 incarcerated individuals. 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 incarcerated individuals, 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 one person was hired in the previous twelve months who had a criminal background records check completed. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants and the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse or resignations during investigation. He further advised they utilize the Criminal Justice Information Services which checks local criminal history, national criminal history, sex offender registry and any active warrants. There were zero staff hired at the facility during the previous twelve months, however the auditor reviewed numerous documents for other MADOC facilities related to new hires and confirmed the agency conducts a criminal background records check prior to hire and contacts prior institutional employers related to substantiated incidents of sexual abuse and/or resignation during investigation.

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 incarcerated individuals. 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 three contracts for services where criminal background record checks were conducted on all staff covered under the contract. The Human Resource staff member confirmed that all contractors have a criminal background records check completed prior to enlisting their services. The same system utilized for staff (CJIS), is utilized for contractor criminal background records checks. A review of personnel files for two contractors hired in the previous twelve months indicated that both had 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 incarcerated individuals 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 incarcerated individuals or have in place a system for otherwise capturing such information for current employees. The interview with the Human Resource staff member indicated that a criminal background records check is completed through the CJIS system. He stated the system checks all local criminal history, national criminal history, sex offender registry and any active warrants. The Human Resource staff confirmed the agency has a system in place conduct criminal

background records check on all active employees and contractors at least every five years. A review of three staff hired more than five year ago indicated that none of the three had a criminal background records check completed at least every five years. A review of five contractors employed longer than five years indicated zero had a criminal background records check completed every five years. One staff member and all five contractors did have a current criminal background records check completed (done within the last four years). This issue was identified during a prior MADOC PREA audit. As such the agency implemented corrective action across all MADOC facilities to update all current staff and contractor criminal background records checks.

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 incarcerated individuals, shall be asked, in either written application(s) or interview(s), about whether he/she has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt threat or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Page 2 of the MA Department of Corrections Application for Employment indicates that an applicant for employment who meets the minimum entrance requirements, the Commonwealth may review later in the application process, if applicable: Criminal Offender Record Information (C.O.R.I); and Sex Offender Registry Information (S.O.R.I); and the Central Registry of Child Abuse/Neglect reports. If an offer of employment is made, the Commonwealth agency may declare that the offer is contingent upon the successful results of a medical exam, references, education, certification, professional licensure, driver's license (if required for job) and/or a tax and background check. A review of Attachment X (PREA Inquiries) indicates that applicants are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", "Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?" and "Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?". The Human Resource staff stated that they have a questionnaire in the application that requires the applicant to answer questions related to past adjudications or allegations involving sexual abuse and sexual harassment. He further stated that the agency imposes a continuing duty to disclose any such misconduct. There were zero staff hired at the facility during the previous twelve months, however the auditor

reviewed numerous documents for other MADOC facilities related to new hires and confirmed the agency conducts a criminal background records check prior to hire and requires the applicant to complete the Attachment X. A review of documentation for two staff promoted during the previous twelve months confirmed both completed Attachment X prior to promotion.

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 confirmed the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment when requested.

Based on a review of the PAQ, 103 DOC 201, Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections, the 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 of three staff hired more than five year ago indicated that none of the three had a criminal background records check completed at least every five years. A review of five contractors employed longer than five years indicated zero had a criminal background records check completed every five years. One staff member and all five contractors did have a current criminal background records check completed (done within the last four years). This issue was identified during a prior MADOC PREA audit. As such the agency implemented corrective action across all MADOC facilities to update all current staff and contractor criminal background records checks.

Corrective Action

The facility will need to ensure all staff and contractors who have been employed

	<p>over five years have a current criminal background records check completed. The facility will need to provide a list of staff and contractors employed over five years (in alphabetical order) and associated documentation confirming a current five year criminal background records check was completed on a systematic sample (every eighth person on the list).</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Contractors and Volunteers 2. Criminal Background Record Checks <p>The facility provided a list of staff and contractors employed longer than five years. A systematic sample of criminal background records checks was provided confirming all had a current five year criminal background records check. Additionally, criminal background record checks were provided for the two original staff that were missing an updated five year background records check.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 703 – Design Criteria and Planning Guidelines 3. Facility Annual PREA Safety Assessment Attachment IV

Interviews:

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

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. 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 incarcerated individuals 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 2024 Facility Annual PREA Safety Assessment confirmed that a modular building was added to the facility property. The physical plant of the building was considered related to safety as well as the video cameras placed in the building. The document outlined that sexual safety was considered related to the modification. During the tour the auditor confirmed there were no substantial modifications to the existing facility. The interview with the Agency Head Designee indicated that the agency holds monthly meetings and that the Division of Resource Management is part of the meeting. He stated that they would assist with new construction and video monitoring technology. The Agency Head Designee stated that all divisions would meet before any new construction is started and they would keep in mind the National PREA Standards during the meetings. He also stated that each year there is a PREA safety and vulnerability assessment completed at each facility which includes a review of cameras, blind spots and any new construction. He stated this information is submitted to the PC each year for review. The interview with the Warden indicated they added an annex building at the facility. When adding the building he advised they reviewed policy and procedure, reviewed any potential blind spots, determined necessary staffing and

	<p>cameras for the building and conducted a security overview of the building.</p> <p>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 incarcerated individuals 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 Facility Annual PREA Safety Assessments indicated that the facility over 70 cameras to assist with supervision and monitoring. The document confirms PREA was considered in the camera installation and provides a narrative related to location of cameras and installation as it relates to sexual abuse and sexual harassment. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. Cameras are monitored by control and can be viewed by the Director of Security, Inner Perimeter Security (IPS) and administrative level staff. 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 incarcerated individuals from sexual abuse. He stated they use video monitoring technology to monitor blind spots and area that are not regularly monitored by staff.</p> <p>Based on a review of the PAQ, 103 DOC 73, Annual PREA Safety Assessment, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Wellpath 57.00 – Sexual Assault/PREA Compliance
4. Response to Sexual Assault Incidents
5. 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. Interviews with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Incarcerated Individuals 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 incarcerated individuals, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the incarcerated individual to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault

Investigator prior to the incarcerated individual's transport to an outside hospital. Evidence collected at the outside hospital involving incarcerated individual-on-incarcerated individual 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 incarcerated individual; bagging evidence appropriately; placement in dry cell; transportation for SAFE/SANE and appropriate medical care. Interviews with ten random staff indicated all ten knew and understand the protocol for obtaining useable physical evidence. Additionally, all ten staff indicated that investigations would be completed by IPS.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PAQ stated that the protocol was not 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. Further communication with the PC indicated this provision should have been marked yes and being marked no was an error. 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 incarcerated individuals, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the incarcerated individual to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the incarcerated individual's transport to an outside hospital. Evidence collected at the outside hospital involving incarcerated individual-on-incarcerated individual 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 incarcerated individual; 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 incarcerated individuals who

experience sexual abuse access to forensic medical examination at an outside hospital (approved SANE sites). It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are 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. 103 DOC 519, page 15 states that upon completion of the medical and mental health evaluation, the Superintendent/ designee, in consultation with medical and mental health personnel, shall determine whether a referral to an outside hospital with a rape crisis unit and SANE Program services is warranted. If the determination is made the incarcerated individual victim should be sent to an outside hospital, and if the incarcerated individual victim consents, the incarcerated individual victim shall be transported to an outside hospital with a SANE Program where he/she shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted disease, and pregnancy, if appropriate. Page 17 further states rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false. Additionally, Wellpath 57.00, page 2 states that healthcare staff shall not engage in the collection of forensic evidence, or the investigation of the complaint. Page 3 further states that healthcare staff shall follow guidelines for referring Massachusetts State prison patients to one of the designated SANE "designated hospitals" and shall notify the designated Hospital Emergency Unit (EU) triage nurse of the referral prior to transport. The designated hospitals attachment confirms that Beth Israel Deaconess Center is a designated SANE hospital. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. A review of documentation confirmed there were zero forensic examination conducted in the previous twelve months. 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 incarcerated individual transported to the hospital. The staff confirmed that examinations are always provided by SANE.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and these efforts are documented. The PAQ further states that the facility provides a qualified staff member from a community based organization or a qualified agency staff member when a rape crisis center is not available to provide advocacy services. The agency utilizes BARCC to provide advocacy for all incarcerated individual victims of sexual abuse. The most recent agreement with BARCC was executed in 2022. The agreement states that that BARCC will provide 24-hour medical accompaniment for incarcerated individuals 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). The PCM stated that if requested by the victim, a victim advocate accompanies the incarcerated individual during the forensic medical examination and investigatory interviews. She stated they offer these services to incarcerated individuals and they can determine if they want the services or not. She advised these are provided through Beth Israel and BARCC and the agency has an agreement with both agencies. The interview with the incarcerated individual who reported sexual indicated he was not afforded access to a victim advocate. A review of documentation did not indicate whether the victim was afforded access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 103 DOC 519, page 17 states that community based victim advocacy services are offered to the incarcerated individual 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. 103 DOC 407, page 13 states that it is the responsibility of the PREA Manager to notify the Director of the Victim Services Unit (VSU) when services of the incarcerated individual advocate are necessary. VSU services include, but are not limited to: meeting with the incarcerated individual victim; providing information to the incarcerated individual on his/her rights; providing information to the incarcerated individual on the status of the case; maintaining communication with the incarcerated individual during the investigation; and coordinating with the District Attorney if referral is made. The agency utilizes BARCC to provide advocacy for all incarcerated individual victims of sexual abuse. The most recent agreement with BARCC was executed in 2022. The agreement states that that BARCC will provide 24-hour medical accompaniment for incarcerated individuals 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). The PCM stated that if requested by the victim, a victim advocate accompanies the incarcerated individual during the forensic medical examination and investigatory interviews. She stated they offer these services to incarcerated individuals and they can determine if they want the services or not. She advised these are provided through Beth Israel and BARCC and the agency has an agreement with both agencies. The interview with the incarcerated individual who reported sexual indicated he was not afforded access to a victim advocate. A review of documentation did not indicate

whether the victim was afforded access to a victim advocate.

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

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

115.21 (h): The facility has a contract with BARCC to provide all advocacy services. BARCC is the local rape crisis center for Boston and surrounding areas and always provides advocacy services to incarcerated individuals under this standard. The interview with the BARCC staff member confirmed all BARCC staff complete a 40 hour rape crisis counseling training mandated by the Department of Health.

Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, Response to Sexual Assault Incidents, the Agreement with BARCC, the MOU with MSP, investigative reports and information from interviews with the random staff, the SAFE/SANE and the PREA Compliance Manager this standard appears to require corrective action. The interview with the incarcerated individual who reported sexual indicated he was not afforded access to a victim advocate. A review of documentation did not indicate whether the victim was afforded access to a victim advocate.

Corrective Action

The facility will need to determine how a victim advocate will be afforded to incarcerated individuals who report sexual abuse. A process/training memo will need to be provided. Further, the facility will need to ensure this is documented for any future sexual abuse allegations. Any examples during the corrective action period will need to be provided. If no allegations are made, the facility will need to provide a mock allegation documentation confirming how this will be documented.

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. Training Memorandum Related to Victim Advocacy Process 2. Tabletop Mock Sexual Abuse Investigation <p>The facility provided a training memorandum that outlined that medical and/or mental health care staff will offer sexual abuse victims a victim advocate and document the information. Staff signatures were provided confirming receipt and understanding of the training.</p> <p>The facility had zero sexual abuse or sexual harassment reported during the corrective action period. As such, the facility conducted a mock tabletop exercise related to an incident of sexual abuse on the 7am-3pm shift and on the 3pm-11pm shift. The mock investigation included documentation by mental health of affording/ offering a victim advocate to the sexual abuse victim.</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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115.22	Policies to ensure referrals of allegations for investigations
	<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. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interviews 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 was one allegation of sexual abuse and/or sexual harassment reported within the previous twelve months and it included an administrative investigation. A review of documentation noted there were three allegations reported during the previous twelve months. One was sexual abuse, one was sexual harassment and one did not rise to the level of sexual abuse or sexual harassment. All three had an administrative investigation completed by the facility investigator.

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 incarcerated individuals 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 incarcerated individual, the Superintendent shall request a Category II investigation by submitting an Investigative Services Intake Form and shall notify his/her respective Assistant Deputy Commissioner. A review of the agency website (<https://www.mass.gov/lists/department-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. Interviews with investigators confirmed that agency policy requires that allegations of sexual abuse and sexual harassment be referred to an investigative agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. A review of documentation noted there were three allegations reported during the previous twelve months. One was sexual abuse, one was sexual harassment and one did not rise to the level of sexual abuse or sexual harassment. All three had an administrative investigation completed by the facility investigator.

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

115.22 (d): 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/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.</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, incident 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>
	<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 incarcerated individuals 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 incarcerated individuals' right to</p>

be free from sexual abuse and sexual harassment, the right of the incarcerated individual 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 incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals 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 incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 19), the right of the incarcerated individual 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 incarcerated individuals (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). Interviews with ten random staff confirmed all ten had received PREA training which covered the elements under this provision. A review of thirteen staff training records indicated all thirteen received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender incarcerated individuals 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 incarcerated individuals to an institution that houses only female incarcerated individuals, 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 incarcerated individuals. 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 incarcerated individuals and all staff that are assigned to female facilities complete these trainings. The facility houses male incarcerated individuals 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 incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained annually through a refresher training. 103 DOC 216, page 11 states

	<p>that employees with incarcerated individual contact shall receive refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. A review of documentation confirmed that all thirteen staff received PREA training at least every two years, with most receiving it annually.</p> <p>115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals 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 thirteen staff training records indicated that all thirteen completed a post training quiz and received a score which indicated their understanding.</p> <p>Based on a review of the PAQ, 103 DOC 216, the PREA Basic Lesson Plan, a review of staff training records as well as interviews with random staff indicates that the facility appears to meet this standard.</p>
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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 Lesson Plan 5. Volunteer and Contractor Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers and Contractors who have Contact with Incarcerated Individuals

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals 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 incarcerated individuals 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 nine volunteers and contractors received PREA training. Further communication with the PC indicated all contractors and volunteers have received PREA training. Interviews with two contractors confirmed they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of eight contractor and five volunteer training documents indicated nine had completed PREA training. There were no volunteers available during the on-site portion of the audit and as such no interviews were conducted.

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 incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals 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 incarcerated individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency has the Volunteer and Contractor Training and Acknowledgment of PREA form which outlines the zero tolerance policy and duty to report (immediately to the Shift Commander). Additionally, certain contractors (those with regular contact with incarcerated individuals or those who are unescorted) are required the PREA Basic training that staff complete which includes the zero tolerance policy and methods to report. Interviews with the two contractors indicated both completed a training on the computer. One contractors also advised they received PREA training during orientation. Additionally, both stated their respective companies (Wellpath and Trinity) also require them to complete a separate PREA training. Both contractors confirmed the training went over the zero tolerance policy and how and who to report

<p>information to. A review of eight contractor and five volunteer training documents indicated nine had completed PREA training.</p> <p>115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. Volunteers and contractors sign either a sign-in sheet or the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) form to confirm receipt of the training. Contractors also can take the training electronically which includes a quiz that documents their understanding. A review of eight contractor and five volunteer training documents confirmed all nine that had training completed/provided had the PREA Basic training (quiz at the end) or signed the PREA Acknowledgement.</p> <p>Based on a review of the PAQ, 103 DOC 216, Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA), Prison Rape Elimination Act (PREA) Basic Lesson Plan, a review of a sample of contractor and volunteer training records as well as the interviews with contractors and volunteers indicates that this standard appears to require corrective action. A review of eight contractor and five volunteer training documents indicated nine had completed PREA training.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested contractor and volunteer training documents. If they are not available, additional corrective action will be required.</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. Contractor Training Documents

	<p>The facility provided the originally requested training documents, confirming all contractors had completed PREA training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. Inmate Handbook (Handbook) 6. Inmate Orientation Video 7. Protecting Yourself from Sexual Assault Brochure 8. PREA Posters 9. Incarcerated individual Training Records 10. Staff Translator List 11. Lionbridge Interactive Voice Response Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Intake Staff 2. Interviews with Random Incarcerated Individuals <p>Site Review Observations:</p>

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

Findings (By Provision):

115.33 (a): The PAQ stated that incarcerated individuals 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 incarcerated individual receives an orientation upon admission within 24 hours after arrival. Incarcerated individuals 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 incarcerated individual 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 4-8 of the Incarcerated individual Handbook confirms that it includes all the information as Attachment #2. The PAQ indicated that 50 incarcerated individuals received information at intake on the zero tolerance policy and how to report incident of sexual abuse/sexual harassment. This is equivalent to over 100% of incarcerated individuals who arrived at the facility over the previous twelve months. Further communication with the PC indicated there were 60 incarcerated individuals that came to the facility in the previous twelve months and all 60 received PREA information/education. During the tour the auditor observed the intake process through a demonstration. Incarcerated individual are provided PREA information at intake via the Handbook. The Handbook is available in both English and Spanish and includes information on the zero tolerance policy and ways to report. The Handbook is also available on the incarcerated individual's tablet. All incarcerated individuals are provided a tablet, free of charge. The interview with the intake staff confirmed that incarcerated individuals are provided information on the agency's sexual abuse and sexual harassment policies during intake. The staff stated incarcerated individuals receive the Handbook and receive orientation within five days of arrival. All sixteen incarcerated individuals interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. A review of fifteen incarcerated individual files of those received in the previous twelve months indicated that all fifteen received PREA information at intake. It should be noted that Boston Pre-Release is not an intake facility and as such all incarcerated individuals at the facility have also been previously provided PREA information upon intake, through another MADOC facility.

115.33 (b): 103 DOC 401, page 8 states that incarcerated individuals 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 incarcerated individuals 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 incarcerated individuals 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, incarcerated individuals are not required to be provided additional comprehensive education upon transfer to Boston Pre-Release unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ indicated that 50 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is equivalent to over 100% of those that arrived in the last twelve months and stayed longer than 30 days. Further communication with the PC indicated there were 60 incarcerated individuals that came to the facility in the previous twelve months and all 60 received PREA information/education. A review of the orientation video 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. While the facility is not required to complete additional comprehensive PREA education they do provide incarcerated individuals with additional PREA information. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is conducted in the work release offices (for small groups) or in the housing unit (for larger groups). Education is completed via the orientation video. The video is played on a 32 inch tv with speakers. The video is available in English with Spanish subtitles. Incarcerated individuals assist with translation, if needed, and the language services can be utilized. All incarcerated individuals also receive a Handbook. The interview with the intake staff confirmed that incarcerated individuals receive comprehensive PREA education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and policies and procedures after a report of sexual abuse. The intake staff advised incarcerated individuals receive orientation within five days of arrival at the facility and that the orientation includes the orientation video, which has PREA information. Interviews with sixteen incarcerated individuals confirmed all sixteen 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 majority of the incarcerated individuals stated they received this information via video when they arrived at the facility and also at other facilities. A review of fifteen incarcerated individual files of those received in the previous twelve months indicated that all fifteen had received comprehensive PREA education within 30 days of intake at Boston Pre-Release.

115.33 (c): The PAQ indicated that is provision is not applicable as all incarcerated individuals 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 incarcerated individual receives an orientation upon admission within 24 hours of arrival. Additionally, it states that incarcerated individuals transferred from other institutions within the correctional system shall receive an orientation to the new institution. Except in unusual circumstances, this orientation is completed within seven calendar days after admission. The interview with the intake staff confirmed that incarcerated individuals receive comprehensive PREA education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and policies and procedures after a report of sexual abuse. The intake staff advised incarcerated individuals receive orientation within five days of arrival at the facility and that the orientation includes the orientation video, which has PREA information. A review of seventeen total incarcerated individual files confirmed all seventeen had received PREA education.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for incarcerated individuals who are LEP, deaf, visually impaired, otherwise disabled, as well as to incarcerated individuals who have limited reading skills. 103 DOC 401, page 13, states that each Superintendent/designee shall ensure that new incarcerated individuals receive written orientation material in English and Spanish. When necessary, other non-English speaking incarcerated individuals shall receive translation into their own language via the telephonic interpreter service. When a literacy problem exists, a staff member may assist the incarcerated individual 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 incarcerated individuals with a disability. Additionally, it states that the Department shall provide incarcerated individuals access to trained, qualified individual(s) who are educated in the problems and challenges faced by incarcerated individuals with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist incarcerated individuals with a disability, as well as in all the legal requirements for the protection of incarcerated individuals with disabilities. 103 DOC 488, page 4 states that telephonic interpreter services may be used to translate for incarcerated individuals in the following areas: Internal Perimeter Security (IPS), Booking and Admissions, Health Services Unit (HSU), Classification Boards, Incarcerated individual Grievances and Disciplinary Hearings. If an incarcerated individual 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 incarcerated individuals 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 Handbook, PREA Posters and Protecting Yourself from Sexual Assault

Brochure confirm that they can be provided in larger print, if necessary and are available in English and Spanish. Additionally, staff (including mental health care staff) are available to read the information to any incarcerated individuals with cognitive disabilities, vision impairment and limited reading skills. Page 46-48 outline information related to the Americans with Disabilities Act and requesting reasonable accommodations. Pages 31-32 of the Handbook informs incarcerated individuals 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 incarcerated individual. This service can only be used with a speaker telephone in the following areas whenever an incarcerated individual declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A provided list indicates the facility has staff that can be utilized to interpret four 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. Further a review of the Orientation Video confirms it is available in English, Spanish and with subtitles. A review of three disabled incarcerated individual records and two LEP incarcerated individual records confirmed all five signed that they received and understood PREA education.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual 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 incarcerated individual, shall be exempt from signing and dating an IMS printout. It shall also be documented by the incarcerated individual signing and dating a printout of the completed IMS Orientation Checklist screen. If the incarcerated individual refuses or is incapable of reading and signing for the information included in the orientation manual, the staff member providing the incarcerated individual with the copy shall indicate such refusal/incapability in the IMS Orientation Checklist Screen, as well as the assistance offered/given to the incarcerated individual who is incapable of reading and signing. The checklist shall be filed in the incarcerated individual's case record. A review of seventeen total incarcerated individual files confirmed all seventeen were documented with 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, incarcerated individual handbooks or other written formats. A review of documentation indicates that the facility has PREA information via the Incarcerated individual Handbook, PREA Posters and the Protecting Yourself from Sexual Assault Brochure. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the IPS hotline, PREA

	<p>hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The painted numbers were adequate size font. Additionally, a list of phone numbers, including the IPS hotline and PREA hotline number, was posted by the phones. The list was in English and on letter size paper. PREA information was also observed on the tablets via the Handbook.</p> <p>Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Handbook, the Facility Orientation Video, PREA Posters, the Protection Yourself from Sexual Assault Brochure, a review of incarcerated individual records, observations made during the tour as well as information from interviews with intake staff and random incarcerated individuals this standard appears to be compliant.</p>
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115.34	Specialized training: Investigations
	<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/Sexual Assault Investigator Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 103 DOC 519, page 10 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum</p>

	<p>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 two facility staff have completed the specialized investigator training. Interviews with the investigative staff confirmed they received specialized investigator training.</p> <p>115.34 (b): 103 DOC 519, page 10 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum confirms that it covers; techniques for interviewing sexual abuse victims (course 2, pages 2-6 and course 4, pages 3-16), proper use of Miranda and Garrity warnings (course 4, page 2), sexual abuse evidence collection in a confinement setting (course 3, pages 3-10) and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (course 5, page 1). A review of documentation indicated that three investigations were completed by two facility staff, both of which completed the specialized investigator training. The interviews with the investigators confirmed that both received specialized training and the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that 83 investigator had completed the required training. It should be noted that the number was provided of all agency investigators who have the training, not specifically facility investigators for Boston Pre-Release. A review of documentation indicated that three investigations were completed by two facility staff, both of which completed the specialized investigator training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>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.</p>
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115.35	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Wellpath 57.00 – Sexual Assault/PREA Compliance3. 103 DOC 650 – Mental Health Services4. 103 DOC 216 – Training and Staff Development5. Wellpath – Prison Rape Elimination Act (PREA) Lesson Plan6. Prison Rape Elimination Act (PREA) Basic Lesson Plan7. Medical and Mental Health Training Records <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. Wellpath 57.00, pages 4-5 state the contracted healthcare vendor shall ensure that full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicion of sexual abuse and sexual harassment. 103 DOC 650, page 44 states that the vendor, in conjunction with the Department, shall ensure that all full and part time mental health care practitioners who work regularly 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</p>

suspicion of sexual abuse and sexual harassment. The PAQ indicated that 100% of the medical and mental health care staff received the specialized training. Interviews with medical and mental health staff confirmed that both have received specialized training. Both staff confirmed the required elements under this provision were included in the specialized training. A review of three medical and mental health care staff training records confirmed that all three had 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 confirmed 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 three medical and mental health care staff training records confirmed that all three had completed the specialized medical and mental health training. All staff had a certificate showing completion.

115.35 (d): 103 DOC 216, page 11 states that volunteers and contractors who have contact with incarcerated individuals 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 incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 19), the right of the incarcerated individual 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 incarcerated individuals (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). A review of three medical and mental health care staff training records indicated two completed the

	<p>required training under 115.32.</p> <p>Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, Wellpath 57.00, the Wellpath PREA lesson plan, PREA Basic lesson plan, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to require corrective action. A review of three medical and mental health care staff training records indicated two completed the required training under 115.32.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested document. If not available, additional corrective action will be required.</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. Contractor Training Documents <p>The facility provided the originally requested training documents, confirming all contractors had completed PREA training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Random Incarcerated Individuals
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 Incarcerated Individual 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 incarcerated individuals. 103 DOC 650, page 9 states that all incarcerated individuals shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed by booking staff as well as medical staff. Booking staff complete their portion one-on-one in a private office. They ask questions related to prior sexual victimization, prior sexual abusiveness, disabilities, and if they are afraid of anything (perception of vulnerability). The booking staff indicated some information is already pre-populated from the electronic file information, such as age, gender, and criminal history. The medical staff complete the other part of the initial risk assessment in the health services medical room one-on-one. The medical staff member asks about disabilities, prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. The medical staff

enter the information in ERMA and also the MADOC system (IMS). The process includes yes or no questions and the medical staff does not review any other information. 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 incarcerated individual 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. Interviews with fourteen incarcerated individuals that arrived within the previous twelve months indicated thirteen were asked the risk screening questions upon arrival at Boston Pre-Release. Interview with the staff responsible for the risk screening indicated that incarcerated individuals are screened at intake for their risk of victimization and risk of abusiveness.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals 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 50 incarcerated individuals, or over 100% of those that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours. Interviews with fourteen incarcerated individuals that arrived within the previous twelve months indicated thirteen were asked the risk screening questions upon arrival at Boston Pre-Release. Most stated they were asked when they first arrived at the facility. Interviews with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness within 72 hours. A review of fifteen incarcerated individual files of those that arrived within the previous twelve months indicated that all fifteen had an initial risk screening completed. Thirteen of the fifteen were completed 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 incarcerated individual is classified as a victim. If the risk screening has four or more "yes"

responses on the victimization identifiers, the incarcerated individual 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 incarcerated individual is classified as an aggressor. If the risk screening has two or more “yes” responses on the abusiveness identifiers, the incarcerated individual 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 incarcerated individuals for risk of victimization: whether the incarcerated individual has a mental, physical or developmental disability; the age of the incarcerated individual; the physical build of the incarcerated individual; whether the incarcerated individual has previously been incarcerated; whether the incarcerated individual’s criminal history is exclusively nonviolent; whether the incarcerated individual has prior convictions for sex offenses against an adult or child; whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the incarcerated individual has previously experienced sexual victimization; the incarcerated individual’s own perception of vulnerability and whether the incarcerated individual 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. Interviews with the staff who conduct the risk screening indicated that the initial risk screening consists of questions about prior sexual victimization, disabilities, perception of vulnerability, gender identity and sexual preference. Additional criteria is considered, however it is not asked verbally but rather is pre-populated in the electronic system based on electronic file information (i.e. criminal history, age, stature, violent offenses, etc.). Staff confirmed the required elements under this provision are considered in the risk screening tool.

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 incarcerated individuals for risk of being sexually abusive. Interviews with the staff who conduct the risk screening indicated that the initial risk screening consists of questions about prior sexual victimization, disabilities, perception of vulnerability, gender identity and sexual preference. Additional criteria is considered, however it is not asked verbally but rather is pre-populated in the electronic system based on electronic file information (i.e. criminal history, age, stature, violent offenses, etc.). Staff confirmed the required elements under this

provision are considered in the risk screening tool.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual'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 incarcerated individual's arrival at the facility, the facility will reassess the incarcerated individual's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. The PAQ did not indicate the number of incarcerated individuals with a reassessment. Further communication with the PC indicated 53, or over 100% of incarcerated individuals 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 PC advised that they went back through the documents and they had 60 transfers and 53 that stayed over 30 days. During the tour the facility provided a demonstration of the reassessment process. It is identical to the initial risk assessment process completed by medical staff. Interviews with staff responsible for the risk screening indicated that incarcerated individuals are reassessed by medical staff within 30 days. Interviews with fourteen incarcerated individuals that arrived in the previous twelve months indicated four remembered being asked the risk screening questions on more than one occasion. They stated it was a few weeks after they arrived. A review of a sample of fifteen incarcerated individual files of those that arrived in the previous twelve months indicated that fourteen had a reassessment completed. Ten of the fourteen were past the 30 day timeframe.

115.41 (g): The PAQ indicated that policy requires that an incarcerated individual'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 incarcerated individual's risk of sexual victimization or abusiveness. 103 DOC 650, page 10 states that an incarcerated individual'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 incarcerated individual's risk of sexual victimization or abusiveness. Interviews with staff responsible for risk screening confirmed that incarcerated individuals are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with fourteen incarcerated individuals that arrived in the previous twelve months indicated four remember being asked the risk screening questions on more than one occasion. They stated it was a few weeks after they arrived. A review of a sample of fifteen incarcerated individual files of those that arrived in the previous twelve months indicated that fourteen had a reassessment completed. There were zero substantiated or unsubstantiated sexual abuse allegations that would necessitate a reassessment and as such no reassessments were required due to incident of sexual abuse.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer whether or not the incarcerated individual has a mental, physical or developmental disability; whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the incarcerated individual has previously experienced sexual victimization; and the incarcerated individual's own perception of vulnerability. 103 DOC 650, page 10 states that incarcerated individuals 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). Interviews with the staff responsible for risk screening indicated that incarcerated individuals 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 incarcerated individual's detriment by staff or other incarcerated individuals. 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. Incarcerated individual medical, mental health and classification records are electronic. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that all staff at the facility have access to the risk screening due to the limited number of staff and their many duties. All staff may be responsible for completing the intake/booking process. The interview with the PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated only those with a need to know have access. The staff responsible for the risk screening stated that the information from the risk screening is in ERMA and IMS and that anyone who has access to either of these systems has access to the risk screening information.

Based on a review of the PAQ, 103 DOC 650, Housing Risk Screening Assessment, a review of incarcerated individual files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals indicates that this standard appears to require corrective action. Interviews with fourteen incarcerated individuals that arrived in the previous twelve months indicated four remembered being asked the risk screening questions on more than one occasion. They stated it was a few weeks after they arrived. A review of a sample of fifteen incarcerated individual files of those

	<p>that arrived in the previous twelve months indicated that fourteen had a reassessment completed. Ten of the fourteen were past the 30 day timeframe.</p> <p>Corrective Action</p> <p>The facility will need to ensure that reassessments are completed within the appropriate timeframe (30 days). The facility will need to provide a list of incarcerated individuals that arrived during the corrective action period and a systematic sample (i.e. every eighth incarcerated individual on the list) of reassessments. The facility will need to ensure the list of arrivals has the arrival date.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Incarcerated Individual that Arrived During the Corrective Action Period 2. Risk Assessments <p>The facility provided a list of incarcerated individual that arrived during the corrective action period and associated risk reassessments. 20 documents were provided confirming all 20 had a reassessment completed. Nineteen of the 20 were within the 30 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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115.42	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 Incarcerated Individual Biannual Reviews
9. LGBTI Incarcerated Individual 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 Incarcerated Individuals
5. Interview with Gay, Lesbian and Bisexual Incarcerated Individuals

Site Review Observations:

1. Location of Incarcerated Individual Records.
2. Housing Assignments of LGBTI Incarcerated Individuals
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 incarcerated individuals 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 incarcerated individuals for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 – Booking and Admissions. Policy further states that once an incarcerated individual is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the incarcerated individual needs and housing assignment of that incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual’s victimization history and/or the incarcerated individual’s “at risk” status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. Additionally, page 12 continues that upon learning that an incarcerated individual 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 incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual’s predatory history and/or the incarcerated individual’s “at risk” status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized in terms of housing to help determine what unit to house in, what tier to house on and what location within the unit. She advised it is also utilized for job assignments. Interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing as well as to ensure staff are cognizant of those at high risk to conduct extra rounds in that area. A review of documentation indicated there were zero incarcerated individual deemed at high risk of victimization or at high risk of abusiveness housed at the facility. It should be noted that the facility is a pre-release center and as such the criteria to be housed at the facility is very strict, which may be why there were no incarcerated individuals at risk.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. 103 DOC 519, pages 10-11 state that the Department shall utilize an internal risk housing tool to assess incarcerated individuals for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 – Booking and Admissions. Policy further states that once an incarcerated individual is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the incarcerated individual needs and housing assignment of that incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual's victimization history and/or the incarcerated individual's "at risk" status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. Additionally, page 12 continues that upon learning that an incarcerated individual 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 incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual's predatory history and/or the incarcerated individual's "at risk" status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. Interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing as well as to ensure staff are cognizant of those at high risk to conduct extra rounds in that area.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex incarcerated individuals 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 incarcerated individuals. Page 7 states if an incarcerated individual self-identifies as gender non-conforming (transgender), a facility based medical provider or qualified mental health professional assigned to the incarcerated individual, shall review the incarcerated individual's gender non-conforming status to determine whether the incarcerated individual's gender is sincerely held as part of the incarcerated individual's core identity. Page 9 further states that a gender non-confirming incarcerated individual may request to be housed in a facility of the gender with which the incarcerated individual 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 incarcerated individual's

individual history of incarceration and present circumstances. The agency provided sample documentation related to case-by-case housing determinations. An example was provided of a transgender female incarcerated individual who requested to be housed at a female facility. The PCM stated that housing and programming at the facility is based on the housing risk factor and the assessment completed upon admission. The PCM advised that male/female housing is based on the sex assigned at birth unless determined otherwise by the court. It should be noted that male/female housing determinations are made by the agency and not the facility and may be why the PCM was not familiar with the correct process. The interview with the transgender incarcerated individual confirmed that she is asked about how she feel about her safety with regard to housing and programming assignments. She further stated she did not believe she was housed in one facility, unit or wing based on gender identity.

115.42 (d): 103 DOC 519, page 12 states that placement and programming assignments for each transgender or inters ex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. 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 incarcerated individual. The biannual review will include a review of any threats to safety experienced by the incarcerated individual. A review of documentation for one transgender incarcerated individual at the facility confirmed she had biannual assessments completed (two within the last twelve months). The PC and the staff responsible for the risk screening confirmed the transgender and intersex incarcerated individuals are reassessed at least twice a year.

115.42 (e): 103 DOC 652, page 13 and 103 DOC 653, page 5 state that a GD/gender non-confirming incarcerated individual's own views with respect to his or her own safety will be given serious consideration. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' views with respect to their safety are given serious consideration. The interview with the transgender incarcerated individual confirmed that she is asked about how she feel about her safety with regard to housing and programming assignments.

115.42 (f): 103 DOC 652, page 14 states that incarcerated individuals diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other incarcerated individuals per 103 DOC 750 – Hygiene Standards. 103 DOC 750, page 7 states that Superintendents shall develop procedures to ensure incarcerated individuals identified as Gender Non-Conforming shall be given the opportunity to shower separately from other incarcerated individuals. During the tour it was

confirmed that all showers were single person with a curtain and provided adequate privacy for transgender incarcerated individual. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are given the opportunity to shower separately. The PCM stated that they have separate shower and time for transgender incarcerated individuals. The interview with the transgender incarcerated individual confirmed that she is able to shower separately from the rest of the incarcerated individuals.

115.42 (g): 103 DOC 519, pages 10-11 state that the Department shall utilize an internal risk housing tool to assess incarcerated individuals for their risk of vulnerability or predatory behavior in accordance with 103 DOC 401 – Booking and Admissions. Policy further states that once an incarcerated individual is identified as having been a victim, or as being at risk for such, the Superintendent shall carefully assess the incarcerated individual needs and housing assignment of that incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual’s victimization history and/or the incarcerated individual’s “at risk” status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. Additionally, page 12 continues that upon learning that an incarcerated individual 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 incarcerated individual. 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 incarcerated individual, keeping in mind the incarcerated individual’s predatory history and/or the incarcerated individual’s “at risk” status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI incarcerated individuals 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 incarcerated individual is given a housing risk assessment and that they are housed based on the assessment. He stated that if LGBTI incarcerated individuals are at an increased risk they may be placed closer to the officer station or something like that if they are more vulnerable. There were zero LGB incarcerated individuals housed at the facility. The interview with the one transgender incarcerated individual indicated she did not believe she was housed in one facility, unit or wing based on gender identity. The facility does not have a tracking mechanism for LGB incarcerated individuals. As such the auditor requested that staff identify some of the LGB incarcerated individuals known to staff for interview purposes and documentation purposes. There were zero LGB incarcerated individuals identified by staff or through a review of risk screening information. The one transgender incarcerated individual was housed one of the units on the first floor of the building.

	<p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 401, incarcerated individual housing determinations, transgender housing determinations, biannual assessments, LGBTI incarcerated individual housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and the transgender incarcerated individual, indicates that this standard appears to require be complaint.</p> <p>Recommendation</p> <p>The auditor highly recommends that the PCM be trained on the process for male/ female housing determinations for transgender and intersex incarcerated individuals.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 423 - Restrictive Housing <p>Interviews</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of No Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The agency as a whole however does prohibit placing</p>

incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separation from likely abusers. 103 DOC 519, page 11 states that incarcerated individuals 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 incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual 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 incarcerated individual requires separation from general population to protect the incarcerated individual from harm by others, the incarcerated individual 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 incarcerated individual may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An incarcerated individual shall not be held in Restrictive Housing to protect the incarcerated individual from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the incarcerated individual 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 incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization. The auditor confirmed during the tour that the facility does not have a segregated housing unit. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals at high risk of victimization in segregated housing unless there are no other available alternative means of separation of likely abusers. The Warden stated the facility does not have a segregated housing unit and they would not transfer an incarcerated individual back to another MADOC facility due to risk of victimization.

115.43 (b): 103 DOC 519, page 11 states that incarcerated individuals 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 incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual in segregated housing for less than 24 hours while completing the assessment. During the tour the auditor confirmed that

	<p>the facility does not have a segregated housing unit. The Warden confirmed the facility does not have a segregated housing unit and as such this provision would not be applicable.</p> <p>115.43 (c): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization. The Warden confirmed the facility does not have a segregated housing unit and as such this provision would not be applicable.</p> <p>115.43 (d): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The PAQ indicated there have been zero instances where incarcerated individuals 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. The Warden confirmed the facility does not have a segregated housing unit and as such this provision would not be applicable.</p> <p>115.43 (e): T The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The agency does require that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual 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 incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. Additionally, it states that all incarcerated individuals in Restrictive Housing for 30 days or more shall be provided a review of his or her Restrictive Housing placement. The Warden confirmed the facility does not have a segregated housing unit and as such this provision would not be applicable.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, observations from the facility tour as well as information from the Warden this standard appears to be compliant.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

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

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
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 incarcerated individuals to report privately to agency officials; sexual abuse or sexual harassment; retaliation by other incarcerated individuals 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 incarcerated individuals, multiple internal mechanisms for privately reporting sexual harassment/abuse, retaliation by other incarcerated individuals 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 incarcerated individual telephone system. The Department shall allow for universal and unimpeded access by all incarcerated individuals within the Department to the hotline number and it shall be listed in all institutional incarcerated individual orientation manuals. It is recorded and is available to all incarcerated individuals without using their PIN number. Additionally, methods to report sexual harassment/abuse or retaliation include, but are not limited to, the incarcerated individual 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 Handbook and PREA Posters, indicates that there are multiple ways for incarcerated individuals to report. These methods include: the PREA hotline, a site specific IPS hotline, 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 as well as the IPS hotline, PREA hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. PREA Posters included information on the zero tolerance policy, reporting to medical and mental health and reporting via the hotline. The painted numbers were adequate size font. Additionally, a list of phone numbers, including the IPS hotline and PREA hotline number, was posted by the phones. The list was in English and on letter size paper. PREA information was also observed on the tablets via the Handbook. The auditor tested the PREA hotline during the tour from the housing unit phones. The auditor reached a live person (Duty Station staff) who advised that if they received a report of sexual abuse from an incarcerated individual they would immediately document the information and forward it to the facility and the PC. Incarcerated individuals have access to the phones anytime they are at the facility (some incarcerated individuals leave for work in the community). Interviews with sixteen incarcerated individuals confirmed that all sixteen were aware of at least one method to report sexual abuse and sexual harassment. Incarcerated individuals advised they would report to staff, through the hotline or in writing. Interviews with ten staff confirmed that incarcerated individuals have multiple ways to report including to staff, through a third party, through MSP and via the hotlines.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals 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 incarcerated individuals may also report sexual harassment/abuse to external public or private agencies via correspondence or via the use of the incarcerated individual 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 incarcerated individuals 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 incarcerated individual reports of sexual abuse and sexual harassment to agency officials, allowing the incarcerated individual to remain anonymous upon request. Incarcerated individuals can write to the Massachusetts State Police at 470 Worcester Road, Framingham, MA 01702. A review of the Handbook notes that page 6 states "inmate may also report sexual abuse or harassment to external public or private agencies via correspondence or use of the inmate phone system. Calls to privileged numbers are not subject to telephone monitoring and are not recorded. The Handbook does not indicate MSP is the external reporting entity, does not provide the

mailing address and does not indicate the ability to remain anonymous and how to remain anonymous. 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. The common areas had locked boxes where mail is placed. The mailroom staff indicated that incoming mail is opened and reviewed for contraband. The incarcerated individual is provided the original document. Incoming legal mail is treated differently in that it is not opened. The legal mail is provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed. The staff do not open outgoing mail. The mailroom staff confirmed that mail to the Massachusetts State Police is treated like legal mail. The auditor previously tested the outside reporting mechanism by sending a letter to the MSP with the address provided in the Handbook. The auditor did not send another letter as the process is the same across all MADOC facilities. The auditor sent a letter to MSP related to how they would handle an allegation of sexual abuse and whether incarcerated individuals can remain anonymous. The auditor provided contact information for the MSP to respond. Approximately two weeks later 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 incarcerated individuals may remain anonymous upon request. The interview with the PCM indicated that incarcerated individuals can report externally through their family members. She advised there was not a process in place for them to report back to the facility/agency. Interviews with sixteen incarcerated individuals indicated eight were aware that they could report to the MSP as an outside reporting mechanism, while nine stated they knew they could report anonymously. The PAQ indicated that incarcerated individuals 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 Handbook notifies incarcerated individuals that the department shall accept and investigate verbal, written, anonymous and third party reports of sexual abuse and harassment. The auditor had a staff member demonstrate how they would document a verbal report and how they can report sexual abuse of an incarcerated individual confidentially. The mechanism is the same, with the exception of a checkbox. The staff member advised they would complete a confidential incident report electronically from any of the facility computers. The staff advised when you

mark confidential, the incident report bypasses the chain of command and goes directly to the supervisor. Staff confirmed all verbal reports would be documented in a confidential incident report. Interviews with sixteen incarcerated individuals confirmed that fifteen knew they could report allegations of sexual abuse verbally or in writing to staff and seven knew they could report via a third party. Interviews with ten random staff confirmed that incarcerated individuals 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) as soon as possible but before the end of the shift. There were three allegations reported during the previous twelve months, two that were sexual abuse or sexual harassment. All three allegations were reported in writing, however an incident report was written by the staff that received the written report in all instances.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of incarcerated individuals and staff are informed of these procedures through annual training. 103 DOC 519, page 7 states that allegations of incarcerated individual-on-incarcerated individual or staff-on-incarcerated individual 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. The PAQ indicated the incident report system allows for confidential reports to the Shift Commander. Interviews with ten staff indicated eight knew they could privately report sexual abuse and sexual harassment of incarcerated individuals. Most staff stated that they could submit a confidential report or go directly to IPS.

Based on a review of the PAQ, 103 DOC 519, the Incarcerated individual Handbook, PREA Posters, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to require corrective action. A review of the Handbook notes that page 6 states "inmate may also report sexual abuse or harassment to external public or private agencies via correspondence or use of the inmate phone system. Calls to privileged numbers are not subject to telephone monitoring and are not recorded. The Handbook does not indicate MSP is the external reporting entity, does not provide the mailing address and does not indicate the ability to remain anonymous and how to remain anonymous. During the tour, the auditor did not observe any information related to the external reporting mechanism (MSP). The interview with the PCM indicated that incarcerated individuals can report externally through their family members. She advised there was not a process in place for them to report back to the facility/agency. Interviews with sixteen incarcerated individuals indicated eight were aware that they could report to the MSP as an outside reporting mechanism, while nine stated they knew they could report anonymously.

Corrective Action

The facility will need to update their Handbook to include information on MSP, to include the mailing address, ability to remain anonymous and how to remain anonymous. A copy of the updated Handbook will need to be provided. The facility will need to educate all current incarcerated individuals on this information (i.e. through redistribution of the Handbook or posting of the information around the facility). Confirmation of this education will need to be provided. Further, the facility will need to ensure staff, including the PCM are trained on the external reporting entity and process for incarcerated individuals to report.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Handbook
2. Photos of MSP Information Around Facility
3. Staff Training

The facility provided the updated Handbook that included the mailing address to MSP as well as information advising that MSP is the external reporting entity and incarcerated individuals can remain anonymous when reporting.

Photos were provided confirming the facility posted the address for MSP around the facility.

Additionally, staff were trained on MSP as the external reporting mechanism and the process for incarcerated individuals to do so. Staff signatures were provided confirming they received and understood the training.

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

	such appears to be compliant.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 CMR 491 - Inmate Grievances 3. Inmate Handbook (Handbook) 4. Sexual Abuse Grievance 5. Grievance Log and Sample Grievances <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Incarcerated Individuals 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> <p>115.52 (b): The PAQ indicated that agency policy or procedure allows an incarcerated individual 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 incarcerated individual 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 incarcerated individuals shall not be required to exhaust informal processes with regard to allegations of sexual abuse. A review of the Handbook indicated that it contains information on grievances on pages 28-30, however information related the no time limit was not observed.</p>

115.52 (c): The PAQ indicated that agency policy and procedure allow an incarcerated individual 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 incarcerated individual 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 incarcerated individual 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 Handbook indicated that it contains information on grievances on pages 28-30, however information related to this provision was not observed.

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 incarcerated individual 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 incarcerated individual presents a legitimate reason for requesting an extension. Unless extenuating circumstances exist, the time frame for responding to a grievance shall not exceed 30 business days. Page 13 states that a written notice of all extensions shall be provided to the grievant on the applicable form. Additionally, page 8 indicates that the absence of a grievance response after six months shall be deemed a denial of the grievance. The PAQ indicated that there were seven grievances of sexual abuse in the previous twelve months and one that had a response within 90 days. The interview with the incarcerated individual who reported sexual abuse advised he reported via a grievance and confirmed he received a written response within 90 days. A review of three allegations indicated two were reported via a grievance. One allegation was deemed sexual abuse and was forwarded to the facility investigator. The grievance was received on April 26, 2023, the investigation was completed on May 26, 2023. A response to the grievance was provided on August 25, 2023 and the victim notification was provided on September 8, 2023. A review of additional grievances confirmed no others were sexual abuse.

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

incarcerated individual'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 incarcerated individuals, 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 incarcerated individual declines to have the request processed on his or her behalf. The PAQ indicated there were zero grievances filed by incarcerated individuals in the previous twelve months in which the incarcerated individual declined third-party assistance. The auditor reviewed the grievance log and sample grievances and confirmed that there were zero sexual abuse grievances reported during the previous twelve months.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual 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 incarcerated individual 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 the grievance log and sample grievances and confirmed that there were zero sexual abuse grievances reported during the previous twelve months.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an incarcerated individual for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the incarcerated individual filed the grievance in bad faith. 103 CMR 491, page 15 states incarcerated individuals 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, Incarcerated individual Discipline, are subject to suspension of grievance privileges and/or disciplinary action. The PAQ noted there were zero incarcerated individuals grievances alleging sexual abuse that resulted in disciplinary action by the agency against the incarcerated individual for having filed the grievance in bad faith.

Based on a review of the PAQ, 103 DOC 491, the grievance log, a sample of grievances and the Handbook this standard appears to be require corrective action. A review of the Handbook indicated that it contains information on grievances on pages 28-30, however information related to this provision was not observed. A review of three allegations indicated two were reported via a grievance. One

allegation was deemed sexual abuse and was forwarded to the facility investigator. The grievance was received on April 26, 2023, the investigation was completed on May 26, 2023. A response to the grievance was provided on August 25, 2023 and the victim notification was provided on September 8, 2023.

Corrective Action

The facility will need to update the Handbook to include information on sexual abuse grievances. A copy of the updated Handbook will need to be provided. Current incarcerated individuals will need to be provided the updated information. Confirmation on this will need to be provided. Further the facility will need to ensure that a response is provided to incarcerated individuals within 90 days of the initial filing (whether through a response on the grievance or a victim notification). The facility will need to provide all sexual abuse grievances during the corrective action period as well as the response from the facility. If none are reported, the facility will need to conduct a training with applicable staff on this process. A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Handbook
2. Photos of Posted Grievance Information
3. Staff Training

The facility updated the Handbook to include information on sexual abuse grievances, including the elements under provisions (b) and (c).

The facility posted a notice around the facility that outlined the sexual abuse grievance process under this standard. Photos were provided confirming the placement of the information around the facility.

	<p>Additionally, the facility completed training with staff on the sexual abuse grievance process and appropriate timelines. Staff signatures were provided confirming receipt and understanding of the training. There were zero sexual abuse grievances reported during the corrective action period.</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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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 401 - Booking and Admissions 3. Inmate Handbook (Handbook) 4. Affiliation Agreement with Boston Area Rape Crisis Center (BARCC) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Incarcerated Individuals 2. Interview with Incarcerated Individuals who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Victim Advocacy Information <p>Findings (By Provision):</p> <p>115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for</p>

local, state or national victim advocacy or rape crisis organizations; and enabling reasonable communication between incarcerated individuals and these organizations in as confidential a manner as possible. The PAQ indicated that the agency does not detail incarcerated individuals 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. Incarcerated individuals 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 incarcerated individuals. The hotline is accessible from normal incarcerated individual telephones and does not require incarcerated individuals 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. Incarcerated individuals can send letters to BARCC requesting such materials, or can request them during a hotline call. Letters from incarcerated individuals 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 incarcerated individuals 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 incarcerated individuals experience sexual assault before incarceration, many incarcerated individuals 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 incarcerated individuals at MADOC's two intake facilities, MCI Cedar Junction and MCI Framingham about support resources available to sexual assault survivors. The Handbook, pages 5-6 state that the Boston Area Rape Crisis Center provides incarcerated individuals 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 incarcerated individual can contact BARCC either in writing or via use of a dedicated hotline. All calls are free of charge from any incarcerated individual 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 Handbook provides the mailing address and information on BARCC PREA Hotline. The 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. Additionally, the contract with BARCC indicates that BARCC provides a fifteen minute presentation to all newly received incarcerated individuals at the two intake facilities. During the tour

the auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the IPS hotline, PREA hotline and BARCC number painted near the phones. PREA information, including the mailing address and phone number to BARCC was also observed on the tablets via the Handbook. Additionally, incarcerated individual identification cards contain the BARCC hotline number on the back. The auditor tested the BARCC hotline during the on-site portion of the audit. The auditor dialed the number and was provided the option for services in English or Spanish. The automated message advised to hold and that they would be providing someone soon for services. The auditor reached a live person who confirmed that they are available to provide services to any incarcerated individual 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. During the tour the auditor observed the mail process. The common areas had locked boxes where mail is placed. The mailroom staff indicated that incoming mail is opened and reviewed for contraband. The incarcerated individual is provided the original document. Incoming legal mail is treated differently in that it is not opened. The legal mail is provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed. The staff advised they have never seen mail to BARCC but that would be something they would provide to IPS or the Shift Commander to handle. Interviews with sixteen incarcerated individuals, including the incarcerated individual who reported sexual abuse, indicated that eleven were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most incarcerated individuals stated the number to BARCC is around the facility. Most were unaware of specifics.

115.53 (b): The PAQ stated that the facility informs incarcerated individuals, 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 incarcerated individuals about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. The Handbook, pages 5-6 state that the Boston Area Rape Crisis Center provides incarcerated individuals 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 incarcerated individual can contact BARCC either in writing or via use of a dedicated hotline. All calls are free of charge from any incarcerated individual 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 Handbook provides the mailing address and information on BARCC PREA Hotline. The 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. During the tour the auditor observed that PREA information, including the mailing address and phone number to BARCC, the level of confidentiality and when/how to contact was accessible via the tablets (through the Handbook). During the tour the auditor observed the mail process. The common areas had locked boxes where mail is placed. The mailroom staff indicated that

	<p>incoming mail is opened and reviewed for contraband. The incarcerated individual is provided the original document. Incoming legal mail is treated differently in that it is not opened. The legal mail is provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed. The staff advised they have never seen mail to BARCC but that would be something they would provide to IPS or the Shift Commander to handle. Interviews with sixteen incarcerated individuals, including the incarcerated individual who reported sexual abuse, indicated that eleven were familiar with BARCC and were provided a mailing address and telephone number to the organization. Most incarcerated individuals stated the number to BARCC is around the facility. Most were unaware of specifics.</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 incarcerated individuals 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 2022. The agency maintains copies of the agreement with BARCC.</p> <p>Based on a review of the PAQ, 103 DOC 401, the Handbook, the contract with BARCC, observations from the facility and interviews with random incarcerated individuals, this standard appears to be compliant.</p>
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115.54 Third-party reporting	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 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</p>

	<p>that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. 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 incarcerated individual, a family member or loved one of an incarcerated individual 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 tested the third party reporting mechanism via the agency website. The auditor submitted the online form on May 28, 2024. 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.</p> <p>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.</p>
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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. Incident Reports

5. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews 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 incarcerated individuals 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 incarcerated individual-on-incarcerated individual or staff-on-incarcerated individual 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 incarcerated individual 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 ten random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the Shift Commander.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 103 DOC 519, page 7 states that apart from reporting to designated supervisors and/or officials, staff members shall not reveal any information related to an allegation of sexual harassment/abuse or anyone other than

to the extent necessary to provide treatment, to conduct an investigation, and/or to make other security and management decision. Interviews with ten random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the Shift Commander.

115.61 (c): 103 DOC 650, page 43 states that unless precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (A) of this section (per 103 DOC 519) and to inform incarcerated individuals 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. Interviews with medical and mental health care staff confirm that at the initiation of services with an incarcerated individual they disclose their limitation of confidentiality and their duty to report. Both stated they are required to report any allegation, incident or information related to sexual abuse that occurred within an institutional setting. The mental health care staff indicated that he had an incarcerated individual report institutional sexual abuse and he reported the information to the Shift Commander. There was one allegation of sexual harassment reported via a sick slip. The mental health staff member spoke with the incarcerated individual via the language interpretation service and was verbally advised of the allegation. He notified the Shift Commander and completed a written report of the information.

115.61 (d): 103 DOC 650, page 43 states that if the alleged victim is under the age of eighteen or considered a vulnerable adult under a State or local vulnerable person statute, the agency shall report the allegation to the designated State or local service agency under applicable mandatory reporting laws. There were zero allegations of sexual abuse or sexual harassment reported at the facility. The PC stated that he is not familiar with the juvenile system because the agency does not house youthful incarcerated individuals. 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 all allegations, regardless of how reported or who the victim is, are reported to PSU or OIS and they would make any appropriate notifications.

115.61 (e): 103 DOC 519, page 7 states that the Superintendent shall ensure that the

	<p>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 reported to the facility investigator. There were three allegations reported during the previous twelve months, one of which did not meet the definition of sexual abuse or sexual harassment. All three were forwarded to the facility investigator for investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, incident reports, investigative reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.</p>
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115.62	Agency protection duties
	<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. Incident Reports 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual. 103 DOC 519, page 10 states that if the Department learns that an incarcerated individual is subject to a substantial risk of imminent sexual harassment/abuse, it shall take immediate action to protect that incarcerated individual. The PAQ stated that there have been zero incarcerated individuals 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 incarcerated individual's housing needs and potentially place that incarcerated individual 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 incarcerated individual and that they would more than likely send the incarcerated individual to medical or the Health Services Unit and then conduct interviews and an investigation. The Warden stated that if there was an incarcerated individual deemed at risk of imminent sexual abuse they would take steps to make sure he/she is housed appropriately. He stated they may move the incarcerated individual closer to the front of the unit, which is near the officer's station. Interviews with ten random staff indicated they would report the information to their supervisor and write an incident report.

Based on a review of the PAQ, 103 DOC 519, incident reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to require corrective action. The Warden stated that if there was an incarcerated individual deemed at risk of imminent sexual abuse they would take steps to make sure he/she is housed appropriately. He stated they may move the incarcerated individual closer to the front of the unit, which is near the officer's station. Interviews with ten random staff indicated they would report the information to their supervisor and write an incident report.

Corrective Action

The facility will need to conduct training with all staff on actions and duties if an incarcerated individual is deemed at imminent risk of sexual abuse. A copy of the training will need to be provided.

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. Staff Training <p>The facility provided training with staff on protection duties to take when an incarcerated individual is at imminent risk of sexual abuse. Training was completed during roll call and staff signatures confirmed receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.63	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. Incarcerated Individual Risk Assessments 4. Investigative Reports <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>

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual 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 incarcerated individual 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 incarcerated individuals report that they were sexually abused while confined at another facility. A review of documentation confirmed there were zero incarcerated individuals who reported sexual abuse that occurred at another agency/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 incarcerated individual was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of documentation confirmed there were zero incarcerated individuals who reported sexual abuse that occurred at another agency/facility.

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 incarcerated individual was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of documentation confirmed there were zero incarcerated individuals who reported sexual abuse that occurred at another agency/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 incarcerated individual victim. The

	<p>Agency Head Designee stated that the Superintendent at each facility would be the designated point of contact for receiving allegations from other facilities/agencies. He stated that the Superintendent would ensure an investigation is completed for any allegation that was provided to the Superintendent. The Agency Head Designee confirmed that they have had examples of receiving allegations from other facilities/agencies and that the information is reviewed annually during audits. He also stated that if they received an allegation at one of their facilities, the Superintendent would write the Warden at the facility where it occurred within 72 hours. The interview with the Warden confirmed that if they received an allegation that an incarcerated individual was abused while housed at Boston Pre-Release they would look into the allegation and if determined to be PREA they would conduct an investigation. The Warden stated he thought they had an allegation reported from another agency/facility and it was forwarded to IPS who determined it did not meet the definition of sexual abuse or sexual harassment. The PAQ stated that there were zero allegations received from another Warden/Agency Head within the previous twelve months. There was one allegation reported via a grievance. The grievance was submitted at another MADOC facility. This grievance was provided to Boston Pre-Release and the IPS staff member determined the allegation did not meet the definition of sexual abuse or sexual harassment. The allegation still had an investigation completed.</p> <p>Based on a review of the PAQ, 103 DOC 519, incarcerated individual risk assessments, incident 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

Findings (By Provision):

115.64 (a). The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing and ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.). The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse. The interview with the security first responder indicated he would tell the Shift Commander, separate the victim and predator, ensure they don't take any action to destroy evidence, have the victim seen by medical, secure the crime scene, get statements, take the victim for the sexual assault kit and stay on site till they are debriefed. The non-security first responder stated she would notify her supervisor and Deputy Superintendent. The interview with the incarcerated individual who reported sexual abuse indicated he reported verbally to staff and nothing was done. He then called the hotline and the staff advised him to submit something in writing. He then submitted a sick slip and that was when action was taken. A review of documentation indicated there was one sexual abuse allegation but it did not involve or require any first responder duties.

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 and further communication with the PC indicated that during the previous twelve months, there were zero allegations of sexual abuse that involved a non-security staff first responder. The interview with the security first responder indicated he would tell the Shift Commander, separate the victim and predator, ensure they don't take any action to destroy evidence, have the victim seen by medical, secure the crime scene, get statements, take the victim for the sexual assault kit and stay on site till they are debriefed. The non-security first responder stated she would notify her supervisor and Deputy Superintendent. Interviews with ten random staff indicated most were unfamiliar with first responder duties. Most staff had a PREA response card and utilized this card during the interviews. A review of documentation indicated there was one allegation reported to a non-security first responder (mental health). He immediately reported the allegation to the Shift Commander. The allegation was sexual harassment and did not require further first responder duties.

Based on a review of the PAQ, 103 DOC 519, incident reports and interviews with random staff and staff first responders, this standard appears to require corrective action. The interview with the incarcerated individual who reported sexual abuse indicated he reported verbally to staff and nothing was done. He then called the hotline and the staff advised him to submit something in writing. He then submitted a sick slip and that was when action was taken. Interviews with ten random staff indicated most were unfamiliar with first responder duties. Most staff had a PREA response card and utilized this card during the interviews.

Corrective Action

The facility will need to train staff on first responder duties. The auditor and facility staff outlined that training should include a mock allegation or tabletop drill. A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training

	<p>The facility provided training with staff on first responder duties. Training was completed during roll call and staff signatures confirmed receipt and understanding of the training.</p>
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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. PREA Emergency Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The PREA Emergency Response Plan is a two page document that outlines the duties to take after a reported sexual abuse allegation. The document includes duties for the Shift Commander, duties for first responders, notifications to agency investigators to respond to the facility, transportation and coordination for outside medical and mental health services and duties of the Superintendent. The interview with the Warden confirmed that the facility has a written plan to coordinate actions among first responders, medical, mental health, investigators and facility leadership.</p> <p>Based on a review of the PAQ, the PREA Emergency Response Plan, and the interview with the Warden, this standard appears to be compliant.</p>

115.66	Preservation of ability to protect inmates from contact with
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	abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Agreement with Alliance, AFSCME-SEIU Local 509 Units 8 & 93. 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> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit.. A review of the Agreement with the Alliance, AFSCME-SEIU Local Units 8 & 10, page 70 states that no employee who has been employed in the bargaining units described in Article 1 for nine months or more, except for three consecutive years for teachers shall not be discharged, suspended, or demoted for disciplinary reasons without just cause. Additionally, the agency has agreement with MCOFU. The agreement with the Massachusetts Correctional Officers Federated Union confirms that page 64 states that no employee who has been employed in Bargaining Unit 4 for six consecutive month or more, except for nine consecutive months for entry-level Correction Officers, shall be discharged, suspended or demoted for disciplinary reasons without just cause. It additionally states that any discipline imposed shall be consistent with Departmental policy. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement however the agreement does not prohibit the facility/agency's ability from removing the staff or disciplining the staff, up to and including termination.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Agreements between the MCOFU and the Alliance,</p>

	AFSCME-SEIU as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Retaliation Monitoring Log – Attachment V <p>Interviews:</p> <ol style="list-style-type: none"> 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 Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 103 DOC 519, page 20 states that retaliation by any staff member against another employee, contractor, volunteer or incarcerated individual, 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 incarcerated individuals and staff members who report sexual harassment/abuse, or who cooperate with sexual harassment/abuse investigations, from retaliation by other</p>

incarcerated individuals 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 incarcerated individual victims or incarcerated individual abusers from contact with victims. The Department also provides emotional support services for incarcerated individuals or staff members who fear retaliation for reporting sexual harassment/abuse or for cooperating with an investigation. A review of documentation indicated there were zero allegations of retaliation reported. Interviews with the Agency Head Designee, Warden Designee and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an incarcerated individual or staff member expressed fear of retaliation. The Agency Head Designee stated that the agency has a stringent no tolerance policy and that staff are constantly trained on the issue. He indicated that if there is a violation related to retaliation that they have a disciplinary process and a rule book that addresses retaliation. The Agency Head Designee stated that within the PREA policy (103 DOC 519) there is an attachment that is started and conducted by IPS. He stated some of the monitoring tools utilized would be a review of video, phone calls and email. He stated they look at disciplinary reports, staff attendance and any overall change in the individual. The Agency Head Designee confirmed that if there was a conflict they would take appropriate action such as housing changes, transfers and removal of alleged staff abuser from contact with the incarcerated individual. The interview with the Warden indicated that to protect from retaliation they would ensure individuals are separated. If it was an incarcerated individual they would probably send the perpetrator back to another MADOC facility. If it was a staff member they could remove them from contact with incarcerated individuals. He confirmed they could offer emotional support. The staff responsible for monitoring indicated his role is to act as a preventative measure and make sure he is present in the housing units to deter retaliation. He advised protective measures can include housing unit changes, separation and constant check ins. He confirmed they can remove staff from contact and they can offer emotional support services. The interview with the incarcerated individual who reported sexual abuse confirmed he felt safe at the facility and he felt protected against retaliation.

115.67 (c): The PAQ stated that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for at least 90 days and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated 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 incarcerated individuals or staff members who reported the sexual abuse, and of incarcerated individuals who were reported to have suffered sexual abuse, to see if there are claims and/or changes that may suggest possible retaliation by incarcerated individuals or staff members, and shall act promptly to remedy any such retaliation. IPS staff should monitor any incarcerated individual disciplinary reports, housing changes, program changes, or negative performance reviews or reassignments of staff members. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that there had been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation they would investigate the allegation and if determined to occur they would discipline the individual. The staff responsible for monitoring indicated that monitoring is for 90 days and that there is not a maximum length of time if there was a concern. He stated monitoring would consist of conversation with the individual, reviewing body language and many other factors. He stated he has a sheet that tells him what to look for but he was not sure what those things were offhand. A review of investigations indicated there was one allegation of sexual abuse but it was unfounded within 30 day and monitoring was not completed.

115.67 (d): 103 DOC 519, page 21 indicates that in the case of incarcerated individuals, such monitoring shall also include periodic status checks. The staff responsible for monitoring retaliation stated he would conduct face to face weekly with the incarcerated individual. A review of investigations indicated there was one allegation of sexual abuse but it was unfounded within 30 day and monitoring was not completed.

115.67 (e): 103 DOC 519, page 21 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against any form of retaliation. The interview with the Agency Head Designee indicated there are policies in place to protect individual who cooperate with an investigation or express a fear of retaliation. He stated procedures could include housing changes, transfers, removal of staff abusers, reassignments of staff, emotional support services and 90 day monitoring. The Agency Head Designee confirmed that individuals would be afforded the same monitoring as an alleged victim. The Warden indicated that they would employ the same protective measures as stated in provision (b).

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

Based on a review of the PAQ, 103 DOC 519, investigative reports and information from interviews with the Agency Head Designee, Warden, staff charged with

monitoring for retaliation and the incarcerated individual who reported sexual abuse, this standards appears to require corrective action. The staff responsible for monitoring indicated that monitoring is for 90 days and that there is not a maximum length of time if there was a concern. He stated monitoring would consists of conversation with the individual, reviewing body language and many other factors. He stated he has a sheet that tells him what to look for but he was not sure what those things were offhand.

Corrective Action

The facility has not completed any monitoring and as such staff were not familiar with the process. The facility will need to train staff on the process and requirements under this standard. The auditor and facility staff outlined that training should include a mock allegation or tabletop drill. A copy of the training will need to be provided as well as the mock monitoring for retaliation.

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 Monitoring for Retaliation
2. Tabletop Mock Sexual Abuse Investigation

The facility provided a training memorandum that outlined responsibilities for the staff responsible for monitoring for retaliation (IPS investigator). Both the IPS staff and the PCM initiated the training memorandum.

The facility had zero sexual abuse or sexual harassment reported during the corrective action period. As such, the facility conducted a mock tabletop exercise related to an incident of sexual abuse on the 7am-3pm shift and on the 3pm-11pm shift. The mock investigation included monitoring for retaliation via Attachment V. The form included monitoring for 90 days with periodic in-person status checks. The form

	<p>also documented a review of discipline, housing changes, phone calls, etc.</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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115.68	Post-allegation 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. Victim Housing Documentation <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of No Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated the facility does not have a segregated housing unit and as such this provision does not apply. The agency does however have a policy prohibiting the placement of incarcerated individuals 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. 103 DOC 519, page 11 states that incarcerated individuals 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 incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual in segregated housing for less than 24 hours while completing the assessment.</p>

	<p>Additionally, page 8 of 103 CMR 423 states that upon verification that an incarcerated individual requires separation from general population to protect the incarcerated individual from harm by others, the incarcerated individual 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 incarcerated individual may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An incarcerated individual shall not be held in Restrictive Housing to protect the incarcerated individual from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the incarcerated individual 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 incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated that zero incarcerated individuals who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. The Warden Designee confirmed the agency has a policy, however the facility does not have a segregated housing unit. The auditor confirmed during the tour that the facility does not have a segregated housing unit. A review of documentation for the one incarcerated individual who reported sexual abuse confirmed he remained at Boston Pre-Release.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, victim housing documentation, the interview with the Warden and observations during the tour, 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

Interviews:

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

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 103 DOC 519, page 18 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Page 19 further states that investigations of reported allegations of sexual harassment/sexually abusive behavior between incarcerated individuals 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. Interviews with investigators indicated after an allegation an investigation is initiated immediately. Both investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. A review of documentation indicated there were three allegations reported, one which did not rise to the level of sexual abuse or sexual harassment but was still investigated. The one sexual harassment allegation had on ongoing investigation. The completed sexual abuse investigation was timely, thorough and objective.

115.71 (b): 103 DOC 519, page 10 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through the PREA/Sexual Assault Investigator Training. A review of the training curriculum confirms that it covers; techniques for interviewing sexual abuse victims (course 2, pages 2-6 and course 4, pages 3-16), proper use of Miranda and Garrity warnings (course 4, page 2), sexual abuse evidence collection in a confinement setting (course 3, pages 3-10) and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (course 5, page 1). A review of documentation indicated that three investigations were completed by

two facility staff, both of which completed the specialized investigator training.

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 incarcerated individual investigative records are retained for ten years. The facility investigator advised his first steps would be to review all documentation pertaining to the allegation and any evidence collected through other sources such as other IPS staff and witness accounts. He indicated the investigative process includes conducting interviews and reviewing video. The facility investigator stated he does not review prior complaints of the alleged perpetrator. The agency investigator advised that an investigation is started as soon as possible but the investigation is usually started at the facility level and then it is referred to them. He stated the investigative process includes interviewing the victim, collecting evidence, interviewing potential witnesses and the alleged perpetrator. Both investigators indicated they would be responsible for physical evidence collection, phone calls, video, mail, interviews and documentation. A review of documentation indicated there were three allegations reported, one which did not rise to the level of sexual abuse or sexual harassment but was still investigated. The one sexual harassment allegation involved interviews and video review. The investigation did not document a review of prior complaints of the alleged perpetrator.

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 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. The facility investigator stated he has never been in that situation and he would consult with whoever he needed to. A review of documentation indicated there were three allegations reported, one which did not rise to the level of sexual abuse or sexual harassment but was still investigated. The one sexual abuse allegation was investigated and deemed unfounded.

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. Interviews with the investigators confirmed that the agency does not require the incarcerated individual victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation. Additionally, the agency investigator stated that

credibility is based on consistency, details and corroborating evidence. The facility investigator stated credibility is based on evidence. The interview with the incarcerated individual who reported sexual abuse confirmed he was not required to take a polygraph or truth telling device test.

115.71 (f): 103 DOC 519, page 19 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine appropriate course of action. Page 20 states that the Chief of the OIS/IAU shall provide necessary access to the complaint intake and status screens of PREA cases for review by the institution's Superintendent. The format for the investigative report shall follow the procedures set forth in 103 DOC 518. Additionally, 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. Interviews with investigative staff confirmed that administrative investigations are documented in a written report. The investigators stated the report includes an executive summary with information outlining evidence collected, statements and interviews. The agency investigator stated that during the investigative process they determine if staff actions or failure to act contributed to the sexual abuse. They agency investigator stated they determine this through a review of video, phone calls and other evidence. He stated that they would document any violations in the report which would potentially involve discipline. The facility investigator advised he just makes sure he gets the full story and the law is the law. A review of documentation indicated there were three allegations reported, one which did not rise to the level of sexual abuse or sexual harassment but was still investigated. The one closed sexual abuse allegation was documented in a written report that included the allegation as well as the steps taken by the investigator, including a summary of interviews and a description of the video evidence.

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. 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. There were zero criminal investigations completed and as such no reports were reviewed.

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 been zero allegations referred for prosecution since the last PREA audit. Interviews with the investigators indicated cases are referred for prosecution when a felony/crime has been committed. A review of documentation indicated there were three allegations reported, one which did not rise to the level of sexual abuse or sexual harassment but was still investigated. The one closed sexual abuse allegation was unfounded and was not criminal in nature.

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 incarcerated individual investigative records are retained for ten years.

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 agency investigator stated that whether the staff member or incarcerated individual 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. The facility investigator advised he has never been involved in that type of process but in his professional opinion the State Police would handle the investigation.

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

115.71 (l): 103 DOC 519, page 17 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS/IAU, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's office and shall ensure that the Department seeks assistance and begins a cooperative investigation with these agencies. The interview with the Warden indicated that the facility remains informed of the investigation

through OIS or PSU. The interview with the PC indicated that leadership or the PREA Division would stay informed through emails, phone calls and written correspondence. Investigative staff stated that when an outside agency conducts an investigation they serve as a liaison and provide them with any assistance or information that they need.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 518, investigator training records, the Massachusetts Statewide Records Retention Schedule, investigative reports and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigative staff this standard appears to require corrective action. The facility investigator stated he does not review prior complaints of the alleged perpetrator. The investigation did not document a review of prior complaints of the alleged perpetrator. The facility investigator stated he has never been in that situation and he would consult with whoever he needed to. The facility investigator advised he just makes sure he gets the full story and the law is the law

Corrective Action

The facility will need to train investigative staff on elements under this standard, to include the requirement of reviewing prior complaints of the alleged perpetrator. A copy of the training will need to be provided. The auditor and facility staff outlined that training should include a mock allegation or tabletop drill. A copy of the mock investigative report will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Appointment Memorandum
2. Investigator Training
3. Tabletop Mock Sexual Abuse Investigation
4. Mock Investigative Report

	<p>The facility provided an appointment memorandum that indicated the facility appointed a new staff member to serve as the IPS investigator. Additionally, training was conducted with the new IPS investigator related to reviewing prior complaints of the alleged perpetrator and documenting the information.</p> <p>The facility had zero sexual abuse or sexual harassment reported during the corrective action period. As such, the facility conducted a mock tabletop exercise related to an incident of sexual abuse on the 7am-3pm shift and on the 3pm-11pm shift. The mock investigation included the new IPS investigator. A mock investigative report was provided that was thorough and complete and included a review of prior complaints of the alleged perpetrator.</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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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 – Inner Perimeter Security Team (IPS) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a</p>

	<p>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. Interviews with the investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence. A review of three allegations indicated one did not meet the definition of sexual abuse or sexual harassment and one was still an ongoing investigation. The third allegation had an investigation completed and a review of the report confirmed it had the appropriate outcome based on the evidence and did not utilized a standard higher than a preponderance of the evidence.</p> <p>Based on a review of the PAQ, 103 DOC 518, investigative reports and information from the interviews with investigative staff it appears this standard is compliant.</p>
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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. Interviews with Investigative Staff 3. Interview with Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any</p>

incarcerated individual 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 incarcerated individual'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 zero investigation completed within the previous twelve months and zero incarcerated individuals were notified verbally or in writing of the results of the investigation. The interview with the Warden confirmed that incarcerated individual victims are notified whether the investigation is substantiated, unsubstantiated or unfounded Interviews with investigative staff confirmed that incarcerated individuals are informed of the outcome of the investigation into their allegation. The interview with the incarcerated individual who reported sexual abuse indicated he was not notified of an outcome as the investigation is still ongoing. There was one sexual abuse allegation reported in the previous twelve months. The victim was notified, however it should be noted the notification was documented four months after the investigation was closed. Staff advised the auditor that this was due to the fact that the investigation was completed at the facility level but was forwarded to the agency investigative unit to review and approve. The approval process was not complete until September.

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 incarcerated individual 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 incarcerated individual. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigations confirmed there were zero investigation completed by an outside agency.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual'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 have not been any substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an incarcerated individual in an agency facility in the past twelve months. 103 DOC 519, page 21 states that following the incarcerated individual's

allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim incarcerated individual 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 incarcerated individual'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 interview with the incarcerated individual who reported sexual abuse indicated the allegation was made against a staff member but he was not notified of any information under this provision and the investigation is still ongoing. There was one sexual abuse allegation reported that involved a staff member. The allegation was unfounded and no notifications under this provision were required.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, 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 incarcerated individual's allegation that he or she has been sexually harassed/abused by another incarcerated individual, the Department shall subsequently inform the alleged victim incarcerated individual of the legal status of the incident utilizing Attachment III. A review of Attachment III confirms that it contains information on whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The interview with the incarcerated individual who reported sexual abuse indicated the allegation was made against a staff member and as such notifications under this provision do not apply. There were zero sexual abuse allegation reported against another incarcerated individual and as such no notifications were completed.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to incarcerated individuals described under this standard are documented. 103 DOC 519, page 21 states that following an investigation into an incarcerated individual'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 incarcerated individual's allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim incarcerated individual of the staff member's status utilizing Attachment II. And finally, it states that that following an incarcerated individual's allegation that he or she has been sexually harassed/abused by another incarcerated individual, the Department shall

	<p>subsequently inform the alleged victim incarcerated individual of the legal status of the incident utilizing Attachment III. The PAQ stated that there were zero notifications to incarcerated individuals under this standard. There was one sexual abuse allegation reported in the previous twelve months. The victim was notified, however it should be noted the notification was documented four months after the investigation was closed. Staff advised the auditor that this was due to the fact that the investigation was completed at the facility level but was forwarded to the agency investigative unit to review and approve. The approval process was not complete until September.</p> <p>115.73 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, 103 DOC 519, Attachments I, II and III (notification letters), investigative reports and information from interviews with the Warden, investigative staff and the incarcerated individual who reported sexual abuse this standard appears to be compliant.</p>
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115.76	Disciplinary sanctions for staff
	<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 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 harassment policies.</p>

	<p>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. There were zero substantiated sexual abuse or sexual harassment allegations against a staff member and as such no discipline was necessary.</p> <p>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. There were zero substantiated sexual abuse or sexual harassment allegations against a staff member and as such no discipline was necessary.</p> <p>115.76 (d): The PAQ and further communication with the PC indicated 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 and further communication with the PC 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. There were zero substantiated sexual abuse or sexual harassment allegations against a staff member and as such no discipline was necessary.</p> <p>Based on a review of the PAQ, 103 DOC 230 and investigative reports indicates that this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. 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. There were zero sexual abuse and sexual harassment allegations against a contractor or volunteer and as such no discipline was necessary.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 103 DOC 519, pages 19-20 state that contractors who are accused of sexual harassment/sexually abusive behavior may be removed from the institution until the investigation is completed. Additionally, it states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by

	<p>contractors or volunteers would result in an investigation. He stated the information would be discussed with the vendor and Department and the individual would not be allowed back into the facility pending the investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78 Disciplinary sanctions for inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 430 - Inmate Discipline 4. 103 DOC 650 - Mental Health Services 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ stated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 103 DOC 519, page 6 states that all intentional acts of sexual harassment/sexually abusive behavior or intimacy between an incarcerated individual and a staff member, or between incarcerated individuals, regardless of consensual status, are prohibited. The perpetrators shall, where appropriate, be subject to administrative, criminal and/or disciplinary sanctions. The PAQ indicated there have been zero administrative finding of guilt for incarcerated</p>

individual-on-incarcerated individual sexual abuse and zero criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse within the previous twelve months. There were zero substantiated sexual abuse or sexual harassment allegations against another incarcerated individual and as such no discipline was necessary.

115.78 (b): 103 DOC 430, page 15 states that if the incarcerated individual is found guilty, the Hearing Officer may recommend one or more of the sanctions listed in 103 CMR 430.25. The incarcerated individual's disciplinary chronology shall not be consider by the Hearing Officer in determining the guilt or innocence of the incarcerated individual, 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 incarcerated individual perpetrator would go through the disciplinary board. He stated the perpetrator would be transferred back to another MADOC facility. He indicated the individual may be charged criminally also. The Warden confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history, and the sanctions imposed for comparable offenses by other incarcerated individuals with similar histories.

115.78 (c): 103 DOC 650, page 77 states that site mental health staff shall be notified prior to service of a disciplinary report on any incarcerated individual 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 incarcerated individuals' mental illness or mental disability would be considered in the disciplinary process.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending incarcerated individual 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 incarcerated individual-on-incarcerated individual 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. Staff stated they provide services based on needs but that they do not

	<p>require the incarcerated individual's participation in order to gain access or privileges to other benefits or services/programs.</p> <p>115.78 (e): The PAQ stated that the agency disciplines incarcerated individuals 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. Incarcerated individuals would be charged with this category one offense if they had sexual contact with a staff member who did not consent.</p> <p>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. Incarcerated individuals would be disciplined under this code if they falsely report sexual abuse.</p> <p>115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between incarcerated individuals 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 incarcerated individual and a staff member, or between incarcerated individuals, regardless of consensual status, are prohibited. It further states that the Department resolves to prohibit all forms of sexual harassment and sexual activity involving incarcerated individuals.</p> <p>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.</p>
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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> <p>1. Pre-Audit Questionnaire</p>

2. 103 DOC 650 – Mental Health Services
3. Housing Risk Screen Assessments
4. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Incarcerated Individual who Disclosed Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all incarcerated individuals at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners. The PAQ stated that the meetings were not offered within fourteen days of the intake screening. Further communication with the PC indicated there was one incarcerated individual who was not seen within fourteen day. 103 DOC 650, page 10 states that if the screening indicates that an incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 0% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. Further communication with the PC indicated this should have been 100% of the incarcerated individuals that disclosed prior sexual victimizations were offered a follow-up within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated if an individual discloses prior sexual victimization they are offered a follow-up with mental health and are typically seen within seven days. The interviews with the incarcerated individual who disclosed prior victimization indicated both were offered a follow-up with mental health. One accepted and was seen within a few days and one declined services. A review of documentation for two incarcerated individuals that disclosed prior sexual

victimization indicated both were offered a follow-up with mental health. One accepted and one declined. The incarcerated individual who accepted services was seen within fourteen days.

115.81 (b): The PAQ indicated all prison incarcerated individuals 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 incarcerated individual has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 0% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. Further communication with the PC indicated this should have been 0%. Further communication with the PC indicated this should have been 100%. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated if an individual is identified with prior sexual abusiveness they are offered a follow-up with mental health and are typically seen within seven days. During documentation review the auditor did not identify any incarcerated individuals with prior sexual abusiveness.

115.81 (c): This provision is not applicable as the facility is not a jail.

115.81 (d): The PAQ indicated that information related to sexual victimization and abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PC indicated information is not strictly limited to medical and mental health but it is only shared with those to inform security and management decisions. 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. Incarcerated individual medical, mental health and classification records are electronic. Electronic medical and mental health records are maintained in the ERMA electronic database which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that all staff at the facility have access to the risk screening due to the limited number of staff and their many duties. All staff may be responsible for completing the intake/booking process.

	<p>Investigative files are maintained in the IPS office in a locked filing cabinet. Access to the IPS office is IPS staff only.</p> <p>15.81 (e): The PAQ indicated that medical and mental health practitioners do not obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. Further communication with the PCM indicated medical and mental health care staff do obtain informed consent prior to reporting sexual victimization that did not occur in an institutional setting. 103 DOC 650, page 11 states that medical and mental health practitioners shall obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual 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. Both staff indicated the facility does not house anyone under eighteen.</p> <p>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 incarcerated individuals who disclosed victimization during the risk screening, this standard 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
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 DOC 650 - Mental Health Services 4. Medical/Mental Health Documents (Secondary Documents) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff

2. Interviews with First Responders

3. Interview with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that incarcerated individual 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 incarcerated individual 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 incarcerated individual 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 incarcerated individual victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope which are determined by medical and mental health practitioners according to their professional judgment. During the tour the auditor noted that the health services area was very small and included an exam room with window blinds and a seating area in the hallway. Interviews with medical and mental health care staff confirm that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated that incarcerated individuals are provided services immediately. The staff confirmed services are based on their professional judgement as well as policy and procedure. The interview with the incarcerated individual who reported sexual abuse confirmed he was provided medical and mental health services. A review of investigation indicated there was one sexual abuse allegation reported. The victim declined medical and mental health services. It should be noted the one sexual harassment allegation documented the victim with medical and mental health services.

115.82 (b): 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans

shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing, ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.), receive the reporter's information on what took place, immediately escort the incarcerated individual 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 interview with the security first responder indicated he would tell the Shift Commander, separate the victim and predator, ensure they don't take any action to destroy evidence, have the victim seen by medical, secure the crime scene, get statements, take the victim for the sexual assault kit and stay on site till they are debriefed. The non-security first responder stated she would notify her supervisor and Deputy Superintendent.

115.82 (c): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 103 DOC 519, page 16 state that if the determination is made that the incarcerated individual victim should be sent to an outside hospital, and if the incarcerated individual victim consents, the incarcerated individual 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 incarcerated individual victim refuses treatment, the incarcerated individual 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. The interview with the incarcerated individual who reported sexual abuse confirmed he was provided medical and mental health services, however the incident did not require sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. There was one zero allegation of sexual abuse but it did not involve an incident that required sexually transmitted infection prophylaxis. It should be noted that these services would be provided at the local hospital during a forensic examination or would be provided upon return to the facility by agency medical and mental health care staff.

	<p>115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 17 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.</p> <p>Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents and information from interviews with medical and mental health care staff, first responders and the incarcerated individual who reported sexual abuse, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 DOC 650 – Mental Health Services 4. Wellpath 57.00 - Sexual Assault/PREA Compliance 5. Medical/Mental Health Documents (Secondary Documents) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interview with Incarcerated Individuals who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p>

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 103 DOC 650, page 43 states that any incarcerated individual 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 incarcerated individual 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 incarcerated individuals who have been victimized by sexual abuse in any prison. The evaluation and treatment of such victims shall include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. During the tour the auditor noted that the health services area was very small and included an exam room with window blinds and a seating area in the hallway. A review of investigation indicated there was one sexual abuse allegation reported. The victim declined medical and mental health services. It should be noted the one sexual harassment allegation documented the victim with medical and mental health services. A review of documentation for two incarcerated individuals that disclosed prior sexual victimization indicated both were offered a follow-up with mental health. One accepted and one declined. The incarcerated individual who accepted services was seen within fourteen days.

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 incarcerated individuals 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. The interview with the incarcerated individual who reported sexual abuse confirmed he was provided follow-up mental health services. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to incarcerated individual victims of sexual abuse. A review of investigation indicated there was one sexual abuse allegation reported. The victim declined medical and mental health services. It should be noted the one sexual harassment allegation documented the victim with medical and mental health 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 incarcerated individuals have immediate access to medical and mental health care when needed, including urgent and routine services. Interviews with medical and mental health care staff confirmed 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 incarcerated individuals.

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

115.83 (f): The PAQ indicated that incarcerated individual 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 incarcerated individual victim should be sent to an outside hospital, and if the incarcerated individual victim consents, the incarcerated individual 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. The interview with the incarcerated individual who reported sexual abuse confirmed he was provided medical and mental health services, however the incident did not require testing for sexually transmitted infections. There was one zero allegation of sexual abuse but it did not involve an incident that required sexually transmitted infection prophylaxis. It should be noted that these services would be provided at the local hospital during a forensic examination or would be provided upon return to the facility by agency medical and mental health care staff.

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

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers

	<p>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 incarcerated individual on incarcerated individual abusers shall be conducted within 60 days of learning of such abuse history and mental health staff shall offer treatment when deemed clinically appropriate. Interviews with medical and mental health staff indicated that medical was not aware of the requirement but the mental health care staff member stated he would attempt to conduct a mental health evaluation on the known perpetrator very quickly. There were zero substantiated incarcerated individual on incarcerated individual sexual abuse allegations and as such there were no known incarcerated individual-on-incarcerated individual abusers.</p> <p>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 medical and mental health care staff and the incarcerated individual who reported sexual abuse, this standard appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <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>

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 zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review of documentation indicated there was one sexual abuse allegation reported during the previous twelve months. The allegation was deemed unfounded and a such a sexual abuse incident review was not completed.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 103 DOC 519, page 22 states that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated there were zero sexual abuse incident review completed by the facility within 30 days of the conclusion of the investigation, excluding only "unfounded" incidents. A review of documentation indicated there was one sexual abuse allegation reported during the previous twelve months. The allegation was deemed unfounded and a such a sexual abuse incident review was not completed.

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. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team consists of the Deputy Superintendent, Director of Treatments and IPS 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 an any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, pages 22-23 state 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

	<p>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. The Warden stated that information from the sexual abuse incident review would be utilized to look to see where we they can correct things or prevent an incident in the future. He confirmed the elements under this provision are included in the review. The PCM stated that sexual abuse incident reviews are completed via a report. She stated she is part of the sexual abuse incident review team and she has not noticed any trends. The PCM stated that after the report is submitted, depending on the investigative outcome, the information would be used to be taken to rectify or prevent the incident from happening again. The sexual abuse incident review team member confirmed the elements under this provision are reviewed during. A review of documentation indicated there was one sexual abuse allegation reported during the previous twelve months. The allegation was deemed unfounded and a such a sexual abuse incident review was not completed.</p> <p>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 documentation indicated there was one sexual abuse allegation reported during the previous twelve months. The allegation was deemed unfounded and a such a sexual abuse incident review was not completed.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports, and information from interviews with the Warden, the PCM and member of the sexual abuse incident review team, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility complete a sexual abuse incident review when they complete their mock sexual abuse allegation/drill to refresh staff on the process.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 103 DOC 519, page 23 states the Department shall collect accurate, uniform data for every allegation of sexual harassment/abuse at the institutions through the use of the PREA database. It further states that the incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and surveys to the DOJ. A review of the PREA Annual Report confirmed that aggregated data is compared for the two prior years and is broken down by incident types and outcome across the different facilities.

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

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 103 DOC 519, page 23 states the Department shall collect accurate, uniform data for every allegation of sexual harassment/abuse at the institutions through the use of the PREA database. It further states that the incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and surveys to the DOJ. A review of the PREA Annual Report confirmed that aggregated data 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

	<p>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 incarcerated individuals. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.</p> <p>115.87 (e): The PAQ indicated that this standard is not applicable as the agency does not contract with private facilities for the confinement of its incarcerated individuals. 103 DOC 519, page 23 states that the Department shall also attempt to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its incarcerated individuals. A review of the PREA Annual Report indicates that the facility does not contract with private facilities and as such this provision is not applicable.</p> <p>115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 103 DOC 519, page 23 states that upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.</p> <p>Based on a review of the PAQ, 103 DOC 519 and PREA Annual Reports, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Annual Reports <p>Interviews:</p>

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

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 103 DOC 519, pages 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 incarcerated individual 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 facility data is utilized for tracking and it helps the agency track sexual abuse incidents.

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.
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115.89	Data storage, publication, and destruction
	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. Massachusetts Statewide Record Retention Schedule 4. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 103 DOC 519, page 24 states that the Department shall ensure that data collected is securely retained and only shared with individuals, institutions, and/or agencies, on a “need to know basis”. The PC stated that the sexual abuse and sexual harassment data is backed up on servers and that the servers are very well protected from intrusion. He confirmed that the data is securely retained.</p> <p>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</p>

	<p>PREA Annual Report, which includes aggregated data, is available to the public online.</p> <p>115.89 (c): 103 DOC 519, page 24 and the PAQ indicate that before making aggregated sexual harassment/abuse data publicly available, the Department shall remove all personal identifiers. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.</p> <p>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 incarcerated individual investigative records are retained for ten years. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 103 DOC 519, the Records Retention Schedule, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	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 second 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</p>

	<p>physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The facility provided the auditor with photos of the audit announcement indicating that the audit announcement was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the auditor observed the audit announcement posted on bright pink and green letters size paper in each housing unit and across most common areas. The audit announcements advised incarcerated individuals that information sent to the auditor would remain confidential, with limited exceptions. Additionally, the Incarcerated individual Handbook states that incarcerated individuals 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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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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
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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
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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
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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
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	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.)	na
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.)	yes
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.)	na
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

	Garrrity 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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>