

PREA Facility Audit Report: Final

Name of Facility: Souza-Baranowski Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/25/2024

Date Final Report Submitted: 12/30/2024

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: 12/30/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	05/13/2024
End Date of On-Site Audit:	05/15/2024

FACILITY INFORMATION	
Facility name:	Souza-Baranowski Correctional Center
Facility physical address:	100 Harvard Road, Shirley, Massachusetts - 01464
Facility mailing address:	P.O. Box 8000, Shirley, Massachusetts - 01464

Primary Contact

Name:	Stacey Butkowski
Email Address:	Stacey.Butkowski@doc.state.ma.us
Telephone Number:	978-514-6500

Warden/Jail Administrator/Sheriff/Director

Name:	Shawn Zoldak
Email Address:	Shawn.Zoldak@doc.state.ma.us
Telephone Number:	978-514-6500

Facility PREA Compliance Manager

Name:	Jessica Dejesus
Email Address:	jessica.dejesus@doc.state.ma.us
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Jennifer Roosa
Email Address:	jeroosa@wellpath.us
Telephone Number:	978-514-6500

Facility Characteristics

Designed facility capacity:	1523
Current population of facility:	1049
Average daily population for the past 12 months:	1027
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
Age range of population:	18-78
Facility security levels/inmate custody levels:	Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	566
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	134
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	14

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:	
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:	2024-05-13
2. End date of the onsite portion of the audit:	2024-05-15

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:	1523
15. Average daily population for the past 12 months:	1027
16. Number of inmate/resident/detainee housing units:	22
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1037
19. 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:	34
20. 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:	22
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. 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:	11
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	14
24. 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:	5

25. 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:	5
26. 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:	15
27. 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:	22
28. 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
29. 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	
30. 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:	566
31. 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:	14

32. 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:	134
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. 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>

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditor ensured a geographically diverse sample among random and targeted interviewees. The following incarcerated individuals were selected from the housing units: two from BAU, one from STP, one from HSU, two from G1, two from G2, two from H1, one from H2, one from J1, three from J2, one from K1, three from K2, three from K3, one from L1, two from L2, two from L3, two from M2, one from N1, three from N2, three from P1 and three from P3.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>35 of the incarcerated individuals interviewed (random and targeted) were male and five were transgender female. Nine of the incarcerated individuals interviewed were black, eight were white, six were Hispanic, and seventeen identified as another race/ethnicity. With regard to age, seven were between eighteen and 25, 22 were 26-35, five were 36-45, three were 46-55 and three were 56 or older. 20 of the incarcerated individuals interviewed were at the facility less than a year, nineteen were there between a year and five years and one was there six to ten years.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>20</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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
41. 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:	4
42. 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:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
44. 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:	2

45. 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:	3
46. 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:	4
47. 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:	7
48. 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:	1
49. 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
49. 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>

49. 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 documentation, investigations and housing assignments.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Multiple incarcerated individuals were included in more than one targeted category.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15
52. 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.
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>

54. 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>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. Seven staff were interviewed from first shift, four were from second shift and four were from third shift. With regard to the demographics of the random staff interviewed, fourteen were male and one was female. Fourteen staff interviewed were white and one was Hispanic. Nine were Correctional Officers, three were Sergeants, one was a Lieutenant and two were Captains.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<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>	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	<p>25</p>
56. Were you able to interview the Agency Head?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
58. Were you able to interview the PREA Coordinator?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
59. Were you able to interview the PREA Compliance Manager?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. 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.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. 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

66. 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

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

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. 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 May 13, 2024 – May 15, 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. The auditor conducted a tour of the facility on May 13, 2024. The tour included all areas associated with the facility to include; housing units, laundry, intake, visitation, chapel, education, maintenance, food service, health services, recreation, programs, 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 PREA hotline and BARCC hotline 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 and reporting via the hotline. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. It should be noted that during the interim report period the facility posted contact information for MSP (mailing address). Photos of the posted information was provided confirming it was posted on yellow paper in English in the booking area and visitation.

Third party reporting information was observed at the front entrance 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. The auditor did not observe PREA information posted in visitation, however during the interim report period the facility

posted the PREA Posters in visitation. Photos of the posted information were provided to the auditor as confirmation.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff members assigned to each building. Additional security staff were observed for escort across each floor. The auditor observed that staffing appeared to be adequate and the facility was not overcrowded. The auditor noted that lines of sight were excellent with the physical plant and there were no apparent blind spots. The auditor did observe an area in laundry that would benefit from a mirror. It should be noted that while staffing was more than adequate, staff did not appear to leave the officer's desk. The auditor did not observe staff conducting rounds and staff did not escort the audit team when in the housing units.

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

With regard to cross gender viewing, the auditor confirmed that most housing units provided privacy through doors with security windows and lattice material with additional metal barriers. Four housing units had a shower with lattice material, however the cuff port was viewable and caused cross gender viewing issues. Additionally, the showers and toilets in the infirmary/observation rooms also had cross gender viewing issues. Further, while the showers on the first tier of the housing units had additional privacy material, the showers on the top tier of the housing units did not have any modifications. A review

of the video monitoring system identified numerous cross gender viewing issues. The facility was in the process of upgrading their video monitoring technology. While the older system included modifications for toilet and shower areas, the new system did not have any modifications. As such nine areas were identified with cross gender viewing issues. Further strip search areas in the segregated housing unit were also on camera and as such had cross gender viewing issues. During the tour the auditor did not hear the opposite gender announcement when the audit team entered the incarcerated individual housing units. A few units had females already assigned, however most units did not, and required an announcement.

Incarcerated individual medical, mental health and classification records are paper and electronic. Paper files are only those that have older files and pre-date the electronic system. The medical records area is staffed 8am-4pm and is locked when not staffed. Medical and mental health care staff are the only individuals with access to the records area. Electronic medical and mental health records are maintained in the ERMA database, which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Institutional Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position with a need to know. It should be noted that some older risk screening documents are paper and are maintained in the incarcerated individuals file. This area is staffed 8am-5pm and is locked after hours. Records are only accessed by those with a need to know. 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. Mail is collected by the 3pm-11pm staff in each of the units and is placed in a locked box. The locked box is placed in the mailroom. Outgoing mail is received sealed by the mailroom staff. The staff do not open outgoing mail. Incoming mail is opened by mailroom staff and is copied. Incarcerated individuals get the copy. The original is filed for a timeframe and is then archived. Incoming legal mail is logged and provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. The mailroom staff advised mail to the Massachusetts State Police would not be opened and mail to and from BARCC would be treated similar to privileged/legal mail.

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 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 in the booking area. Staff indicated that if more than one incarcerated individual is present they have them sit at opposite ends of the booking area. Booking staff ask questions related to prior incarcerations, gender identity, history of protective custody, prior institutional abuse, domestic violence and gang affiliation. The booking staff indicated they look at the current criminal history to determine if the individual has a sex offense. The staff advised they do not look at prior criminal history. The medical staff complete the second part of the initial risk assessment in a private office. The medical staff member asks about prior sexual victimization, disabilities, gender identity and

sexual preference. The medical staff enter the information in ERMA and also the MADOC system (IMS). 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 significant weight). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator. The auditor was provided a demonstration of the reassessment process. Staff (CPO) meet with the incarcerated individual in a private office setting. The staff ask the incarcerated individual all the questions on the housing risk, including: prior incarcerations, gang affiliation, prior sexual abusiveness, etc. The staff indicated most of the information is already pre-populated. Mental health staff then meet with the incarcerated individual and ask additional questions including: height, weight, prior sexual victimization, gender identity and sexual preference. The auditor confirmed the reassessment process is the same as the initial risk assessment process.

The auditor tested the PREA hotline during the tour from the housing unit phones. The auditor did not reach a live person but did leave a message on the voicemail. The auditor received a return call on the same date from a Duty Station staff member 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 most of the day and can also make calls via their tablet. Calls to the PREA hotline require an incarcerated individual pin

number. The auditor also tested the written reporting mechanism. The auditor submitted a kite via a box located in one of the housing units. At the issuance of the interim report the auditor had not been provided confirmation that the kite was received.

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 provide an example of how they would document a verbal report of sexual abuse or sexual harassment. The staff member advised they would complete an incident report electronically from any of the facility computers. The staff illustrated that he would utilize the PREA incident type and that when complete it would be electronically submitted to the Shift Commander. Staff further illustrated that the incident report can be marked confidential, which means the incident report bypasses the chain of command and goes directly to the Deputy and Superintendent. 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 if an allegation of sexual abuse or sexual harassment was reported it would be forwarded for investigation.

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 viewed the comprehensive PREA education process. Education is conducted in the dayroom of the intake housing unit. Incarcerated individuals are provided the orientation video, which includes information on PREA (zero tolerance, reporting methods, MSP information and BARCC information). The PREA What You Need to Know video is also played at the conclusion of the orientation video. The video is shown on a 36 inch tv. The video was played in English only but did have subtitles. During the comprehensive education process the auditor observed that other incarcerated individuals were yelling out of their cells and numerous other activities were occurring within the housing unit. The information on the video was difficult to hear and the subtitles could not be read from the distance the incarcerated individuals sat. The staff did not verbally go over any PREA information with the incarcerated individuals before or after the orientation video. Further, staff advised they do not utilize language line

or any other accommodations for LEP and disabled incarcerated individuals.

The two LEP incarcerated individual interviews did not require a translator as they were bilingual. The auditor did however previously test the accessibility of the language interpretation service (Lionsbridge). The auditor was provided 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. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals through a staff member.

During the tour the auditor observed the health services area and the medical rooms outside of the housing units. Exam rooms outside of the housing units had a large window with no additional privacy barriers. The main health services area included a reception area, exam rooms, treatment rooms, an ancillary area, an infirmary and observation cells. The ancillary room, exam rooms and treatment rooms all had large windows with no additional privacy barriers.

The segregated housing unit included a hearing room, outdoor recreation, small library and property room. The housing unit is two tiered with single bunk cells. Incarcerated individuals are out of their cell daily for recreation and dayroom. They receive showers three times a week and they have access to phones and tablets daily. The mail process in the segregated housing unit is the same as general population.

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.

70. 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

71. 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 43 personnel and/or training records that included five staff hired in the previous twelve months, four contractors hired within the previous twelve months, five staff employed over five years, four contractors employed over five years and four staff promoted in the previous twelve months. The review included four volunteers, nine total contractors and six medical and mental health care staff.

Incarcerated Individual Files. A total of 66 incarcerated individual files were reviewed. 38 incarcerated individual files were of those that arrived within the previous twelve months, twelve were disabled incarcerated individuals, seven were LEP incarcerated individuals, three were transgender incarcerated individuals and fifteen were incarcerated individual who disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documents for twelve incarcerated individuals who reported sexual abuse or sexual harassment and fifteen incarcerated individual who disclosed prior sexual victimization or were identified with prior sexual abusiveness during the risk screening.

Grievances. The facility indicated they had one sexual abuse grievance in the previous twelve months. The auditor reviewed the grievance as well as the grievance log and additional random grievances.

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. One allegation reviewed was reported via the hotline.

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

Investigation Files. During the previous twelve months, there were nineteen allegations reported. The auditor reviewed twelve investigations, including seven sexual abuse and five sexual harassment. None of the investigation were criminal 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.

72. 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	13	0	13	0
Total	13	0	13	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	6	0	6	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.

74. 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

75. 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	13	0	0
Total	0	13	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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	3	0
Staff-on-inmate sexual harassment	0	1	1	0
Total	0	2	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

7

79. 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. 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)
82. 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	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
84. 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)

85. 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. 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)

93. 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)

94. 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**

95. 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

96. 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

97. 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 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 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

	<p>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 he would 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 is the Deputy Superintendent of Re-entry who reports to the Superintendent. A review of the facility organization chart confirms that the Deputy Superintendent reports directly to the Superintendent. The interview with the PREA Compliance Manager indicated she has enough time to manage all of his PREA related responsibilities. She stated her role in PREA compliance is formal and informal. Informal is through posting information, speaking to staff during rounds and speaking with incarcerated individuals. Formal is through the PREA committee meetings and safety assessments. The PCM advised if she identifies an issue complying with a PREA standard she works with the investigators and Superintendent to determine if they understand the standard. She advised she would work with people in house on corrective action or would reach out to the PC.</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 letter, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 eighteen 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 29 active 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 completed the required PREA audits over the last audit cycle.

Based on the review of the PAQ, contracts with other state agencies and information from the interview with the Agency Contract Administrator, indicate that this standard

	appears to be compliant.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 510 – Security Staffing and Analysis 3. 103 DOC 512 – Post Orders 4. Post Order 1 – Shift Commander 5. The Staffing Plan 6. 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 <p>Findings (By Provision):</p>

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 796 incarcerated individuals, which is the average daily population (facility information indicated average daily population was 1027 however the average daily population was actually 801 which is what the staffing plan is based). The facility employs 417 staff. Security staff mainly make up three shifts, first shift works from 7am-3pm, second shifts works 3pm-11pm and third shift works from 11pm-7am. A review of the daily shift rosters indicate that each shift has a Shift Commander and numerous supervisors. Correctional Officers are assigned to posts throughout the facility including in housing units, corridor, control, rover, auxiliary, escort, tower, visitation, and other program, work and common areas. The facility did not provide a staffing plan narrative. During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff member assigned to each building. Additional security staff were observed for escort across each floor. The auditor observed that staffing appeared to be adequate and the facility was not overcrowded. The auditor noted that lines of sight were excellent with the physical plant and there were no apparent blind spots. The auditor did observe an area in laundry that would benefit from a mirror. It should be noted that while staffing was more than adequate, staff did not appear to leave the officer's desk. The auditor did not observe staff conducting rounds and staff did not escort the audit team when in the housing units. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplemented staffing. Cameras are monitored by control and can be viewed by Inner Perimeter Security (IPS) and management 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. He stated video monitoring is part of the plan and helps the facility protect incarcerated individuals from sexual abuse. The Warden indicated the staffing plan is documented. He also indicated that the elements under this provision are considered in the staffing plan. The Warden stated they have a policy dedicated to the staffing plan, they conduct an annual staffing analysis and they review all relevant factors to determine adequate staffing. He advised that the staffing plan is the daily roster and rosters are set up by the Shift Commander daily. He stated they review these rosters to confirm

compliance with the staffing plan. The interview with the PCM confirmed that they consider all elements under this provision in the staffing plan. She stated they complete a safety assessment and they look at sexual abuse incident reviews related to staffing and video monitoring technology. She advised they review to determine if there are any issues and each element is used as a piece to inform whether staffing is appropriate or not.

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. The Warden stated they never deviate from the staffing plan as they always hire overtime or require staff from the previous shift to stay in order to fill the staffing 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 auditor viewed all posts on the rosters were filled.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 103 DOC 510, page 3 indicates that at least annually, each facility and special unit in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to: the official staffing analysis; the deployment of video monitoring technology systems and other monitoring technology; and resources the facility/special unit has available to commit to ensure adherence to the staffing plan. Further 103 DOC 419, page 13 states at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of their institution in accordance with Attachment IV. Consideration shall be given to past PREA events, staffing plans, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. A copy of the PREA Safety Assessment shall be submitted to the Department's PREA Coordinator for review no later than the last working day of March. The staffing plan was most recently reviewed on November 21, 2023 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 June 8, 2022, however it should be noted this review was marked that it was not completed in conjunction with the PC. The PC stated that he reviews the staffing plans annually for each facility. He stated that each year the facility completes a staffing analysis and it has to be reviewed by

the PREA Division, where it is reviewed and signed off on.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicated that the unannounced rounds are documented, they cover all shifts and the facility prohibits staff from alerting other staff of the conduct of such rounds. 103 DOC 512, page 8 indicates that supervisory level employees shall conduct and document unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. Additionally, page 4 states that alerting staff members of unannounced supervisory rounds is prohibited unless the announcement is related to the operational functions of the facility. Page 8 of Post Order 1 states that the Shift Commander is required to conduct at least one round of all areas of the facility to ensure that all rules, regulations, department and institutional policies are adhered to. A review of the PAQ supplemental documentation indicated that unannounced rounds were conducted on all three shifts in one housing unit in July 2023. The auditor requested documentation for five random weeks to review unannounced rounds on all three shifts. The facility provided documentation for the requested weeks, however the documentation did not illustrate unannounced rounds in each housing unit across all three shifts. Interviews with intermediate-level or higher-level facility staff noted that they make unannounced rounds and that the unannounced rounds are documented in the log book. Both staff stated they ensure staff don't notify one another they are making rounds by changing things up and not having a set pattern.

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 require corrective action. The facility did not provide a staffing plan narrative. The auditor requested documentation for five random weeks to review unannounced rounds on all three shifts. The facility provided documentation for the requested weeks, however the documentation did not illustrate unannounced rounds in each housing unit across all three shifts

Corrective Action

The facility will need to provide the staffing plan narrative with the required elements under provision (a). Further, the facility will need to provide unannounced rounds for the requested weeks in each housing unit across all shifts. If these are not available, the facility will need to make corrective action and provide unannounced rounds from selected weeks during the corrective action period.

Recommendation

It should be noted that while staffing was more than adequate, staff did not appear to leave the officer's desk. The auditor did not observe staff conducting rounds and staff did not escort the audit team when in the housing units. The auditor highly recommends that leadership review operations and ensure staff are following policy and procedure and are being active in their duties in preventing and detecting sexual abuse and sexual harassment.

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. Staffing Plan Narrative
2. Unannounced Rounds

The facility provided their staffing plan narrative which outlined each element under provision (a) of the standard related to current staffing levels.

The facility provided the originally requested documentation related to unannounced rounds. From the review the auditor determined that intermediate or higher level staff were not making rounds in each housing unit across all three shifts. The auditor advised the facility they would need to take corrective action, including training with staff on the requirement and documentation of unannounced rounds for the next six weeks. The facility provided the unannounced rounds for the following six weeks, however the documentation was not adequate. The auditor viewed that the 3pm-11pm intermediate or higher level supervisors were barely making rounds. The 7am-3pm and 11pm-7am intermediate and higher level supervisors were making rounds biweekly, but it was not consistent across all housing units. The auditor advised additional corrective action was required. The facility conducted training related to unannounced rounds (including agency policy), via the intranet "splash screen", where staff log in and are required to complete the training on the screen.

	<p>The facility provided documentation that over 90% of the staff had completed the training via the “splash screen.” The facility further provided documentation from the end of November 2024 through the end of December 2024 related to unannounced rounds. The documentation illustrated that intermediate or higher level supervisors made unannounced rounds on each shift in each housing unit at least once a week.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy 3. Massachusetts State Law <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful 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</p>

	<p>states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders.</p> <p>Based on a review of the PAQ, 103 DOC 519 and Massachusetts State Law this standard appears to be not applicable and as such compliant.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 506 - Search Policy 3. 103 DOC 519 - Sexual Harassment/Abuse Response Prevention Policy 4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates 5. Body Searches - Clothed Training Curriculum 6. Body Searches - Unclothed Searches Training Curriculum 7. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Random Incarcerated Individuals 3. Interviews with Transgender/Intersex Incarcerated individuals <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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. The PAQ noted that there were zero pat down searches of females performed by male staff. 103 DOC 506, page 13 states that fully clothes searches (pat search) should be employed for the relatively quick scrutiny of an 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. Interviews with staff indicated transgender female incarcerated individuals are not restricted access in order to comply with this provision. Interviews with four transgender incarcerated individuals indicated none were restricted in order to comply with this standard. Three of the four advised they are searched based on their preference. One advised she has been searched by a male staff and her preference is female.

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. Interviews with four transgender incarcerated individuals indicated three of the four are searched based on their preference. One advised she has been searched by a male staff and her preference is female. The auditor requested documentation related to searches of transgender incarcerated individuals, however at the issuance of the interim report the documentation had not yet been received.

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. With regard to cross gender viewing, the auditor confirmed that most housing units provided privacy through doors with security windows and lattice material with additional metal barriers. Four housing units had a shower with lattice material, however the cuff port was viewable and caused cross gender viewing issues. Additionally, the showers and toilets in the infirmary/observation rooms also had cross gender viewing issues. Further, while the showers on the first tier of the housing units had additional privacy material, the showers on the top tier of the housing units did not have any modifications. A review of the video monitoring system identified numerous cross gender viewing issues. The facility was in the process of upgrading their video monitoring technology. While the older system included modifications for toilet and shower areas, the new system did not have any modifications. As such nine areas were identified with cross gender viewing issues. Further strip search areas in the segregated housing unit were also on camera and as such had cross gender viewing issues. During the tour the auditor did not hear the opposite gender announcement when the audit team entered the incarcerated individual housing units. A few units had females already assigned, however most units did not, and required an announcement. Interviews with fifteen random staff confirmed that incarcerated individuals have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, all fifteen stated that staff of the opposite gender announce when entering housing units. Interviews with 40 incarcerated individuals indicated that 36 have privacy when showering, using the restroom and changing their clothes. Additionally, nineteen of the 40 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 fifteen staff indicated nine 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. Interviews with four transgender incarcerated individuals indicated three of the four had never been searched for the sole purpose of determining their genital status. One advised she felt the staff searched her because he wanted to see what type of undergarments she was wearing.

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 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 fifteen staff indicated that eight had received training on cross gender searches and searches of transgender incarcerated individuals. Staff advised they do not conduct cross gender searches and transgender incarcerated individuals are searched based on the gender on the back of their ID. A review sixteen staff training records indicated twelve had received the fully clothed and unclothed training during the academy. Eight of the twelve had received the training prior to the release of the PREA standards. While the facility does not conduct cross gender searches and transgender and intersex incarcerated individuals are searched based on the identification on the back of their ID card, it appears staff are not familiar with this training.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, the clothed and unclothed search training curriculums, staff training records, observations made during the tour as well as information from interviews with random staff and random incarcerated

individuals indicates this standard appears to require corrective action. The auditor requested documentation related to searches of transgender incarcerated individuals, however at the issuance of the interim report the documentation had not yet been received. With regard to cross gender viewing, the auditor confirmed that most housing units provided privacy through doors with security windows and lattice material with additional metal barriers. Four housing units had a shower with lattice material, however the cuff port was viewable and caused cross gender viewing issues. Additionally, the showers and toilets in the infirmary/observation rooms also had cross gender viewing issues. Further, while the showers on the first tier of the housing units had additional privacy material, the showers on the top tier of the housing units did not have any modifications. A review of the video monitoring system identified numerous cross gender viewing issues. The facility was in the process of upgrading their video monitoring technology. While the older system included modifications for toilet and shower areas, the new system did not have any modifications. As such nine areas were identified with cross gender viewing issues. Further strip search areas in the segregated housing unit were also on camera and as such had cross gender viewing issues. During the tour the auditor did not hear the opposite gender announcement when the audit team entered the incarcerated individual housing units. A few units had females already assigned, however most units did not, and required an announcement. Interviews with fifteen staff indicated nine 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. Interviews with fifteen staff indicated that eight had received training on cross gender searches and searches of transgender incarcerated individuals. Staff advised they do not conduct cross gender searches and transgender incarcerated individuals are searched based on the gender on the back of their ID. A review sixteen staff training records indicated twelve had received the fully clothed and unclothed training during the academy. Eight of the twelve had received the training prior to the release of the PREA standards. While the facility does not conduct cross gender searches and transgender and intersex incarcerated individuals are searched based on the identification on the back of their ID card, it appears staff are not familiar with this training.

Corrective Action

The facility will need to provide search documentation for the interviewed transgender incarcerated individuals. Appropriate modifications will need to be made to the top tier showers, the cuff ports of the showers, the observation showers, the observation cells and identified video monitoring technology issues. Photos of each area and each camera view will need to be provided. Staff will need to be trained on the opposite gender announcement. Confirmation of the training will need to be provided. Staff will need to be trained on the prohibition of searching transgender and intersex incarcerated individuals for the sole purpose of determining genital status as well as conducting cross gender searches and searches of transgender and intersex

incarcerated individuals. Confirmation of the training will need to be provided. 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.

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
2. Photos of Cross Gender Viewing Modifications

The facility provided training to staff on searches, to include appropriate searches of transgender and intersex incarcerated individuals, cross gender searches and the prohibition of searching a transgender or intersex incarcerated individual for the sole purpose of determining genital status. The training was completed through the intranet via "splash screen." Staff login to the system and are required to complete the training. The facility provided confirmation that over 90% of the staff had completed the "splash screen" training. Documentation was provided that outlined the agency as a whole has incorporated the PREA Resource Center's video on cross gender searches and searches of transgender and intersex incarcerated individuals into their annual PREA training. Documentation confirmed that staff who completed PREA training after the on-site portion of the audit had the completed the PRC search video.

The "splash screen" training also included information on the opposite gender announcement. The training outlined the requirement of the announcement when the status quo changes. Over 90% of facility staff completed the training online.

Photos were provided that confirmed alleviation of all identified cross gender viewing issues. This included photos of video monitoring technology illustrating black boxes were placed over the toilets in each cell on the new camera system. Additionally, photos were provided showing metal closures on the cuff ports of the showers as well as black tint that was added to the showers in the housing units and in health

	<p>services.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	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. Lionsbridge Interactive Voice Response Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with LEP and Disabled Incarcerated Individuals 3. Interviews with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 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. Pages 61-64 of the Handbook outline information related telecommunications services and the Americans with Disabilities Act. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline 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 and reporting via the hotline. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. It should be noted that during the interim report period the facility posted contact information for MSP (mailing address). Photos of the posted information was provided confirming it was posted on yellow paper in English in the booking area and visitation. 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, 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 nine disabled incarcerated individuals confirmed that all nine were provided PREA information in a format that they could understand.

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. Page 25 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 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 provided list indicated the facility has over 20 staff that can be utilized to interpret four different languages. A review of the Handbook, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed they were available in English and Spanish. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline 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 and reporting via the hotline. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each

	<p>incarcerated individual's ID card. It should be noted that during the interim report period the facility posted contact information for MSP (mailing address). Photos of the posted information was provided confirming it was posted on yellow paper in English in the booking area and visitation. The two LEP incarcerated individual interviews did not require a translator as they were bilingual. The auditor did however previously test the accessibility of the language interpretation service (Lionsbridge). The auditor was provided 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. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals through a staff member. Interviews with two LEP incarcerated individuals indicated both were provided PREA information in a format that they could understand.</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 fifteen random staff indicated fourteen were aware of a policy prohibiting the use of incarcerated individual interpreters, readers and assistants for sexual abuse allegations. Interviews with nine disabled incarcerated individuals and two LEP incarcerated individuals indicated they were provided information in a format 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, staff training documents, 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
	Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 201 – Selection and Hiring
3. Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections
4. Memorandum from the Director of Human Resources
5. MA Department of Correction Application for Employment
6. MA Department of Correction Application for Employment Attachment X
7. PREA 201 Employer Addendum
8. Staff and Contractor Personnel 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 five staff hired in the previous twelve months indicated that all five had a criminal background records check completed prior to hire. Additionally, a review of four contractor files confirmed that all four had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with 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), National 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 a criminal background records check had completed on all newly hired staff. A review of personnel files for five staff hired in the previous twelve months indicated that all five had a criminal background records check completed. Two of the five had prior institutional employment and in both instances the agency reached out to the prior institutional employer. 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 (CJIS) which checks local criminal history, national criminal history, sex offender registry and any active warrants.

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 two contracts for services where criminal background record checks were conducted on all staff covered under the contract. A review of four contractor personnel files indicated that all four had a criminal background records check completed prior to enlisting their services. 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.

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. A review of five staff hired more than five year prior indicated that none had a criminal background records check completed at least every five years. A review of four contractors hired over five years

ago indicated one had a criminal background check completed every five years. The auditor verified that each of the staff reviewed had a recent criminal background records check completed in 2021. The facility provided a list of staff (alphabetical) with over five years of employments. A systematic sample was provided confirming all staff had a current criminal background records check. Two of the four contractors were documented with an updated criminal background records check, however two did not have an updated five year criminal background records check provided. 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 to conduct criminal background records check on all active employees and contractors at least every five years.

115.17 (f): 103 DOC 201, page 21 state that all candidates for employment, regardless of whether for initial employment or promotion, who may have contact with 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?" A review of five newly hired staff indicated that all five completed Attachment X. In addition, the auditor requested forms for four staff who were promoted over the

previous twelve months. Three of the four completed the Attachment X prior to promotion. 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 previous misconduct.

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

115.17 (h): The Human Resource staff member 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 four contractors hired over five years prior indicated one had a criminal background check completed every five years. Two of the four contractors were documented with an updated criminal background records check, however two did not have an updated five year criminal background records check provided. The auditor requested Attachment X forms for four staff who were promoted over the previous twelve months. Three of the four completed the Attachment X prior to promotion.

Corrective Action

The facility will need to provide the list of contractors employed longer than five years in alphabetical order. A systematic sample will need to be provided to confirm all

	<p>contractors have had a recent criminal background records check. The facility will also need to provide confirmation of the two contractors requested on-site without a updated criminal background records check. Additionally, the facility will need to provide a list of staff promoted during the corrective action period and associated Attachment X prior to promotion.</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 Systematic Sample of Criminal Background Record Checks2. Assurance Memorandum3. Attachment X for Promotions <p>The facility provided a list of all current contractors and a systematic sample of criminal background record checks to confirm all had an updated five year criminal background records check completed. Documentation illustrated that all contractors had a criminal background records check completed in 2024. Documentation for the contractors originally requested during the on-site portion of the audit confirmed both had an updated criminal background records check in 2024. The facility also provided an assurance memo that outlined all contractors were reviewed and all had an updated five year criminal background records check completed.</p> <p>The facility provided the originally requested Attachment X for the staff promoted during the previous twelve months. The one missing had Attachment X completed prior to promotion. Additionally, the facility provided two examples of staff promoted during the corrective action period. Both had completed the Attachment X prior to promotion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	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. Memorandum Related to Camera Installation 4. Facility Annual PREA Safety Assessment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p>
	<p>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. 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</p>

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 have not had any substantial modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 103 DOC 703, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect 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 documentation indicated there were over 80 cameras installed throughout the facility. Cameras were installed to supplement current video monitoring technology related to supervision and monitoring. A review of the Facility Annual PREA Safety Assessment confirmed that video monitoring was reviewed and vulnerable areas were identified. The document outlined the total number of cameras and information related to the allegations made during the previous twelve months as they relate to video monitoring technology. 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. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplemented staffing. Cameras are monitored by control and can be viewed by Inner Perimeter Security (IPS) and management level staff. 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 the review is done through the annual assessment where they look at current cameras and identify any blind spots. Further, he stated they review all sexual abuse allegations and take into consideration any blind spots or needed upgrades for video monitoring technology from those reviews.

	Based on a review of the PAQ, 103 DOC 73, memorandum related to cameras, Facility 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.
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115.21	Evidence protocol and forensic medical examinations
	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. 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with SAFE/SANE 3. Interview with the PREA Compliance Manager 4. Interviews with Incarcerated Individuals Who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting both administrative and criminal investigations and that the Massachusetts State Police (MSP) also conduct criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a</p>

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 fifteen random staff indicated fourteen knew and understood the protocol for obtaining useable physical evidence. Additionally, twelve staff indicated that investigations would be completed by IPS or the sexual abuse investigator.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth. The PAQ stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 103 DOC 519, pages 14, 15 and 17 explain the uniform evidence protocol including that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the necessary items to facilities their response to sexual assault allegations. It describes staff first responder duties including separating the 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 advised they would reach out to BARCC for these services and that they are automatically provided these services at the hospital during a forensic medical examination. The PCM confirmed they have a contract with BARCC for these services. Interviews with incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after reporting sexual abuse. A review of twelve investigations indicated seven were sexual abuse. None had documentation indicating 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 interview with the PCM stated that the agency has a contract with BARCC, the certified rape crisis center to provide services. Interviews with incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after reporting sexual abuse. A review of twelve investigations indicated seven were sexual abuse. None had documentation indicating 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, incarcerated individuals who reported sexual abuse and the PREA Compliance Manager this standard appears to require corrective action. Interviews with incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after reporting sexual abuse. A review of twelve investigations indicated seven were sexual abuse. None had documentation indicating the victim was afforded access to a victim advocate.

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to review the process for affording sexual abuse victims access to victim advocates. A process memo as well as training with appropriate staff will need to be provided. Further, the facility will need to provide a list of sexual abuse allegations during the corrective action period and associated documentation showing the victim advocacy process was afforded/utilized.

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 Victim Advocacy Process
2. List of Sexual Abuse and Sexual Harassment Allegations
3. Victim Advocacy Emails

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.

The facility provided a list of three sexual abuse allegations reported during the corrective action period. The investigative reports and supplemental documentation did not contain any information related to affording access to a victim advocate. As such, further corrective action was required.

The facility completed a second training with staff on the process for affording access to victim advocates. Staff signatures were provided confirming receipt of the training.

The facility provided documentation (emails) for two sexual abuse allegations reported during the corrective action period (after the second training). Both victims were offered BARCC services, but declined.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 103 DOC 519, page 18 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Page 19 states that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's 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</p>

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 advised the investigator would then take appropriate steps as outlined in policy in order to investigate the allegation. The PAQ indicated that there were nineteen allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all nineteen resulted in an administrative investigation and zero resulted in a criminal investigation. The PAQ noted that all investigations had been completed. A review of documentation indicated there were 23 allegations reported (a few allegations were reported outside the twelve months period utilized by the staff) and all 23 resulted in an investigation. A review of twelve of the allegations indicated all twelve had an administrative investigation completed.

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/departments-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 confirmed there were 23 allegations reported (a few allegations were reported outside the twelve months period utilized by the staff) and all 23 resulted in an investigation. A review of

	<p>twelve of the allegations indicated all twelve had an administrative investigation completed. None involved a criminal investigation or an outside agency investigation.</p> <p>115.22 (c): 103 DOC 519, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegation involves a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. A review of the agency website (https://www.mass.gov/lists/departments-of-correction-public-policies) confirms that 103 DOC 519 is published and available for public review. The MOU with the MSP indicates that the MSP screens cases referred to their agency to determine if the MADOC may handle the case utilizing internal investigators, or if the case is most appropriately investigated by the MSP.</p> <p>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 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, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 – Training and Staff Development
3. Prison Rape Elimination Act (PREA) Basic Lesson Plan
4. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with 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 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). A review of 21 staff training records indicated that 100% of those reviewed received PREA training. Interviews with fifteen random staff confirmed that all fifteen had received PREA

training. Fourteen of the fifteen staff confirmed the required elements under this provision were included in the training.

115.31 (b): The PAQ indicated that training is tailored to the gender of 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 at least every two years. 103 DOC 216, page 11 states 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 for 21 staff indicated nine had training every two years. Of the 21, seven were missing a recent training over the previous two years.

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 21 staff training records indicated that all 21 completed an online training with electronic verification.

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 this standard appears to require corrective action. A review of documentation for 21 staff indicated nine had training every two years. Of the 21, seven were missing a recent training over the previous two years.

	<p>Corrective Action</p> <p>The facility will need to ensure all staff receive PREA training at least every two years. All staff should receive an updated PREA training if they have not received training in 2023. A list of staff as well as confirmation of the PREA training will need to be provided to confirm all staff have a recent PREA training.</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. Staff Training <p>The facility provided documentation confirming that over 90% of the staff at the facility had completed updated PREA training. All staff originally requested during the on-site portion of the audit had training completed in 2023 and/or 2024.</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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115.32	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 Orientation Handbook

6. Contractor and Volunteer Training Records

Interviews:

1. Interviews 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. Further, the Volunteer Orientation Handbook, page 17 includes information on the zero tolerance policy and responsibilities to report any knowledge, suspicion or information. The PAQ indicated that 96 volunteers and contractors received PREA training. Interviews with two contractors confirmed that they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. There were zero volunteers during the on-site portion of the audit and as such no interviews were conducted. A review of nine contractor training documents and four volunteer training documents indicated twelve had completed either the PREA Basic training or the PREA Acknowledgement.

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. Further, the Volunteer Orientation Handbook, page 17 includes information on the zero tolerance policy and responsibilities to report any knowledge, suspicion or information. Interviews with contractors indicated that they both received training during new employee orientation or through the web-based training. Both contractors confirmed the training went over the zero tolerance policy and how and who to report information to. A review of nine contractor training documents and four volunteer training documents indicated twelve had completed either the PREA Basic training or the PREA Acknowledgement.

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 nine contractor training documents and four volunteer training documents indicated twelve had completed either the PREA Basic training or the PREA Acknowledgement.

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 contractor and volunteer training records as well as the interviews with contractors indicates that this standard appears to require corrective action. A review of nine contractor training documents and four volunteer training documents indicated twelve had completed either the PREA Basic training or the PREA Acknowledgement.

Corrective Action

	<p>The facility will need to provide the one missing contractor training document. The document provided was the specialized medical and mental health training, not the training under this standard.</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 2. PREA Training <p>The facility was unable to provide the requested training document, as such the facility provided a list of contractors and associated PREA training. All were documented with PREA training and manually or electronically signed that they had completed 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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115.33	Inmate education
	<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 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. Lionsbridge Interactive Voice Response Information

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Incarcerated Individuals

Site Review Observations:

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 58-60 of the Handbook confirms that it includes all the information as Attachment #2, however it is facility specific information for Souza. The PAQ did not indicate the

number of incarcerated individuals that received information at intake. Further communication with the PCM indicated that 1607 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. 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 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 when they first arrive, which has this information. 34 of the 40 incarcerated individuals that were interviewed indicated that they received information on the agency's sexual abuse and sexual harassment policies. The auditor requested documentation for 66 incarcerated individuals. 64 documents were provided, however the facility did not provide the information related to arrival dates and as such the auditor was unable to determine if information was provided during intake.

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 Souza unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ did not indicate the number of incarcerated individuals that received information at intake. Further communication with the PC indicated that 1607 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. 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. The auditor viewed the comprehensive PREA education process. Education is conducted in the dayroom of the intake housing unit. Incarcerated individuals are provided the orientation video, which includes information on PREA (zero tolerance, reporting methods, MSP information and BARCC information). The PREA What You Need to Know video is also

played at the conclusion of the orientation video. The video is shown on a 36 inch tv. The video was played in English only but did have subtitles. During the comprehensive education process the auditor observed that other incarcerated individuals were yelling out of their cells and numerous other activities were occurring within the housing unit. The information on the video was difficult to hear and the subtitles could not be read from the distance the incarcerated individuals sat. The staff did not verbally go over any PREA information with the incarcerated individuals before or after the orientation video. Further, staff advised they do not utilize language line or any other accommodations for LEP and disabled incarcerated individuals. 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 ten to 20 days of arrival. The staff indicated orientation includes the orientation video, which includes a section on PREA, as well as the PREA What You Need to Know video. Interviews with 40 incarcerated individuals confirmed 31 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse and agency policies and procedures on responding to an allegation. The majority of the incarcerated individuals stated they received this information via video when they arrived at the facility or previously at another facility. The auditor requested documentation for 66 incarcerated individuals. 64 documents were provided, however the facility did not provide the information related to arrival dates and as such the auditor was unable to determine if information was provided within 30 days of arrival.

115.33 (c): The PAQ was blank but further communication with the PC indicated that 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 ten to 20 days of arrival. The staff indicated orientation includes the orientation video, which includes a section on PREA, as well as the PREA What You Need to Know video. The staff stated all incarcerated individuals receive orientation regardless of how they are received (new intake, facility transfer, etc.). A review of 66 total incarcerated individual files indicated 64 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. Pages 61-64 of the Handbook outline information related telecommunications services and the Americans with Disabilities Act. Page 25 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 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 provided list indicated the facility has staff that can be utilized to interpret four different languages. Further a review of the Orientation Video confirms it is available in English, Spanish and with subtitles. A review of twelve disabled incarcerated individual records and seven LEP incarcerated individual records indicated eighteen were documented with PREA education. None of the seven LEP incarcerated

individuals had PREA education documented in Spanish or another language.

115.33 (e): The PAQ and communication with the PC 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 66 total incarcerated individual files indicated 64 were documented with PREA education via IMS.

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 Handbook, PREA Posters and the Protecting Yourself from Sexual Assault Brochure. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline 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 and reporting via the hotline. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. It should be noted that during the interim report period the facility posted contact information for MSP (mailing address). Photos of the posted information was provided confirming it was posted on yellow paper in English in the booking area and visitation.

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 require corrective action. The auditor requested documentation for 66 incarcerated individuals. 64 documents were provided, however the facility did not provide the information related to arrival dates and as such the auditor was unable to determine if information was provided during intake. During the comprehensive education process the auditor observed that

other incarcerated individuals were yelling out of their cells and numerous other activities were occurring within the housing unit. The information on the video was difficult to hear and the subtitles could not be read from the distance the incarcerated individuals sat. The staff did not verbally go over any PREA information with the incarcerated individuals before or after the orientation video. Further, staff advised they do not utilize language line or any other accommodations for LEP and disabled incarcerated individuals. The auditor requested documentation for 66 incarcerated individuals. 64 documents were provided, however the facility did not provide the information related to arrival dates and as such the auditor was unable to determine if information was provided within 30 days of arrival. A review of 66 total incarcerated individual files indicated 64 had received PREA education. A review of twelve disabled incarcerated individual records and seven LEP incarcerated individual records indicated eighteen were documented with PREA education. None of the seven LEP incarcerated individuals had PREA education documented in Spanish or another language.

Corrective Action

The facility will need to provide dates of arrival. Further corrective action may be necessary once reviewed. The facility will need to revamp their comprehensive PREA education process to ensure all incarcerated individuals can hear, see and understand the education. A process memorandum will need to be provided as well as training with appropriate staff, this should include accommodations for LEP and disabled incarcerated individuals. A follow-up interview with the intake staff will need to be completed. The facility will need to re-educate all current LEP incarcerated individuals in an appropriate format and provide confirmation of the education.

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. Arrival Dates
2. Process Memorandum on Comprehensive Education Process
3. Staff Training

4. Incarcerated Individual Education

Additional Interviews:

1. Intake Staff

The facility provided the originally requested arrival dates. Documentation and the dates confirmed that incarcerated individuals were provided information upon intake and comprehensive PREA education within 30 days of arrival.

A process memorandum was provided as well as training documentation related to the comprehensive PREA education process. The comprehensive PREA education process would remain the same with regard to the videos, however staff will encourage incarcerated individuals to sit closer to the tv and will try to limit other activities. Additionally, the staff will verbally advise incarcerated individuals that the video is available to review on the tablet system. Confirmation was provided that the orientation video (which includes the PREA video) was added to the incarcerated individual tablet to allow for incarcerated individuals to also watch the video any time after orientation. The auditor conducted a telephone interview with the intake staff. She advised that everyone who comes in gets orientation. She noted they show multiple videos, but the orientation video has the PREA video too. She advised the orientation video goes over all the information and is available in English and Spanish. She stated that BARCC also comes once a week to talk about services, and when they do not come, they have a video they show. She stated all orientation information, including videos, is then placed on the tablet so incarcerated individuals can access the information anytime. The intake staff noted for LEP non-Spanish speakers they would utilize the Handbook for information and this information would be translated via staff translators or the language service. She advised the audio is adequate for hearing impaired incarcerated individuals and that they also have subtitles available.

The facility provided the originally requested incarcerated individual education documents. All had received comprehensive PREA education. It should be noted a few were completed during the corrective action period.

LEP incarcerated individual education documents were provided confirming all were re-educated in an accessible format. Additional training documentation was provided illustrating that the intake staff was advised of ADA accommodations and the request for them to fill out, VRC, Captel and TTY directions. Staff signed that they received this training.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA/Sexual Assault Investigator Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. 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 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 seven facility staff have completed the specialized investigator training. The interviews with the investigative staff confirmed that 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 seven facility staff have completed the specialized investigator training. Interviews with the investigators confirmed that they received specialized training. All investigators confirmed that the training covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administration investigation.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that seven investigator had completed the required training. A review of documentation indicated that seven facility staff have 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, the facility appears to meet this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Wellpath 57.00 – Sexual Assault/PREA Compliance 3. 103 DOC 650 – Mental Health Services 4. 103 DOC 216 – Training and Staff Development 5. Wellpath – Prison Rape Elimination Act (PREA) Lesson Plan

6. Prison Rape Elimination Act (PREA) Basic Lesson Plan

7. Medical and Mental Health Training Records

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. Wellpath 57.00, pages 4-5 state the contracted healthcare vendor shall ensure that full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicion of sexual abuse and sexual harassment. 103 DOC 650, page 44 states that the vendor, in conjunction with the Department, shall ensure that all full and part time mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicion of sexual abuse and sexual harassment. A review of the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirms that it includes information on the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that 96 (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 six medical and mental health care staff training records confirmed that all six 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 six medical and mental health care staff training records confirmed that all six 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 six medical and mental health care staff training records indicated five of the six completed the PREA Basic (PREA Refresher) training.

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 six medical and mental health care staff training records indicated five of the six completed the PREA Basic (PREA Refresher) training.

Corrective Action

	<p>The facility will need to provide the missing contractor training record.</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 2. PREA Training <p>The facility was unable to provide the requested training document. The staff was no longer employed. As such the facility provided a list of contractors and associated PREA training. All were documented with PREA training and manually or electronically signed that they had completed 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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115.41	Screening for risk of victimization and abusiveness
	<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 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 in the booking area. Staff indicated that if more than one incarcerated individual is present they have them sit at opposite ends of the booking area. Booking staff ask questions related to prior incarcerations, gender identity, history of protective custody, prior institutional abuse, domestic violence and gang affiliation. The booking staff indicated they look at the current criminal history to determine if the individual has a sex offense. The staff advised they do not look at prior criminal history. The medical staff complete the second part of the initial risk assessment in a private office. The medical staff member asks about prior sexual victimization, disabilities, gender identity and sexual preference. The medical staff enter the information in ERMA and also the MADOC system (IMS). 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 20 incarcerated individuals that arrived within the previous

twelve months indicated seventeen were asked the risk screening questions upon arrival at Souza. Interviews 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 was blank but further communication with the PC indicated 1607 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 20 incarcerated individuals that arrived within the previous twelve months indicated seventeen were asked the risk screening questions upon arrival at Souza. 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. The auditor requested documentation for 66 total incarcerated individuals. 64 initial risk assessments were provided. The facility did not provide dates of arrival and as such the auditor was unable to determine compliance with initial risk assessment timeframes. Additionally, during documentation review the auditor observed that initial risk assessments and reassessments had information that differed on questions that the information would not changes (i.e. violent vs non-violent offenses, prior sexual abusiveness, etc.).

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 the process includes verbally asking questions and reviewing information pre-populated in the system. The staff advised the risk screening considers, prior sexual victimization, age, prior incarcerations, stature, gender identity, perception of vulnerability, gang affiliation and domestic violence. Staff confirmed all the elements under this provision are considered in the risk assessment.

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 the process includes verbally asking questions and reviewing information pre-populated in the system. The staff advised the risk screening considers, prior sexual victimization, age, prior incarcerations, stature, gender identity, perception of vulnerability, gang affiliation and domestic violence. Staff confirmed all the elements under this provision are considered in the risk assessment.

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 was blank for this provision. The auditor was provided a demonstration of the reassessment process. Staff (CPO) meet with the incarcerated individual in a private office setting. The staff ask them all the questions on the housing risk, including: prior incarcerations, gang affiliation, prior sexual abusiveness, etc. The staff indicated most of the information is already pre-populated. Mental health staff then meet with the incarcerated individual and ask additional questions including: height, weight, prior sexual victimization, gender identity and sexual preference. The auditor confirmed the reassessment process is the same as the initial risk assessment process. Interviews with staff responsible for the risk screening indicated that incarcerated individuals are reassessed within 30 days of arrival. Interviews with 20 incarcerated individuals that arrived in the previous twelve months indicated ten remember being asked the risk screening questions on more than one occasion. Most stated they were asked by mental health a few weeks after arrival. The auditor requested documentation for 66 total incarcerated individuals. Interviews with staff responsible for the risk screening confirmed incarcerated individuals are reassessed within 30 days of arrival. 64 initial risk assessments were provided. The facility did not provide dates of arrival and as such the auditor was unable to determine compliance with the reassessment timeframes. Additionally, during documentation review the auditor observed that initial risk assessments and reassessments had information that differed on questions that the information would not changes (i.e. violent vs non-violent offenses, prior sexual abusiveness, etc.).

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 20 incarcerated individuals that arrived in the previous twelve months indicated ten remember being asked the risk screening questions on more than one occasion. Most stated they were asked by mental health a few weeks after arrival. There were zero substantiated or unsubstantiated sexual abuse allegations reported 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. During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position with a need to know. It should be noted that some older risk screening documents are paper and are maintained in the incarcerated individuals file. This area is staffed 8am-5pm and is locked after hours. Records are only accessed by those with a need to know. 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 risk assessments are documented electronically via the electronic Institutional Management System (IMS). 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 medical, CPOs and booking have access. The staff responsible for the risk screening stated that the agency has outlined who should have access to the risk screening information so sensitive information is not exploited. Staff stated only certain people have access to the 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. 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 in the booking area. Staff indicated that if more than one incarcerated individual is present they have them sit at opposite ends of the booking area. Booking staff ask questions related to prior incarcerations, gender identity, history of protective custody, prior institutional abuse, domestic violence and gang affiliation. The booking staff indicated they look at the

current criminal history to determine if the individual has a sex offense. The staff advised they do not look at prior criminal history. The auditor requested documentation for 66 total incarcerated individuals. 64 initial risk assessments were provided. The facility did not provide dates of arrival and as such the auditor was unable to determine compliance with the initial risk assessment and reassessment timeframes. Additionally, during documentation review the auditor observed that initial risk assessments and reassessments had information that differed on questions that the information would not changes (i.e. violent vs non-violent offenses, prior sexual abusiveness, etc.).

Corrective Action

The facility will need to provide the requested dates of arrival to determine if additional corrective action is needed. The facility will need to review the initial risk screening and reassessment process related to what information is reviewed by booking staff and the difference of information on initial risk assessments and reassessments. A process and training memorandum will need to be provided as well as a sample of risk assessments during the corrective action period to confirm the process is adequate.

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. Arrival Dates
2. List of Incarcerated Individuals that Arrived During the Corrective Action Period
3. Staff Training

The facility provided the originally requested dates of arrival. Documentation and arrival dates noted that all incarcerated individuals had an initial risk assessment, seven of which were past the 72 hour timeframe. All incarcerated individuals had a reassessments completed, thirteen were past the 30 day timeframe. As such, the auditor advised the facility that further corrective action would be necessary.

	<p>The facility provided a list of incarcerated individuals that arrived during the corrective action period. Six risk screening documents were not provided at all. The remaining documents provided noted that timeframe were being met, however there were still inconsistencies with information from the initial to the reassessment. The auditor advised the PCM that this may be due to a lack of review of file information and/or inadequate training of staff related to the risk assessment.</p> <p>The facility conducted training with risk assessments staff (initial and reassessment) on the process. The training included a review of policy, the PREA standard language, and examples of risk assessments questions and which require a file review and which are self-disclosure. Staff signatures were provided confirming training.</p> <p>The facility provided ten risk assessments that were completed on those that arrived after the training (end of November/beginning of December). All ten were completed within appropriate timeframes and included accurate information from the initial to the reassessment. Two did have differing information on one question but these could be attributed to further information provided to the reassessment staff or receipt of additional information from the courts.</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
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 DOC 652 - Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria 4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates 5. 103 DOC 750 - Hygiene Standards

6. 103 DOC 401 – Booking and Admission
7. Sample of Housing Determination Documents
8. Transgender/Intersex Incarcerated Individual Biannual Reviews
9. LGBTI Incarcerated Individual Housing Documents

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interviews with Transgender/Intersex Incarcerated Individuals
5. Interviews 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 for housing, programming and work assignments. She stated they look at the risk screening score to determine where an individual should be housed and that placement is looked at individually. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing and job assignments. The staff indicated victims would not be housed with predators. The auditor requested the high risk victim and high risk abusers lists with housing, program and job assignments. At the issuance of the interim report the documentation had not yet been received.

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. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing and job assignments. The staff indicated victims would not be housed with predators.

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 program and placement of transgender and intersex incarcerated individuals is determined through the courts. She stated whatever the court defines is how they are housed, so if the documents advise the incarcerated individual is female they go to a female facility. She advised they do review transgender incarcerated individuals on a case-by-case basis and they pay special attention if they are deemed at risk. The PCM confirmed that housing and program assignments take into consideration the incarcerated individual's health and safety as well as any security or management problems. It should be noted that male and female housing is reviewed through a central office team after the incarcerated individual requests to be housed at an alternate facility. Interviews with four transgender incarcerated individuals indicated two were asked how they felt about their safety with regard to housing and programming assignments. All four advised they did not feel they were placed in a dedicated housing unit or facility based on

their 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. The staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals would be reassessed biannually. The PCM stated that transgender and intersex incarcerated individuals are reassessed biannually. The auditor requested information related to three transgender and intersex incarcerated individual's biannual assessments. At the issuance of the interim report the documentation had not yet been provided.

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. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' view with respect to their safety are given serious consideration. Interviews with four transgender incarcerated individuals indicated two were asked how they felt about their 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 showers are single person and bottom tier showers have additional privacy barriers/film. 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 a separate time for transgender and intersex incarcerated individuals to showers. Interviews with four transgender incarcerated individuals confirmed all four are afforded the opportunity to shower separately.

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 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. 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. Interviews with seven LGBTI incarcerated individuals indicated that none felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity. A review of housing assignments for incarcerated individuals who identified as LGBTI indicated they were not all assigned to the same housing unit.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 401, incarcerated individual housing determinations, transgender housing determinations, biannual reviews, LGB incarcerated individual housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, indicates that this standard appears to require corrective action. The auditor requested the high risk victim and high risk abusers lists with housing, program and job assignments. At the issuance of the interim report the documentation had not yet been received. The auditor requested information related to three transgender and intersex incarcerated individual’s biannual assessments. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the originally requested high risk lists with housing and job assignments. Further corrective action may be required. The facility will also need to provide the originally requested transgender biannual assessments.

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. High Risk Lists
2. Biannual Assessments

The facility provided a list of high risk victims and high risk abusers with their housing, job and program assignments. The auditor observed that numerous known victims were housed in the same unit as known predators. None were housed in the same cell and all housing units had direct staff supervision. The facility also provided justification indicating that those housed in the same unit were due to restrictive housing status, medical issues or program classification (such as STU or protective custody). The documentation confirmed that all incarcerated individuals on the high risk lists were reviewed case by case for appropriate housing. Job and programming was reviewed and appeared to be appropriate. Known victims did not work or program unsupervised with known predators.

Four biannual assessments were provided by the facility. Two had assessments completed in March and September. Two were at the facility less than six months, but did have an initial assessments, a reassessment and at least one transgender assessment.

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

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 423 – Restrictive Housing 4. High Risk Housing Documentation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the Staff Who Supervisor Incarcerated Individuals in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of the 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 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</p>

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 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 auditor requested documentation related to high risk incarcerated individuals and their housing assignments. The list was provided on-site but the auditor requested it be uploaded to the OAS for further review. At the issuance of the interim report the documentation had not yet been received.

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. The segregated housing unit included a hearing room, outdoor recreation, small library and property room. The housing unit is two tiered with single bunk cells. Incarcerated individuals are out of their cell daily for recreation and dayroom. They receive showers three times a week and they have access to phones and tablets daily. The mail process in the segregated housing unit is the same as general population. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals placed in involuntary segregated housing due to risk of victimization would have equal access to program, privileges, education and work opportunities to the extent possible. He stated they would document any restrictions through the disciplinary board and sanctions documentation. There were zero incarcerated individuals at high risk of victimization in segregated housing due to their risk of victimization and as such no interviews were conducted.

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 that the facility would only assign incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated this would depend on when it was determined. If it was during non-business hours it may take a few hours until the following day when they could review housing. The interview with the staff who supervise incarcerated individuals in segregated housing advised they would only assign incarcerated individuals to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. He stated they try to release them from segregation as quick as possible and that it would typically take them three days or less.

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 auditor requested documentation related to high risk incarcerated individuals and their housing assignments. The list was provided on-site but the auditor requested it be uploaded to the OAS for further review. At the issuance of the interim report the documentation had not yet been received.

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 interview with the staff who supervise incarcerated individuals in segregated housing confirmed that they would be reviewed at least every 30 days.

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 and staff who supervise incarcerated individuals in segregated housing, this standard appears to require corrective action. The auditor requested documentation related to high risk incarcerated individuals and their housing assignments. The list was provided on-site but the auditor requested it be uploaded to the OAS for further review. At the

	<p>issuance of the interim report the documentation had not yet been received.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally reviewed (during on-site) high risk victim list as well as corresponding housing assignments.</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. High Risk List <p>The facility provided a list of incarcerated individuals at high risk of victimization (known victims). The auditor noted that two known victims were in segregated housing, however documentation confirmed they were housed there for other purposes (discipline). Neither were in segregated housing due to their high risk of victimization.</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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115.51	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)
6. Investigative 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 Massachusetts State Police Division of Investigative Services, the facility PREA Compliance Manager, verbally, in writing, anonymously and through a third party. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline 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 and reporting via the hotline. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. The auditor tested the PREA hotline during the tour from the housing unit phones. The auditor did not reach a live person but did leave a message on the voicemail. The auditor received a return call on the same date from a Duty Station staff member 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 most of the day and can also make calls via their tablet. Calls to the PREA hotline require an incarcerated individual pin number. The auditor also tested the written reporting mechanism. The auditor submitted a kite via a box located in one of the housing units. At the issuance of the interim report the auditor had not been provided confirmation that the kite was received. Interviews with 40 incarcerated individuals confirm that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Incarcerated individuals advised they would report verbally, via the hotline, through the tablet, via a grievance and to IPS. Interviews with fifteen staff confirmed that incarcerated individuals have multiple ways to report including the hotlines, to staff and via a grievance.

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. Page 59 of the Handbook states that 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 the agency, allowing the incarcerated individuals to remain anonymous upon request. It further has the Massachusetts State Police mailing address for the incarcerated individuals to write. During the tour, the auditor did not observe any information related to the external reporting mechanism (MSP). It should be noted that during the interim report period the facility posted contact information for MSP (mailing address). Photos of the posted information was provided confirming it was posted on yellow paper in English in the booking area and visitation. During the tour the auditor observed the mail process. Mail is collected by the 3pm-11pm staff in each of the units and is placed in a locked box. The locked box is placed in the mailroom. Outgoing mail is received sealed by the mailroom staff. The staff do not open outgoing mail. Incoming mail is opened by mailroom staff and is copied. Incarcerated individuals get the copy. The original is filed for a timeframe and is then archived. Incoming legal mail is logged and provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. The mailroom staff advised mail to the Massachusetts State Police would not be opened and mail to and from BARCC would be treated similar to privileged/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 to the State Police. She advised incarcerated individuals are provided the information and that if they report to the State Police the State Police will notify the agency of the allegation. Interviews with 40 incarcerated individuals indicated eleven was aware that they could report to the MSP as an outside reporting mechanism, while fourteen stated they knew they could report anonymously. The PAQ indicated that 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. 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 provide an example of how they would document a verbal report of sexual abuse or sexual harassment. The staff member advised they would complete an incident report electronically from any of the facility computers. The staff illustrated that he would utilize the PREA incident type and that when complete it would be electronically submitted to the Shift Commander. Staff further illustrated that the incident report can be marked confidential, which means the incident report bypasses the chain of command and goes directly to the Deputy and Superintendent. Staff confirmed all verbal reports would be documented in a confidential incident report. Interviews with 40 incarcerated individuals confirmed 39 knew they could report allegations of sexual abuse verbally or in writing to staff and 35 knew they could report via a third party. Interviews with fifteen random staff confirmed that incarcerated individuals can report verbally, in writing, anonymously and through a third party. A few staff advised they did not believe incarcerated individuals could report anonymously or through a third party. Staff stated that they document verbal allegations in a confidential incident report by the end of the shift. A review of twelve investigations indicated six were reported verbally, three were reported in writing, one was reported via the hotline and two were reported via a third party. All allegations involved a written incident report by staff involved, including those reported verbally.

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 staff are advised of this information through the training lesson plan. Interviews with fifteen staff confirmed all fifteen knew they could privately report sexual abuse and sexual harassment of incarcerated individuals. Most staff stated that they could submit a confidential report, which goes directly to the Superintendent.

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. The auditor also tested the written reporting mechanism. The auditor submitted a kite via a box located in one of the housing units. At the issuance of the interim report the auditor had not been provided confirmation that the kite was received. Interviews with 40 incarcerated individuals indicated eleven was aware that

they could report to the MSP as an outside reporting mechanism, while fourteen stated they knew they could report anonymously.

Corrective Action

The facility will need to provide confirmation the kite was received. If it was not received the facility will need to review the process, make necessary adjustments and then test the updated process. Confirmation of the test will need to be provided. Additionally, the facility will need to ensure information for MSP is provided/posted to incarcerated individuals. Confirmation of this distributed/posted information 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. Confirmation of Kite
2. Confirmation of Handbook and PREA Notice Added to Tablet

The facility provided confirmation that the kite submitted during the on-site portion of the audit was received by staff on May 15, 2024.

Further, the facility provided documentation that illustrated that the Handbook, which contains MSP information (including the ability to remain anonymous) was added to the incarcerated individual tablet system. The PREA Notice, which also contains MSP information, was also added to the incarcerated individuals tablet system.

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

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. Sexual Abuse Grievance 4. Inmate Handbook (Handbook) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Incarcerated Individuals 2. Interviews 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 requires 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 17-19, however it did not address the differences for sexual abuse grievances under this standard.</p> <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</p>

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 17-19, however it did not address the differences for sexual abuse grievances under this standard.

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 was one grievance of sexual abuse in the previous twelve months and it had a response within 90 days. A review of the grievance confirmed the allegation was staff sexual abuse and was referred for investigation. The grievance was submitted on July 19, 2023 and a response was provided on July 20, 2023. There were two investigations reviewed that were documented to be reported via a grievance. The grievances were not provided. Additionally, the investigation related to the reviewed grievance was not provided. Interviews with incarcerated individuals who reported sexual abuse indicated three filed a grievance related to the allegation. Two indicated they did not receive any information related to the grievance. One stated he received a response that his grievance was denied.

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. A review of the grievance confirmed the allegation was staff sexual abuse and was referred for investigation. The grievance was not a third party grievance. There were two investigations reviewed that were documented to be reported via a grievance. The grievances were not provided.

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. A review of the grievance confirmed the allegation was staff sexual abuse and was referred for investigation. The grievance was not an emergency grievance. There were two investigations reviewed that were documented to be reported via a grievance. The grievances were not provided.

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, sexual abuse grievance, and the Handbook this standard appears to require corrective action. A review of the Handbook indicated that it contains information on grievances on pages 17-19, however it did not address the differences for sexual abuse grievances under this standard. There were two investigations reviewed that were documented to be

reported via a grievance. The grievances were not provided. Additionally, the investigation related to the reviewed grievance was not provided. Interviews with incarcerated individuals who reported sexual abuse indicated three filed a grievance related to the allegation. Two indicated they did not receive any information related to the grievance. One stated he received a response that his grievance was denied.

Corrective Action

The facility will need to update the Handbook to include information related to sexual abuse grievances. This information will need to be distributed to the incarcerated individuals. Confirmation of the distribution will need to be provided. The grievances related to the two investigations will need to be provided. Additionally, the investigation related to the grievance review will need to be provided. Further, the grievance log or list of grievances will need to be provided to the auditor to review to confirm no additional sexual abuse grievances were filed.

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. PREA Notice
2. List of Sexual Abuse and Sexual Harassment Grievances During the Corrective Action Period
3. Grievances

A PREA Notice was provided which outlined the process for sexual abuse grievances. The PREA Notice was added to the incarcerated individual tablet system.

The facility was unable to provide the grievances that were associated with the two investigations reviewed. The facility advised they did not have record of the grievances. The facility provided the investigation associated with the grievance reviewed by the auditor.

	<p>The facility provided a list of sexual abuse and sexual harassment grievances during the corrective action period. There were four sexual abuse allegations reported. All four were forwarded for investigation. All four also included a response to the incarcerated individual within a week of receipt noting that the allegation was forwarded for investigation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.53	Inmate access to outside confidential support services
	<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 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. Interviews 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>1</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 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 detain 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. It should be noted that MCI Cedar Junction closed and Souza became the intake facility for male incarcerated individuals in July 2022. The Handbook, pages 53-54, 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. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline number painted near the phones. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. 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. During the tour the auditor observed the mail process. Mail is collected by the 3pm-11pm staff in each of the units and is placed in a locked box. The locked box is placed in the mailroom. Outgoing mail is received sealed by the mailroom staff. The staff do not open outgoing mail. Incoming mail is opened by mailroom staff and is copied. Incarcerated individuals get the copy. The original is filed for a timeframe and is then archived. Incoming legal mail is logged and provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. The mailroom staff advised mail to the Massachusetts State Police would not be opened and mail to and from BARCC would be treated similar to privileged/legal mail. Interviews with 40 incarcerated individuals, including those who reported sexual abuse, indicated thirteen were familiar with BARCC and 31 were provided a mailing address and telephone number to the organization. Most incarcerated individuals stated the information on BARCC is posted or was provided to them but they did not know specific information related to the organization.

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 53-54, 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

	<p>entity to which you should report allegations of abuse, BARCC's purpose is to provide confidential support services. The auditor observed PREA information posted throughout the facility. Each housing unit had PREA Posters as well as the PREA hotline and BARCC hotline number painted near the phones. The painted numbers were adequate size font. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. During the tour the auditor observed the mail process. Mail is collected by 3pm-11pm staff in each of the units and placed in a locked box. The locked box is placed in the mailroom. Outgoing mail is received sealed by the mailroom staff. The staff do not open outgoing mail. Incoming mail is opened by mailroom staff and is copied. Incarcerated individual gets the copy. The original is filed for a timeframe and is then archived. Incoming legal mail is logged and provided to the IPS staff or Shift Commander who will have the incarcerated individual open the legal mail in front of them. The mailroom staff advised mail to the Massachusetts State Police would not be opened and mail to and from BARCC would be treated similar to privileged/legal mail. Interviews with 40 incarcerated individuals, including those who reported sexual abuse, indicated thirteen were familiar with BARCC and 31 were provided a mailing address and telephone number to the organization. Most incarcerated individuals stated the information on BARCC is posted or was provided to them but they did not know specific information related to the organization.</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 tour and interviews with random incarcerated individuals and</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

	<p>3. PREA Poster</p> <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an 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. Third party reporting information was observed at the front entrance 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. The auditor did not observe PREA information posted in visitation, however during the interim report period the facility posted the PREA Posters in visitation. Photos of the posted information were provided to the auditor as confirmation. 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 if an allegation of sexual abuse or sexual harassment was reported it would be forwarded for investigation.</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

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. Wellpath 57.00 - Sexual Assault/PREA Compliance
4. Investigative Reports

Interviews:

1. 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 fifteen 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 or Superintendent.

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

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 confirmed 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 she had an incarcerated individual report institutional sexual abuse and she reported the information to security. A review of investigations indicated four allegations were reported to medical or mental health care staff. All four were reported to security staff and documented in a written report.

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

	<p>the Warden indicated that they do not house incarcerated individuals under eighteen, but for those under eighteen and/or vulnerable adults they would notify state and local agencies under applicable laws.</p> <p>115.61 (e): 103 DOC 519, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involve a possible violation under the law, the Chief of OIS/IAU shall be promptly notified and shall notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. Additionally, page 13 states that each Superintendent or designee shall ensure that reports by staff members and third parties regarding reasonable suspicion of sexual harassment/sexually abusive behavior or related activities are referred to investigators for follow-up and/or investigation. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to the facility investigators. A review of twelve allegations indicated all twelve were referred to the facility investigators for investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, Wellpath 57.00, investigative reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden confirm this standard appears to be compliant.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interviews with Random Staff

	<p>Findings (By Provision):</p> <p>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 was blank but further communication with the PC indicated 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 immediate action to remove the incarcerated individual and review them for appropriate housing. Interviews with fifteen random staff indicated they would take action through removing the incarcerated individual from the area and reporting to the supervisor. A few stated they would isolate the incarcerated individual.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	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. Incarcerated Individual Risk Assessments 4. Warden to Warden Notifications

5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an 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 was blank but further communication with the PC indicated that during the previous twelve months the facility had three incarcerated individuals report that they were sexually abused while confined at another facility. All three had a Warden to Warden notification sent via email.

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 three incarcerated individuals who reported sexual abuse that occurred at another agency/facility. Two of the three were provided within 72 hours. The one that was not was a day late.

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. All three had a Warden to Warden notification sent via email.

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 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 Souza they would immediately conduct an investigation. He stated they have had a few examples provided from the Duty Station (hotline) and all of these were investigated. The PAQ was blank but further communication with the PC indicated that there was one allegation received from another Warden/Agency Head within the previous twelve months. A review of documentation indicated there were two allegations received via Warden to Warden notification. The auditor requested documentation for the investigations related to these notifications, however at the issuance of the interim report the documentation had not yet been provided.

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 require corrective action. A review of documentation indicated there were two allegations received via Warden to Warden notification. The auditor requested documentation for the investigations related to these notifications, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

	<p>The facility will need to provide the requested documentation related to the investigations completed/initiated from the received Warden to Warden notifications.</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. Warden to Warden Notifications During the Corrective Action Period 2. Staff Training <p>The facility was unable to provide investigations for the two Warden to Warden notifications originally identified. As such, the auditor advised that corrective action would be required.</p> <p>The facility conducted training with applicable staff to include IPS, the SSI and the PCM, related to receiving an allegation via a Warden to Warden notification. Staff signatures were provided confirming receipt of the training.</p> <p>There were two Warden to Warden notifications received during the corrective action period. Both were forwarded for investigation and had an associated investigation initiated.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff
3. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

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 nineteen allegations of sexual abuse and all none involved any first responder duties. A review of twelve investigative reports indicated none involved any immediate first responder duties. The interview with the security first responder indicated first responder duties involve: securing the scene, advising the incarcerated individuals to separate, contacting the Shift Commander, advising the incarcerated individuals to not take action to destroy evidence, ensuring they see medical and completing a report. The non-security first responder stated she would determine if they felt safe to go back to their cell and contact the Shift Commander. Interviews with incarcerated individuals who reported sexual abuse indicated none involved any immediate first responder duties. Most advised they reported verbally, in writing or via third party

	<p>and spoke to IPS staff soon thereafter.</p> <p>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 was blank. A review of documentation indicated four were reported to medical or mental health and in all four instances medical or mental health reported the information to security. None of the four involved the need to advise not to destroy evidence. The interview with the security first responder indicated first responder duties involve: securing the scene, advising the incarcerated individuals to separate, contacting the Shift Commander, advising the incarcerated individuals to not take action to destroy evidence, ensuring they see medical and completing a report. The non-security first responder stated she would determine if they felt safe to go back to their cell and contact the Shift Commander. Interviews with fifteen random staff indicated most were aware of some of the first responder duties. A few staff read directly from a first responder card.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports and interviews with random staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that facility provide training with staff on first responder duties.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The facility did not provide their coordinated response plan at the issuance of the interim report. 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 via the PREA Response Plan.

Based on a review of the PAQ, and the interview with the Warden this standard appears to be require corrective action. The facility did not provide their coordinated response plan at the issuance of the interim report.

Corrective Action

The facility will need to provide the coordinated response plan.

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. PREA Response Plan

	<p>2. Emergency Response Plan Checklist</p> <p>The facility provided the PREA Response Plan as well as the Emergency Response Plan Checklist. The two documents outlined first responder duties, medical and mental health staff duties, investigator duties and administrative level staff duties.</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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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Agreement with Alliance, AFSCME-SEIU Local 509 Units 8 & 9 3. Agreement with the Massachusetts Correctional Officers Federated Union (MCOFU) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <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</p>

	<p>without just cause. Additionally, the agency has agreement with MCOFU. The agreement with the Massachusetts Correctional Officers Federated Union confirms that page 64 states that no employee who has been employed in Bargaining Unit 4 for six consecutive month or more, except for nine consecutive months for entry-level Correction Officers, shall be discharged, suspended or demoted for disciplinary reasons without just cause. It additionally states that any discipline imposed shall be consistent with Departmental policy. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement, however the agreement does not prohibit the facility/agency's ability from removing the staff or disciplining the staff, up to and including termination.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Agreements between the MCOFU and the Alliance, AFSCME-SEIU as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Retaliation Monitoring Log – Attachment V <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. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

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 incarcerated individuals or staff members. The PAQ indicated that the agency designates staff to monitor 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. Interviews with the Agency Head Designee, Warden 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 the facility can change housing, transfer the incarcerated individual, remove the staff abuser and provide emotional support services. He stated they monitor for retaliation and look at different things such as disciplinary reports and housing changes. The staff responsible for monitoring indicated he would monitor for 90 days and would check phone calls, disciplinary reports, emails, housing changes and cell changes. He stated he also talks to the incarcerated individual. The monitoring staff advised protective actions would include housing changes, facility transfers, removal of staff from contact with incarcerated individuals and placing a conflict between individuals.

Interviews with seven incarcerated individuals who reported sexual abuse indicated four felt safe and protected from retaliation. Those who did not feel safe advised it was mainly due to the facility and staff, not due to their allegation of sexual abuse. A review of documentation did not outline any reports of retaliation. It should be noted that during interviews incarcerated individuals expressed retaliation issues by staff, but they were general retaliation. The auditor was unable to confirm any retaliation due to reports of sexual abuse.

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 it may result in discipline, up to and including termination. He confirmed they conduct an investigation into the retaliation. The staff responsible for monitoring indicated monitoring is conducted for 90 days and there is no maximum amount of time to monitor if there is a concern for retaliation. He advised he reviews disciplinary reports, housing changes, phone calls, emails and other things like that to determine if retaliation is occurring. A review of twelve investigations indicated seven were sexual abuse. All seven were deemed unfounded, however with the timeframe of the investigation all still required monitoring for retaliation. Six of the seven had monitoring completed. The monitoring included required checks and in-person status checks.

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 in-person status checks are conducted once a month. A review of twelve investigations indicated seven were sexual abuse. All seven were deemed unfounded, however with the timeframe of the investigation all still required monitoring for retaliation. Six of the seven had monitoring completed.

	<p>The monitoring included required checks and in-person status checks.</p> <p>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). A review of twelve investigations indicated seven were sexual abuse. All seven were deemed unfounded, however with the timeframe of the investigation all still required monitoring for retaliation. Six of the seven had monitoring completed for all those named in the investigation, including, victim, suspect and witnesses.</p> <p>115.67 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports, Attachment V and information from interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and incarcerated individual who reported sexual abuse, this standards 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>Documents:</p>

1. Interview with the Warden

2. Interview with the Staff Who Supervisor Incarcerated individuals in Segregated Housing

Site Review Observations:

1. Observation of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated the agency has 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. 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 segregated housing unit included a hearing room, outdoor recreation, small library and property room. The housing unit is two tiered with single bunk cells. Incarcerated individuals are out of their cell daily for recreation and

dayroom. They receive showers three times a week and they have access to phones and tablets daily. The mail process in the segregated housing unit is the same as general population. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in segregated housing unless there are no other available alternative means of separation of likely abusers. The Warden confirmed that the facility would only assign incarcerated individuals to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. He stated this would only be until the investigation was complete. He stated this would depend on when it was determined. The Warden advised he was unaware of a time that they placed a victim in involuntary segregated housing. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals placed in involuntary segregated housing due to a report of sexual abuse would have equal access to program, privileges, education and work opportunities to the extent possible. He stated they would document any restrictions through the disciplinary board and sanctions documentation. The staff who supervise incarcerated individuals in segregated housing advised they would only assign incarcerated individuals to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. He stated they try to release them from segregation as quick as possible and that it would typically take three days or less. He confirmed that incarcerated individuals in segregated housing would be reviewed at least every 30 days. The auditor requested housing documentation for the victims of the twelve investigations reviewed. At the issuance of the interim report the documentation had not yet been provided.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, victim housing documentation, observations during the tour and interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to require corrective action. The auditor requested housing documentation for the victims of the twelve investigations reviewed. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the requested housing documentation. Further corrective action may be necessary once provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the

	<p>facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> Victim Housing Documentation <p>The facility provided housing documentation for the originally requested incarcerated individuals. Eleven of the twelve remained in the same housing status as when the allegation was reported. One victim was moved from the BAU to the SAU. This move was due to an increase in custody level, not due to the report of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.71 Criminal and administrative agency investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire 103 DOC 518 – Inner Perimeter Security Team (IPS) 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Investigator Training Records Massachusetts Statewide Records Retention Schedule Investigative Reports <p>Documents Received During the Interim Report:</p> <ol style="list-style-type: none"> Investigator Training <p>Interviews:</p>

1. Interviews with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews 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 is reported an investigation is initiated immediately. Investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. A review of twelve investigative reports indicated all were initiated promptly and five were completed timely. All twelve appeared to be thorough and objective. It should be noted that during the interim report the assistant PC conducted training with facility investigators on timeliness of investigations.

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 seven facility staff have completed the specialized investigator training. A review of twelve investigations indicated they were completed by four investigators, only one of which was documented with specialized investigators 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 investigators advised first steps include reviewing the submitted reports and interviewing the victim. The investigators advised they would then review any other evidence, interview witnesses, interview the perpetrator and then put all the information together in a written report. 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. Investigators indicated they would be responsible for physical evidence collection, phone calls, video, mail, interviews and documentation. A review of twelve investigative reports indicated all twelve included interviews, ten involved evidence collection and one documented a review of prior complaints. It should be noted that during the interim report the assistant PC conducted training with facility investigators on credibility assessments and a review of prior complaints.

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 investigators stated they would consult with prosecutors prior to conducting any completed interviews. A review of twelve investigations confirmed none were substantiated or involved any compelled interviews.

115.71 (e): 103 DOC 519, page 17 states that all reports of sexual activity are to be considered PREA until a full investigation indicates otherwise. Interviews with 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 investigators stated all allegations are taken as credible until proven otherwise by evidence and through the investigation. Interviews with incarcerated individuals who reported sexual abuse confirmed none were required to take a polygraph or truth

telling device test.

115.71 (f): 103 DOC 519, page 19 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine appropriate course of action. Page 20 states that the Chief of the OIS/IAU shall provide necessary access to the complaint intake and status screens of PREA cases for review by the institution's Superintendent. The format for the investigative report shall follow the procedures set forth in 103 DOC 518. Additionally, 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. Interviews with investigative staff confirmed that administrative investigations are documented in a written report. The investigators stated the report includes an executive summary, case chronology, reports, supporting evidence and other necessary documents. Investigators confirmed the executive summary includes an introduction, summary of interviews, summary of evidence, supporting documentation and findings. 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 who conducts staff investigations advised he looks at the issues within the investigation and reports facts accordingly. He stated if staff engaged in misbehavior it would be brought to the surface and handled accordingly. A review of twelve investigative reports confirmed all twelve were documented in a written report and included information on the allegation, interviews, evidence, case activity and supporting documentation.

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. The investigators stated the report includes an executive summary, case chronology, reports, supporting evidence and other

necessary documents. Investigators confirmed the executive summary includes an introduction, summary of interviews, summary of evidence, supporting documentation and findings. There were zero criminal investigations completed during the previous twelve months and as such there were zero investigations to review.

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 and/or the investigation is substantiated. A review of twelve investigations confirmed none were substantiated or referred for prosecution.

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 investigators advised departure of the staff or incarcerated individual would not deter the investigation and they would complete the investigation to the best of their ability.

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 would remain informed of the investigation through OIS and the special investigator. The interview with the PCM noted that the facility would remain informed of the progress of the outside investigation through the sexual assault investigator that would receive updates from the outside agency. 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 and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of twelve investigations indicated they were completed by four investigators, only one of which was documented with specialized investigators training. A review of twelve investigative reports indicated all twelve included interviews, ten involved evidence collection and one documented a review of prior complaints.

Corrective Action

The facility will need to provide the investigator training records for the three investigators who completed investigations reviewed on-site. Further, a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports will need to provide to confirm they included a review of prior complaints.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Sexual Abuse and Sexual Harassment Allegations
2. Investigative Reports

	<p>3. Investigator Training</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. Six investigations were closed during the corrective action period. All six were promptly initiated and five were completed promptly. Three of the six investigations had a review of prior complaints of the alleged perpetrator documented in the written report. It should be noted that the three missing a review of prior complaints were completed at the beginning of the corrective action period, prior to the facility implementing corrective action.</p> <p>The facility provided the originally requested documentation for investigator training. All three had completed specialized investigator training in 2018 or 2019.</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
	<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 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 preponderance of the evidence or a lower standard of proof when determining</p>

	<p>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 twelve investigations confirmed all utilized a standard no higher than a preponderance of the evidence. All appeared to have an adequate finding based on 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
	<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. 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 <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any 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</p>

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 21 investigations completed within the previous twelve months and nineteen incarcerated individuals were notified verbally or in writing of the results of the investigation. Further communication with the PC indicated there have been eighteen investigations and seven are ongoing. The other eleven had a victim notification provided. Interviews with the Warden and investigators confirmed that incarcerated individual victims are notified whether the investigation is substantiated, unsubstantiated or unfounded. Interviews with incarcerated individuals who reported sexual abuse indicated five were aware they were to be informed of the outcome of the investigation into their allegation. Three of the seven stated they were advised of the outcome a few months to a year after they reported. It should be noted that at the time of the on-site there were nine investigations still ongoing and as such notification had not yet been made. A review of twelve investigations indicated seven were sexual abuse. Six of the seven had a victim notification documented.

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. There were zero sexual abuse allegations completed by an outside entity.

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 been 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 and the required notifications under this provision were made. 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. Interviews with seven incarcerated individuals who reported sexual abuse indicated five had an allegation against a staff member and none were provided notification under this provision. A review of seven sexual abuse investigations confirmed all seven were against a staff member or contractor, however none involved any notifications under this provision.

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. Interviews with seven incarcerated individuals who reported sexual abuse indicated two had an allegation against another incarcerated individual and none were provided notification under this provision. There was one incarcerated individual-on-incarcerated individual sexual abuse allegation that was reported just prior to the on-site portion of the audit. The investigation was still open during the on-site portion of the audit. As such, there were no notifications required under this provision.

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 subsequently inform the alleged victim incarcerated individual of the legal status of the incident utilizing Attachment III. The PAQ stated that there were two notifications to incarcerated individuals under this standard. Further communication with the PC indicated there have been eighteen investigations and seven are ongoing. The other

	<p>eleven had a victim notification provided. A review of twelve investigations indicated seven were sexual abuse. Six of the seven had a victim notification documented.</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 incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.76 Disciplinary sanctions for staff	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 230 – Discipline and Terminations 3. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that staff shall be subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual 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 investigations 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 investigations and as such no discipline was necessary.</p> <p>115.76 (d): The PAQ 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 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 investigations 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
	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

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 substantiated sexual abuse or sexual harassment investigations 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 contractors or volunteers would be reported to the special investigator who would initiate an investigation. He advised they may bar the individual from the facility pending investigation.

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.

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 427 376">Documents:</p> <ol data-bbox="256 409 1276 734" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 430 – Inmates Discipline 4. 103 DOC 650 – Mental Health Services 5. Investigative Reports <p data-bbox="256 846 416 880">Interviews:</p> <ol data-bbox="256 913 997 1025" style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff <p data-bbox="256 1126 587 1160">Findings (By Provision):</p> <p data-bbox="256 1272 1481 1854">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 has been one administrative finding of guilt for incarcerated 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. Further communication indicated this was incorrect and there were zero administrative findings of guilt. There were zero substantiated sexual abuse or sexual harassment investigations and as such no discipline was necessary.</p> <p data-bbox="256 1966 1473 2078">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</p>

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 process. The incident would involve a category one offense and sanctions could include restrictions and removal of privileges for 30 to 120 days. He stated they also could have criminal charges, if applicable. 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 indicated the facility does not provide sex offender treatment but they do provide general treatment and therapy that could be offered to the incarcerated individual perpetrators. The staff advised they do not require the incarcerated individual's participation in order to gain access or privileges to other benefits or services/programs.

115.78 (e): The PAQ stated that the agency disciplines 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

	<p>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. There were two incarcerated individuals disciplined for filing false reports after they indicated they lied about the incident.</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> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 650 – Mental Health Services 3. Housing Risk Screen Assessments 4. Medical/Mental Health Documents (Secondary Documents) <p>Interviews:</p>

1. Interviews with Staff Responsible for Risk Screening

2. Interviews with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all 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 3% 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 3 incarcerated individuals disclosed and 100% were offered a follow-up with mental health within 14 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 that after an incarcerated individual discloses prior victimization they would be offered a follow-up with mental health. The staff stated they are seen by mental health either the same day or within 24 hours as it's part of the intake process. It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with incarcerated individuals on the first day of arrival. Mental health staff ask incarcerated individuals about prior sexual victimization during their initial risk screening. All incarcerated individuals that arrive at the facility meet with mental health prior to being housed. All incarcerated individuals are provided the opportunity to disclose prior sexual victimization to mental health care staff during this assessment. The interview with the incarcerated individual who disclosed prior victimization indicated he was not offered a follow-up with mental health. The auditor requested documentation for nine incarcerated individuals who disclosed prior sexual victimization, however at the issuance of the interim report the documentation had not been provided.

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 3%. Further communication with the PC indicated three incarcerated individuals were identified with prior sexual abusiveness and 100% were offered a follow-up with mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interview with the risk screening staff indicated that incarcerated individuals who are identified with prior sexual abusiveness are offered a follow-up with mental health. The staff stated they are seen by mental health either the same day or within 24 hours as it's part of the intake process. It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with incarcerated individuals on the first day of arrival. All incarcerated individuals that arrive at the facility meet with mental health prior to being housed. All incarcerated individuals are provided the opportunity to discuss any issues or concerns with mental health at that time. The auditor requested documentation for six incarcerated individuals who were identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not been provided.

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 paper and electronic. Paper files are only those that have older files and pre-date the electronic system. The medical records area is staffed 8am-4pm and is locked when not staffed. Medical and mental health care staff are the only individuals with access to the records area. Electronic medical and mental health records are maintained in the ERMA database,

which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Institutional Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position with a need to know. It should be noted that some older risk screening documents are paper and are maintained in the incarcerated individuals file. This area is staffed 8am-5pm and is locked after hours. Records are only accessed by those with a need to know. Investigative files are maintained in the IPS office in a locked filing cabinet. Access to the IPS office is IPS staff only.

15.81 (e): The PAQ indicated that medical and mental health practitioners 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. 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.

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 require corrective action. The interview with the incarcerated individual who disclosed prior victimization indicated he was not offered a follow-up with mental health. The auditor requested documentation for nine incarcerated individuals who disclosed prior sexual victimization, however at the issuance of the interim report the documentation had not been provided. The auditor requested documentation for six incarcerated individuals who were identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to develop a process for mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. Because Souza is an intake facility this process will need to be

systematic and sustainable. A process memorandum, training with appropriate staff and any other forms or documents for the process will need to be provided. The facility will need to provide a list of incarcerated individuals who arrive during the corrective action period and a systematic sample of risk assessments (i.e. every fifth incarcerated individual on the list). All those with prior sexual victimization or abusiveness identified on the initial or reassessment will need to have associated mental health follow-up documents 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. Incarcerated Individual Risk Assessments
2. Mental Health Documentation
3. List of Incarcerated Individuals that Arrived During the Corrective Action Period
4. Staff Training
5. Tracking Spreadsheet
6. Process Memorandum

The facility provided part of the originally requested documentation. Only two of those requested had a mental health follow-up. The auditor determined that the process was inadequate and corrective action was required.

The facility provided a tracking spreadsheet from July to September. Three incarcerated individuals had prior victimization or abusiveness. Two incarcerated individuals were not offered mental health services and one was provided mental health services. A list of incarcerated individuals that arrived during the corrective action period was provided. From the list, two risk assessment documents were not provided and five mental health documents were not provided. Additionally, two victims were not offered a mental health follow-up. As such, the auditor advised this issue was not corrected and further corrective action was required.

	<p>The facility conducted training with applicable staff on the requirements related to mental health follow-ups. The training included a review of policy, the PREA standard and examples to show the mental health follow-up requirement. Staff signatures were provided confirming the training. A process memo was provided that outlined how mental health follow-ups would be afforded and tracked. The memo outlined that the PCM would review all intake risk assessments. Any “yes” responses related to victimization or abusiveness would include a generated follow-up in the database as well as information being forwarded weekly to mental health. A tracking spreadsheet was provided illustrating the process outlined in the memo.</p> <p>The new process was initiated at the beginning of December. Twelve examples were provided after December 1, 2024 illustrating compliance. Four incarcerated individuals who disclosed prior sexual victimization and eight incarcerated individuals who were identified with prior sexual abusiveness were offered a follow-up with mental health within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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

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 observed the health services area and the medical rooms outside of the housing units. Exam rooms outside of the housing units had a large window with no additional privacy barriers. The main health services area included a reception area, exam rooms, treatment rooms, an ancillary area, an infirmary and observation cells. The ancillary room, exam rooms and treatment rooms all had large windows with no additional privacy barriers. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Both 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. Interviews with incarcerated individuals who reported sexual abuse indicated three were provided/offered medical and/or mental health care services after they reported sexual abuse. A review of seven sexual abuse investigations indicated six victims were offered/provided medical and/or mental health services.

115.82 (b): 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for

subsequent crime scene processing, ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.), receive the reporter's information on what took place, immediately escort the 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 first responder duties involve: securing the scene, advising the incarcerated individuals to separate, contacting the Shift Commander, advising the incarcerated individuals to not take action to destroy evidence, ensuring they see medical and completing a report. The non-security first responder stated she would determine if they felt safe to go back to their cell and contact the Shift Commander.

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. Interviews with incarcerated individuals who reported sexual abuse indicated three were provided/offered medical and/or mental health care services after they reported sexual abuse. None of the seven reported an allegation that involved a need for 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. A review of seven sexual abuse investigations indicated six victims were offered/provided medical and/or mental health services. None of the allegations involved a need for sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 17

states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.

Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents and information from interviews with medical and mental health care staff and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. During the tour the auditor observed the health services area and the medical rooms outside of the housing units. Exam rooms outside of the housing units had a large window with no additional privacy barriers. The ancillary room, exam rooms and treatment rooms all had large windows with no additional privacy barriers.

Corrective Action

The facility will need to make modifications to the health services areas and provide photos confirming modifications for required privacy.

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. Memorandum Related to Trauma Room
2. Photos of Trauma Room

The facility provided a memorandum that outlined that the trauma room would be the only room utilized for sexual abuse victims. Photos were provided confirming privacy in the trauma room.

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

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 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated 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</p>

following their transfer or placement in, other facilities, or their release from DOC custody. During the tour the auditor observed the health services area and the medical rooms outside of the housing units. Exam rooms outside of the housing units had a large window with no additional privacy barriers. The main health services area included a reception area, exam rooms, treatment rooms, an ancillary area, an infirmary and observation cells. The ancillary room, exam rooms and treatment rooms all had large windows with no additional privacy barriers. A review of seven sexual abuse investigations indicated six victims were offered/provided medical and/or mental health services. The auditor requested documentation for nine incarcerated individuals who disclosed prior sexual victimization, however at the issuance of the interim report the documentation had not been provided.

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. Interviews with incarcerated individuals who reported sexual abuse indicated three were provided/offered medical and/or mental health care services after they reported sexual abuse. 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 seven sexual abuse investigations indicated six victims were offered/provided medical and/or 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. Interviews with incarcerated individuals who reported sexual abuse indicated three were provided/ offered medical and/or mental health care services after they reported sexual abuse. None of the seven reported an allegation that involved a need for testing for sexually transmitted infections. A review of seven sexual abuse investigations indicated six victims were offered/provided medical and/or mental health services. None of the allegations involved a need for testing for sexually transmitted infections. A review of secondary medical documentation confirmed that incarcerated individuals are provide routine and urgent medical and mental health services, including access to testing.

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. Interviews with incarcerated individuals who reported sexual abused confirmed none paid for their medical or 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 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. There were zero substantiated allegations of sexual abuse reported and as such there were no known incarcerated individual-on-incarcerated individual abusers. Interviews with medical and mental health staff indicated that medical was not aware of the requirement. Mental health care staff advised these evaluations or attempted evaluations are not done 100% of the time and that they would only do them with directive from management.

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 incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for nine incarcerated individuals who disclosed prior sexual victimization, however at the issuance of the interim report the documentation had not been provided. During the tour the auditor observed the health services area and the medical rooms outside of the housing units. Exam rooms outside of the housing units had a large window with no additional privacy barriers. The ancillary room, exam rooms and treatment rooms all had large windows with no additional privacy barriers. Interviews with medical and mental health staff indicated that medical was not aware of the requirement. Mental health care staff advised these evaluations or attempted evaluations are not done 100% of the time and that they would only do them with directive from management.

Corrective Action

The facility will need to make modifications to the health services areas and provide photos confirming modifications for required privacy. The facility will need to provide the requested documentation for those who disclosed prior sexual victimization during the risk screening. If not available, the facility will need to develop a process for mental health follow-ups for those who disclose prior sexual victimization. Because Souza is an intake facility this process will need to be systematic and sustainable. A process memorandum, training with appropriate staff and any other forms or documents for the process will need to be provided. The facility will need to provide a list of incarcerated individuals who arrive during the corrective action period and a systematic sample of risk assessments (i.e. every fifth incarcerated individual on the list). All those with prior sexual victimization on the initial or reassessment will need to have associated mental health follow-up documents provided. Further, the facility will need to train appropriate staff on the requirement of an attempted mental health evaluation on known incarcerated individual-on-incarcerated individual abusers. A copy of the training and any examples during the corrective action period 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. Incarcerated Individual Risk Assessments
2. Mental Health Documentation
3. List of Incarcerated Individuals that Arrived During the Corrective Action Period
4. Staff Training
5. Tracking Spreadsheet
6. Process Memorandum
7. Memorandum Related to Trauma Room
8. Photos of Trauma Room

The facility provided part of the originally requested documentation. Only two of those requested had a mental health follow-up. The auditor determined that the process was inadequate and corrective action was required.

The facility provided a tracking spreadsheet from July to September. Three incarcerated individuals had prior victimization or abusiveness. Two incarcerated individuals were not offered mental health services and one was provided mental health services. A list of incarcerated individuals that arrived during the corrective action period was provided. From the list, two risk assessment documents were not provided and five mental health documents were not provided. Additionally, two victims were not offered a mental health follow-up. As such, the auditor advised this issue was not corrected and further corrective action was required.

The facility conducted training with applicable staff on the requirements related to mental health follow-ups. The training included a review of policy, the PREA standard and examples to show the mental health follow-up requirement. Staff signatures were provided confirming the training. A process memo was provided that outlined how mental health follow-ups would be afforded and tracked. The memo outlined that the PCM would review all intake risk assessments. Any "yes" responses related to victimization or abusiveness would include a generated follow-up in the database as well as information being forwarded weekly to mental health. A tracking spreadsheet was provided illustrating the process outlined in the memo.

The new process was initiated at the beginning of December. Twelve examples were provided after December 1, 2024 illustrating compliance. Four incarcerated individuals who disclosed prior sexual victimization and eight incarcerated individuals who were identified with prior sexual abusiveness were offered a follow-up with

	<p>mental health within fourteen days.</p> <p>Training was provided to the PCM and mental health staff on the requirement of attempted mental health evaluations on known incarcerated individual-on-incarcerated individual abusers. Signatures were provided confirming receipt. There were zero substantiated sexual abuse investigation during the corrective action period and as such no attempted mental health evaluations were required.</p> <p>The facility provided a memorandum that outlined that the trauma room would be the only room utilized for sexual abuse victims. Photos were provided confirming privacy of the trauma room.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <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 ten criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review twelve investigations indicated seven were sexual abuse allegations. All seven were deemed unfounded and as such no sexual abuse incident reviews were 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 was one sexual abuse incident review completed by the facility within 30 days of the conclusion of the investigation, excluding only "unfounded" incidents. A review twelve investigations indicated seven were sexual abuse allegations. All seven were deemed unfounded and as such no sexual abuse incident reviews were 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. A review twelve investigations indicated seven were sexual abuse allegations. All seven were deemed unfounded and as such no sexual abuse incident reviews were completed. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team consists of upper level management, line supervisors, investigators medical staff and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section 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

	<p>otherwise cause by other group dynamics at the facility; examine where the incident where allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process by using the PREA database. A review twelve investigations indicated seven were sexual abuse allegations. All seven were deemed unfounded and as such no sexual abuse incident reviews were completed. It should be noted that the agency has an electronic form that is utilized for sexual abuse incident reviews that prompts the team to review each of the elements under this provision. Interviews with the Warden, PCM and incident review team member confirmed that sexual abuse incident reviews are completed and they include all the required elements under this provision. The Warden stated that they use the information from the sexual abuse incident reviews to identify any contributing factors to review for policy and procedure changes and possible training. The PCM stated that sexual abuse incident reviews are completed and she is the chair of the team. She advised she has not noticed any trends. The PCM further stated that after the report is submitted if they find areas that need addressed she takes the information to the Superintendent and ensures implementation and follow-up.</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 twelve investigations indicated seven were sexual abuse allegations. All seven were deemed unfounded and as such no sexual abuse incident reviews were 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>
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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 and further communication with the PC indicated 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 and further communication with the PC indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 103 DOC 519, page 23 states the Department shall collect accurate, uniform data for every allegation of sexual harassment/abuse at the institutions through the use of the PREA database. It further states that the incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and surveys to the DOJ. A review of the PREA Annual Report confirmed that aggregated data for every allegation of sexual abuse and sexual harassment for each MADOC facility is compared for the two prior years and is broken down by incident types and outcome across the different facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 103 DOC 519, page 23 states that the

	<p>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> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

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

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 facility data is used to determine how to prevent incidents from happening. She advised facility level data informs the larger MADOC PREA protocol.

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 stated 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 and further communication with the PC indicated 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-</p>

	<p>reports#annual-reports-) confirmed that the current 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</p>

	<p>to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from 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 audit the auditor observed the audit announcement posted on bulletin boards and walls in the housing units and in most common areas. The audit announcements were on yellow letter size paper in English and Spanish. The audit announcements advised incarcerated individuals that information sent to the auditor would remain confidential, with limited exceptions. Additionally, the 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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	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.)	no

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)			
	<table><tr><td data-bbox="316 174 1289 568">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.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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