

PREA Facility Audit Report: Final

Name of Facility: Massachusetts Correctional Institution Shirley

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/09/2025

Date Final Report Submitted: 08/26/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Kendra Prisk

Date of Signature: 08/26/2025

AUDITOR INFORMATION

Auditor name: Prisk, Kendra

Email: 2kconsultingllc@gmail.com

Start Date of On-Site Audit: 04/29/2025

End Date of On-Site Audit: 04/30/2025

FACILITY INFORMATION

Facility name: Massachusetts Correctional Institution Shirley

Facility physical address: 104 Harvard Road, Shirley, Massachusetts - 01464

Facility mailing address: 104 Harvard Rd, P.O. Box 1218, Shirley , Massachusetts - 01464

Primary Contact

Name:	James Mitchell
Email Address:	james.mitchell@doc.state.ma.us
Telephone Number:	978-425-4341 Ext. 48

Warden/Jail Administrator/Sheriff/Director

Name:	Joann M. Lynds
Email Address:	joann.lynds@doc.state.ma.us
Telephone Number:	978-425-4341 Ext. 41

Facility PREA Compliance Manager

Name:	James Mitchell
Email Address:	James.mitchell@doc.state.ma.us
Telephone Number:	(978) 425-4341
Name:	Amanda Czerwinski
Email Address:	amanda.czerwinski@doc.state.ma.us
Telephone Number:	(978) 425-4126

Facility Health Service Administrator On-site

Name:	Karan Hunjan
Email Address:	khunjan@vitalcorehs.com
Telephone Number:	978-425-4341 Ext.440

Facility Characteristics

Designed facility capacity:	1128
Current population of facility:	1000
Average daily population for the past 12 months:	861

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? 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)	
Age range of population:	18 Years and Older
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	409
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	116
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	155

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
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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:	
1	<ul style="list-style-type: none"> 115.71 - Criminal and administrative agency investigations
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-29
2. End date of the onsite portion of the audit:	2025-04-30

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:	1128
15. Average daily population for the past 12 months:	861
16. Number of inmate/resident/detainee housing units:	15
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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	998
25. 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:	27
26. 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:	18
27. 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:	5
28. 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:	122
29. 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:	115
30. 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:	10

31. 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:	3
32. 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:	6
33. 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:	5
34. 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
35. 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):	It should be noted that the list of LEP incarcerated individuals included anyone who spoke another language. Most incarcerated individual on this list were bilingual and spoke/understood English. The facility does not track LGB and those who reported victimization during the risk screening and as such the numbers provided were those identified by staff and the auditor while on-site.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	409
37. 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:	115

38. 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:	116
39. 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	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. 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>

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditor ensured a geographically diverse sample among interviewees. The following incarcerated individuals (random and targeted) were selected from the housing units: one from A1, four from A2, one from B1, one from B2, two from the BAU (segregated housing), one from C1, three from D1, one from D2, three from E1, two from E2, seven from F1, two from HSU (health services) and two from SAU.</p>
43. 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>
44. 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>28 of the incarcerated individuals interviewed (random and targeted) were male and two were transgender female. Five of the incarcerated individuals interviewed were black, twelve were white, three were Hispanic, and ten were another race/ethnicity. With regard to age, two were between eighteen and 25, two were 26-35, eight were 36-45, four were 46-55 and fourteen were 56 or older. 21 of the incarcerated individuals interviewed were at the facility less than a year, five were there between a year and five years, two were there six to ten years, one was at the facility eleven to fifteen years and one was at the facility over sixteen years.</p>
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>15</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	1
49. 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
50. 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:	1
51. 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

52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
54. 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:	3
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed housing assignments for high risk victims and those who reported sexual abuse. The auditor also spoke with staff and incarcerated individuals.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	13
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" 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 and ethnicity
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>

61. 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. Five staff were interviewed from first shift, five were from second shift and three were from third shift. With regard to the demographics of the random staff interviewed, all thirteen were male. Two were black, nine were white, one was Hispanic and one was another race/ethnicity. Six were Correctional Officers, three were Sergeants, two were Lieutenants 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>	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	<p>25</p>
63. Were you able to interview the Agency Head?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
64. 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>
65. Were you able to interview the PREA Coordinator?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
66. 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>

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on April 29-30, 2025. 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 April 29, 2025. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, food service, health services, recreation, industries, programs, property, 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, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card.

Third party reporting information was observed in the main visitation area and the front entrance via the PREA Poster. The PREA Poster was observed in English and Spanish on legal size paper. The visitation area for the BAU did not have PREA Posters, however prior to the issuance of the interim report the

facility posted the information and provided photos 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 housing unit. Additional security staff were observed roving, assisting with movement and monitoring work, program and common areas. The auditor observed that staffing appeared to be adequate and the facility was not overcrowded. The auditor noted that lines of sight were adequate within the housing units.

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

With regard to cross gender viewing, the auditor confirmed that housing units provide privacy through doors with security windows, cells doors with security windows, solid doors and/or shower curtains. The auditor observed the strip search areas and confirmed no cross gender viewing issues. A review of the video monitoring technology identified one cross gender viewing issues in an HSU cell. During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made verbally and also over the loud speaker when the auditor entered each housing unit. The announcement was at an adequate audible level.

Incarcerated individual medical and mental health records are paper and electronic. Paper

files are only those that have older files and pre-date the electronic system. The records area is staffed during normal business hours 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 Sapphire database, which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position 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. Incarcerated individuals are able to place outgoing mail and grievances in the locked boxes in the housing units. The mailroom staff indicated that incoming mail is sent through the x-ray machine. The mail is copied and the 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 who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed and is sent through the x-ray machine. The staff do not open any outgoing mail, however IPS may review outgoing mail for those incarcerated individuals on mail monitor. The mailroom staff advised mail to/from the Massachusetts State Police and BARCC would be given to IPS similar to legal mail.

The auditor observed the intake process through a demonstration. Incarcerated individuals are provided PREA information at intake via the Manual. The Manual is available

in both English and Spanish and includes information on the zero tolerance policy and reporting methods.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed by booking staff as well as medical staff. Booking staff complete their portion one-on-one in a semi-private setting (shared office with other booking staff). Booking staff ask questions related to prior sexual victimization, domestic violence, gang affiliation, and prior protective custody. The booking staff indicated most information is already pre-population from the electronic file information, such as age, gender, and criminal history and he is just verifying information with them verbally. The medical staff complete the second part of the initial risk assessment in the HSU, one-on-one. The medical staff member asks about disabilities, prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. The medical staff enter the information into the MA DOC 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. The auditor was provided a demonstration of the reassessment process. The reassessment is completed by mental health staff and CPO staff. The CPO staff complete the same part of the risk assessment as the booking staff. The mental health staff complete the same part of the assessment as the medical staff. CPOs meet with the incarcerated individual in a private

office setting and ask about incarcerations, gang affiliation, prior sexual abusiveness, etc. Mental health staff then meet with the incarcerated individual ask about disabilities, prior sexual victimization, if they feel vulnerable, gender identity and sexual preference.

The auditor tested the PREA hotline during the tour from the housing unit phones. The auditor reached a live person (Duty Station staff) who advised that if they received a report of sexual abuse from an incarcerated individual they would immediately document the information and forward it to the facility and the PC. Incarcerated individuals have access to the phones 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 grievance on April 29, 2025 via a locked box located in a housing unit. The auditor was provided confirmation on April 30, 2025 that the grievance was received and that if it was a report of sexual abuse the grievance coordinator would immediately forward the information to IPS for investigation.

The auditor tested the outside reporting mechanism by sending a letter on April 29, 2025 to the MSP with the address provided in the Manual. The auditor sent a letter to MSP inquiring about 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. On May 14, 2025 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 forward the information to the agency PC. He confirmed that incarcerated individuals may remain anonymous upon request.

The auditor had a staff member provide a demonstration on 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 of sexual abuse and sexual harassment would be documented in a confidential incident report.

The auditor tested the third party reporting mechanism via the agency website. The auditor submitted the online form on April 29, 2025. The PC provided email confirmation on the same date that the online form was received. The PC indicated that any third party report of sexual abuse or sexual harassment would be forwarded to the facility PCM and IPS 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. Additionally, the staff stated they can provide mail services for incarcerated individuals as well. The BARCC hotline is an unmonitored line and a pin number is not required if using the speed dial number.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is conducted in the dayroom of A1 housing unit. Incarcerated individuals view the PREA Resource Center's (PRC) Adult Comprehensive Education video as well as the MA DOC orientation video. The video is shown on a 55 inch screen with adequate audio. The PRC video is available in English, Spanish and ASL while the MA DOC orientation video is available in English with Spanish subtitles.

During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge). The facility provided the auditor a phone number to dial and the facility's pin number for services. The auditor was able to choose the appropriate language of interpretation and was connected to a live person. The auditor then utilized the Lionbridge translator for LEP incarcerated individual interviews. It should be noted that interpretation services via Lionbridge are only accessible to incarcerated individuals through a staff member.

Documentation Sampling

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

77. 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

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

During the audit the auditor requested personnel and training files of staff, incarcerated individual files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The auditor reviewed a sample of 38 personnel and/or training records that included four staff hired in the previous twelve months, four contractor hired within the previous twelve months, five staff employed over five years, two contractors employed over five years and two staff promoted in the previous twelve months. The review included five volunteers, fourteen total contractors and seven medical and mental health care staff.

Incarcerated Individual Files. A total of 57 incarcerated individual files were reviewed. 42 incarcerated individual files were of those that arrived within the previous twelve months, twelve were disabled incarcerated individuals, five were LEP incarcerated individuals, three were transgender incarcerated individuals and eleven were incarcerated individual who disclosed prior sexual victimization during the risk screening 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 ten incarcerated individuals who reported sexual abuse or sexual harassment and eleven incarcerated individual who disclosed prior sexual victimization during the risk screening 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 sexual abuse grievance, the grievance log

and an additional sample of 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. The facility had allegations reported to the PREA hotline or IPS hotline related to sexual abuse and/or sexual harassment.

Incident Reports. The auditor reviewed the incident reports associated with ten investigations.

Investigation Files. The auditor reviewed ten investigations, six sexual abuse and four sexual harassment. All ten allegations had an administrative investigation and two had a criminal investigation. The two criminal 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.

79. 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	3	0	3	0
Staff-on-inmate sexual abuse	4	2	4	2
Total	7	2	7	2

80. 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	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

81. 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	2	0	0	0
Total	0	2	0	0	0

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

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

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.

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

6

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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)

92. 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	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input 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	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. 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)
97. 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

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

1

99. 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)

100. 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)

101. 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**

102. 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

103. 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

108. 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 Audits, Investigations and Operations. The agency's organizational chart confirms that the PC position is an upper-level position and is agency-wide. The organization chart notes that the PC is the Chief of PREA Audits, Operations and Investigations and the position reports to the Investigative Services Executive Chief. 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 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 eleven total PCMs. He stated that they conduct quarterly training with the PCMs and they also conduct internal audits and mock PREA audit.

	<p>The PC stated that if he identified an issue complying with a PREA standard he would coordinate through Teams or email and take any corrective action, including training.</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 Reentry 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 he has enough time to manage all of his PREA related responsibilities. He advised he coordinates the facility's efforts to comply with the PREA standards through a group effort. He indicated they have PREA meetings and they conduct the annual PREA safety assessment. Further he advised they have internal audits and they keep up to date on updates from the American Correctional Association and PREA. The PCM noted that if they identify an issue complying with a PREA standard he would reach out to the PC for clarification. He advised if it was a facility level issue, they would work at the corrective action.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment 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
	<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. Contracts with Other State Department of Corrections <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator

	<p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated this standard was not applicable. Further communication with the PC indicated that 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 PC advised that there have been 29 contracts for the confinement of incarcerated individuals that the agency has entered into or renewed with private entities or other government agencies since the last PREA audit. Further communication indicated these are all interstate compact agreements with other states. A review of interstate contracts with Ohio, Florida, Idaho, Montana, Nevada, North Carolina and Pennsylvania confirm that contract language indicates that contracting parties are required to adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and applicable PREA Standards. The contract language permits the parties to monitor the aspect of the agreement to ensure compliance with PREA.</p> <p>115.12 (b): The PAQ indicated this standard is not applicable. Further communication with the PC indicated that 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 all interstate compact contracts have PREA language, either in the original contract or an addendum. He advised that all 22 states that they house MA DOC incarcerated individuals have the PREA language in the contract. He stated they ensure that states are in compliance with the PREA standards through the use of the DOJ website and the Governor's assurance information. He also advised that if they have any questions related to a state's compliance they reach out to that state to gain the information related to PREA compliance.</p> <p>Based on the review of the PAQ, contracts with other state agencies and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>
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115.13	Supervision and monitoring
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. 103 DOC 510 – Security Staffing and Analysis3. 103 DOC 512 – Post Orders4. Post Order 1 – Shift Commander5. The Staffing Plan6. Staffing Plan Development Narrative7. Annual Staffing Plan Reviews8. Daily Staffing Rosters9. Documentation of Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with the Warden2. Interview with the PREA Compliance Manager3. Interview with the PREA Coordinator4. Interview with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Staffing Levels2. Video Monitoring Technology or Other Monitoring Materials <p>Findings (By Provision):</p> <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,</p>

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 815 incarcerated individuals, which is the average daily population. The facility employs 409 staff. Security staff mainly make up three shifts, day shift works from 7am-3pm, evening shifts works 3pm-11pm and morning shift works from 11pm-7am. A review of the daily shift rosters indicate that each shift has a Shift Commander and numerous supervisors. Correctional Officers are assigned to posts throughout the facility including in housing units, control, yard, visiting room, MAT, tower, kitchen, industries, programs, vocation, and other program, work and common areas. A review of the staffing plan development process narrative indicates that the facility utilizes the American Correctional Association, National Institute of Corrections and Association of State Correctional Administrators recommendation related to generally accepted practices. The narrative confirms there have been no known judicial findings of inadequacies or any inadequacies from federal oversight bodies. The narrative includes each element under this provision. During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff members assigned to each housing unit. Additional security staff were observed roving, assisting with movement and monitoring work, program and common areas. The auditor observed that staffing appeared to be adequate and the facility was not overcrowded. The auditor noted that lines of sight were adequate within the housing units. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. All cameras are actively monitored by control. Specific cameras are also monitored in each area. Cameras can also be viewed by Inner Perimeter Security (IPS) and management level staff. The interview with the Warden confirmed that the facility has staffing plan and that the staffing levels are adequate to protect incarcerated individuals from sexual abuse. The Warden stated that the facility has the proper number of staffing assigned to each post to effectively monitor the incarcerated individual population. The Warden confirmed the staffing plan incorporates video monitoring technology and it is documented. The Warden further confirmed that all required components under this provision are considered during the creation and modification of the staffing plan. He stated they have a security analysis that is submitted yearly that identifies any areas that are vulnerable. The Warden advised that they submit the staffing plan analysis each year to Milford to ensure adequate staffing. He also noted that they check for compliance daily with the staffing plan through the roster reviews. The interview with the PCM indicated that they conduct the annual safety inspection, which looks at physical plant and staffing.

He stated they ensure they meet PREA compliance through cameras, staffing, cross gender viewing, etc. He indicated they also review staffing during each sexual abuse incident review and adjust staffing and cameras as needed.

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 advised that they do not deviate from the staffing plan. He indicated all posts are filled through overtime (voluntary or mandatory).

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 October 11, 2024 by the Superintendent and PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The review included a vulnerability assessment that assessed sexual abuse and sexual harassment allegations, the physical layout and cameras locations. The staffing plan was previously reviewed on February 14, 2024. The interview with the PC confirmed that he is consulted annually on the staffing plan and he would be consulted if a facility conducted any additional analysis.

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 May 2023. Interviews with intermediate-level or higher-level facility staff confirmed they make unannounced rounds and that the unannounced rounds are documented in IMS. Both staff stated they ensure staff don't notify one another they are making rounds by staggering rounds and not have a set time or pattern. The auditor requested documentation for six random weeks to review unannounced rounds on all three shifts. The facility provided partial documentation.

Based on a review of the PAQ, 103 DOC 510, 103 DOC 512, Post Order 1, the staffing plan, the staffing plan development narrative, annual staffing reviews, daily staffing rosters, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to require corrective action. The auditor requested documentation for six random weeks to review unannounced rounds on all three shifts. The facility provided partial documentation.

Recommendation

The auditor highly recommends the facility install additional cameras in the following areas: laundry, warehouse, food service, stairwells and industries.

Corrective Action

The facility will need to provide the originally requested documentation. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Documentation of Unannounced Rounds <p>The facility provided the originally requested documentation. The documentation noted that unannounced rounds were conducted, at least weekly, across all three shifts.</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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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. PREA Resource Center's Guidance on Cross Gender Searches and Searches of Transgender Incarcerated Individuals 8. Staff Training Records 9. Housing Logs 10. Photos of HSU Cell Video Monitoring <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>

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 four searches of this kind in the previous twelve months. Further communication with the PC indicated this number was incorrect and it was actually three searches and that these searches were transgender incarcerated individuals and that searches were based on their preference. 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 three pat down searches of females performed by male staff. Further communication with the PC indicated the three searches were of transgender incarcerated individuals. Transgender incarcerated individuals are searched based on preference and as such transgender female searches were conducted by male staff as that was their preference. 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 thirteen staff confirmed none were aware of a time that a transgender female incarcerated individual was restricted access in order to comply with this provision. Interviews with two transgender incarcerated individuals confirmed both are searched based on their preference and neither have been restricted access from program or benefits in order to comply with this provision.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female incarcerated individuals and as such any documentation of cross gender pat down searches of female incarcerated individuals would not apply. 103 DOC 506, page 7 states that

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

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable incarcerated individuals to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 103 DOC 519, page 18 states that Superintendents shall implement procedures which enable incarcerated individuals to shower, perform bodily functions, and change clothing, without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that pursuant to 103 DOC 512, Superintendents shall require staff of the opposite gender to verbally announce, or have verbally announced for them, their presence when entering an incarcerated individual housing unit whenever such entry changes the status quo of the gender of staff on duty in that area. 103 DOC 512, page 8 states that a verbal announcement shall be made at the commencement of a shift for any staff working in a unit of the opposite sex. This announcement shall be documented in the unit activity log. It also states that whenever entering a housing unit of the opposite sex, staff shall announce their presence. This shall be logged in the Institutional Management System (IMS) in the unit visitor log. PAQ supplemental documentation illustrates that staff document the opposite gender announcement in the housing unit log via "PREA announcement made: Female in unit." With regard to cross gender viewing, the auditor confirmed that housing units provide privacy through doors with security windows, cells doors with security windows, solid doors and/or shower curtains. The auditor observed the strip search areas and confirmed no cross gender viewing issues. A review of the video monitoring technology identified one cross gender viewing issues in an HSU cell. During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made verbally and also over the loud speaker when the auditor entered each housing unit. The announcement was at an adequate audible level. Interviews with thirteen random staff confirmed that incarcerated individuals have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Additionally, twelve of the thirteen stated that staff of the opposite gender announce when entering housing units. Interviews with 30 incarcerated individuals indicated 29 have privacy when showering, using the restroom and changing their clothes. Additionally, 21 of the 30 incarcerated individuals stated that opposite gender staff announce when entering housing units. Prior to the issuance of the interim report the facility provided photos of the HSU cell confirming the cross gender viewing issue was alleviated.

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 thirteen staff indicated all thirteen 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 two transgender incarcerated individuals confirmed neither were searched for the sole purpose of determining their genital status.

115.15 (f): 103 DOC 506, page 13 states that fully clothes searches (pat search) should be employed for the relatively quick scrutiny of an 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. Further, as of 2025, the facility has incorporated the PREA Resource Center's Guidance on Cross Gender Searches and Searches of Transgender Incarcerated Individuals video into their annual PREA training curriculum. Interviews with thirteen staff indicated twelve had received training on cross gender searches and searches of transgender incarcerated individuals. A review staff training records indicated that all had received the fully clothed and unclothed training during the academy. It should be noted that most of the staff had this training prior to 2013, however because male staff do no search female incarcerated individuals and transgender incarcerated individuals are searched based on preference, the auditor determined this was adequate. Additionally, many of the staff completed the 2025 PREA training, which now includes the Guidance on Cross Gender Searches and Searches of Transgender Incarcerated Individuals video.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, the clothed and unclothed

	search training curriculums, the PRC training video, photos of the HSU cell, housing logs, staff training records, observations made during the tour as well as information from interviews with random staff, random incarcerated individuals and transgender incarcerated individuals, this standard appears to be compliant.
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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. Americans with Disabilities in Corrections 6. Prison Rape Elimination Act (PREA) Basic Lesson Plan 7. Protecting Yourself from Sexual Assault Brochure 8. Incarcerated Individual Orientation Manual (Manual) 9. Incarcerated Individual Orientation Video (MA DOC Orientation Video) 10. PREA Resource Center (PRC) Adult Comprehensive Education Video 11. PREA Posters 12. Foreign Language Interpretation and Translation Services Information 13. Lionbridge Interactive Voice Response Users’ Guide 14. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information 15. Staff Training Documentation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

2. Interviews with Incarcerated Individuals with Disabilities
3. Interviews with LEP Incarcerated Individuals
4. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters in Accessible Formats

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 103 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (ADA). The Department shall ensure that its programs, activities and services when viewed in their entirety, are readily accessible to, and usable by incarcerated individuals with a disability. Additionally, it states that the Department shall provide incarcerated individuals access to trained, qualified individual(s) who are educated in the problems and challenges faced by incarcerated individuals with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist incarcerated individuals with a disability, as well as in all the legal requirements for the protection of incarcerated individuals with disabilities. The MCDHH Interpreter/CART Referral Service document outlines that the organization is the central point of contact to obtain services of interpreters for deaf and hard of hearing constituents. It outlines how agencies can request services for deaf and hard of hearing incarcerated individuals. A review of the Manual, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirms 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 50-54 outline information related telecommunications aids and services for effective communication as well as other information related to the Americans with Disabilities Act. The MA DOC Orientation Video is available in English with Spanish subtitles, while the PRC Video is available in English, Spanish and ASL. The auditor observed PREA information posted throughout the facility, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly

above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. 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. He stated they utilize the language line service for LEP issues and for hearing of hearing they have Captel phones. He further stated that they ensure posters and education are accessible to LEP and disabled incarcerated individuals (i.e. height, font and language). Additionally, the Agency Head Designee stated they can have staff read information to those who are blind or illiterate. Interviews with four disabled incarcerated individuals indicated three 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. Pages 19-20 of the Manual 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. The Foreign Language Interpretation and Translation Services document notes that it is a

statewide contract for in-person interpretation, translation, telephonic interpretation and video remote interpretation services. The document includes a User Guide that outlines 30 organizations that can be contacted to provide services. A review of the Lionbridge User's Guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. A review of the Manual, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed they were available in English and Spanish. The MA DOC Orientation Video is available in English with Spanish subtitles, while the PRC Video is available in English, Spanish and ASL. The auditor observed PREA information posted throughout the facility, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionbridge). The facility provided the auditor a phone number to dial and the facility's pin number for services. The auditor was able to choose the appropriate language of interpretation and was connected to a live person. The auditor then utilized the Lionbridge translator for LEP incarcerated individual interviews. It should be noted that interpretation services via Lionbridge are only accessible to incarcerated individuals through a staff member. Interviews with two LEP incarcerated individuals indicated neither were provided PREA information in a format that they could understand.

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 thirteen random staff indicated twelve were aware of a policy prohibiting the use of incarcerated individual interpreters, readers and assistants for sexual abuse allegations. Interviews with four disabled incarcerated individuals and two LEP incarcerated individuals indicated three were provided information in a format they could understand and none had an incarcerated individual translate, interpret, read or provide assistance.

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

	Orientation Manual, the MA DOC Orientation Video, the PRC Video, PREA Posters, the Lionbridge User's Guide, the 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, this standard appears to be compliant.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 201 - Selection and Hiring 3. Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections 4. Memorandum from the Director of Human Resources 5. MA Department of Correction Application for Employment 6. MA Department of Correction Application for Employment Attachment X 7. PREA 201 Employer Addendum 8. Staff and Contractor Personnel Files 9. Memorandum Related to Five Year Background Check Process <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>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</p>

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 four staff hired in the previous twelve months indicated all four had a criminal background records check completed prior to hire. Additionally, a review of four contractor files confirmed that a criminal background records check was 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), Nation Law Enforcement Telecommunications System (NLETS), Registry of Motor Vehicles, FBI fingerprints and Warrant Management Systems (WMS); past employment check, including the investigator’s best efforts in contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an alleged sexual abuse and character reference check. The PAQ indicated that seven people were hired in the previous twelve months who had a criminal background records check completed. Further communication with the PC indicated after communication with Human Resources there were actually seventeen staff hired during the previous twelve months and all seventeen had a criminal background records check completed prior to hire. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants and the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse or resignations during investigation. He advised they utilized the Criminal Justice Information System (CJIS), which checks national, state and local jurisdictions related to criminal history. He stated they also check their inhouse databases. A review of personnel files for four staff hired in the previous twelve months indicated all four had a criminal background records check completed prior to hire. None of the four had prior institutional employment, however the auditor reviewed documents for other MA DOC facilities and confirmed the agency contacts prior institutional employers during the background process. This information is documented on the full background report.

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 eighteen contracts for services where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PC indicated the facility had five contractors with eighteen contractors hired under those contractors and all 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. A review of four contractor files confirmed that a criminal background records check was completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. Attachment Y, page 114 states that the agency shall either conduct criminal background record checks at least every five years for current employees and contractors who may have contact with incarcerated individuals or have in place a system for otherwise capturing such information for current employees. The interview with the Human Resource staff member indicated that a criminal background records check is completed every five years for staff and contractors. He advised that they keep a list of when the last criminal background records check was completed and they submit a batch run in CJIS for up to 500 people. A review of five staff hired more than five year ago indicated that none had a criminal background records check completed at least every five years. It should be noted that this was identified at prior MA DOC audits in the prior audit cycle and as such the agency implemented a process to correct the issue. The agency conducted a “batch run” on all staff at the facility in 2025. The agency has implemented the practice to conduct these “batch runs” on all facility staff every five years. A memo from the Deputy Chief confirmed this process has been implemented agency wide. As such, the auditor confirmed the agency has corrected this process. The auditor confirmed all staff at the facility have an updated (2025) criminal background records check. Additionally, a review of two contractors employed over five years confirmed both had a criminal background records check completed 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?". The interview with the Human Resource staff confirmed that the questions under this provision are part of the application. He further stated that the agency imposes a continuing duty to disclose any such misconduct. A review of documents for four staff hired in the previous twelve months confirmed all four completed Attachment X. Additionally, a review of two staff promoted during the previous twelve months confirmed both completed the Attachment X prior to promotion.

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

115.17 (h): The Human Resource staff member confirmed the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment or resignations during investigation, when requested.

	<p>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, memo on five year background checks, a review of personnel files for staff and contractors, and information obtained from the Human Resource staff interview, this standard 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. PREA Safety Assessment - Attachment IV 4. Meeting Minutes 5. Camera Information <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 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</p>

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 viewed the Secure Adjustment Unit (SAU) and confirmed the housing unit did not involve any modifications to the physical plant. The unit had additional buildings added outside and those building included assigned security and non-security staff as well as cameras. The interview with the Agency Head Designee indicated there is a meeting related to any upgrades to facilities and video monitoring technology. He advised there is a form that is completed, in consultation with the PC, related to any effects the upgrades/modifications may have on the ability to protect incarcerated individuals from sexual abuse. The interview with the Warden indicated they added the Secure Adjustment Unit, but this was opened in a pre-existing housing unit. He stated they added a few out buildings for the program and they considered PREA related to these additions. He further indicated the modification included additional staffing posts and numerous cameras. A review of the meeting minutes noted that the facility went over PREA considerations related to opening of the SAU.

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. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras do not replace staff, but supplement staffing. All cameras are actively monitored by control. Specific cameras are also monitored in each area. Cameras can also be viewed by Inner Perimeter Security (IPS) and management level staff. The interview with the Agency Head Designee indicated that the agency uses video monitoring technology in vulnerable areas and to alleviate blind spots. He stated they try to cover areas to ensure visibility. The Agency Head Designee also stated that

	<p>there is an annual safety inspection that is conducted at each facility that includes a review of video monitoring technology and any recommendations for any additional cameras. 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 advised they ensure they have the most up to date technology and anything that needs updated would be added to the annual security assessment. He stated during this annual assessment they review all potential vulnerabilities and areas that cameras need to be added to alleviate the vulnerabilities. A review of the PREA Safety Assessment noted that all current cameras were operable and that the facility recommended additional cameras to cover vulnerable areas. Additionally, the camera document notes the cameras that were installed based on the opening of the SAU.</p> <p>Based on a review of the PAQ, 103 DOC 73, Annual PREA Safety Assessment, Meeting Minutes, Camera Information, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Response to Sexual Assault Incidents 4. Affiliation Agreement with Boston Area Rape Crisis Center (BARCC) 5. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 6. 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

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting both administrative and criminal investigations and that the Massachusetts State Police (MSP) also conduct criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol which is the institutional response plan and includes elements in the PREA response bag. 103 DOC 519, page 18 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Pages 14, 15 and 17 further explain the uniform evidence protocol including that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the necessary items to facilities their response to sexual assault allegations. It describes staff first responder duties including separating the incarcerated individuals, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the incarcerated individual to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the incarcerated individual's transport to an outside hospital. Evidence collected at the outside hospital involving incarcerated individual-on-incarcerated individual allegations shall be retained by the transporting officer while evidence collected involving a staff member shall require the outside hospital to notify the MSP who shall transport any evidence collected to the MSP Crime Lab for analysis. A review of the Response to Sexual Assault Incidents confirmed that it has enough detail to ensure staff take appropriate action to preserve and collect usable physical evidence. Actions include; controlling the area to prevent unauthorized personnel from entering; ensure the area and its belongings are not disturbed; log time and name of any staff entering the crime scene; recovering evidence from the incarcerated individual; bagging evidence appropriately; placement in dry cell; transportation for SAFE/SANE and appropriate medical care. Interviews with thirteen random staff indicated thirteen knew and understand the protocol for obtaining useable physical evidence. Additionally, twelve staff indicated that investigations would be completed by IPS, the Shift Command and/or OSI.

115.21 (b): The PAQ indicated this provision was not applicable, however further communication with the PCM indicated that the protocol is developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PCM 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. 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. 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. 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. A review of documentation confirmed there were zero forensic examination conducted in the previous twelve months.

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. He stated these services would be provided by BARCC and that the facility would reach out to BARCC in order to obtain the services. Interviews with three incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after a report of sexual abuse. A review of six sexual abuse allegations indicated four were at the facility when the allegation was reported. One of the four 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 an agreement with BARCC, a certified rape crisis center to provide services under this standard. Interviews with three incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after a report of sexual abuse. A review of six sexual abuse allegations indicated four were at the facility when the allegation was reported. One of the four was afforded access to a victim advocate.

115.21 (f): The PAQ stated this was not application. Further communication with the PCM 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 they 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, 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, the PREA Compliance Manager and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. Interviews with three incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after a report of sexual abuse. A review of six sexual abuse allegations indicated four were at the facility when the allegation was reported. One of the four was afforded access to a victim advocate.

	<p>Corrective Action</p> <p>The facility will need to ensure victims of sexual abuse are afforded access to a victim advocate. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim advocacy documentation.</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"> Victim Advocacy Documentation <p>The facility provided a list of allegations reported during the corrective action period. There were zero sexual abuse allegations reported and three sexual harassment allegations reported. The facility provided documentation that outlined victim advocacy services, via BARCC, were offered/afforded to the victims of sexual harassment. It should be noted that the facility has outlined they will offer these services to all victims, regardless of allegation type.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 Log
5. Incident Reports
6. Grievance Log
7. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 103 DOC 519, page 18 states that the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff member who have received specialized training as it relates to a PREA investigation. Page 19 states that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. The interview with the Agency Head Designee confirmed that the agency ensures a criminal or administrative investigation is completed for all allegations of sexual abuse and sexual harassment. He advised the investigative process is initiated by a confidential incident report to the Superintendent. The Superintendent will then assign an investigator, who will interview the alleged victim to determine if the allegation meets the definition of sexual abuse or sexual harassment. If the allegation meets the definition, it will be entered into the PREA database and a full investigation will ensue. The PAQ indicated that there were eleven allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all eleven resulted in an administrative investigation and zero resulted in a criminal investigation. The PAQ noted that not all investigations had been completed. A review of the investigative log, incident reports and the grievance log confirmed all allegations were forwarded for investigation. A review of ten allegations confirmed all had an administrative investigation completed and two had a criminal investigation completed.

115.22 (b): The PAQ advised this was not applicable, however further communication with the PCM 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 PCM 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 the investigative log confirmed all allegations were forwarded for investigation. A review of ten allegations confirmed all had an administrative investigation completed and two had a criminal investigation completed. There were zero investigation completed an outside agency.

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 MA DOC may handle the case

	<p>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 MA DOC 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 log, incident reports, grievance log, 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
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 216 – Training and Staff Development 3. Prison Rape Elimination Act (PREA) Basic Lesson Plan 4. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff

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). Interviews with thirteen random staff confirmed that all thirteen had received PREA training and the training included the required elements under this provision. A review of 22 staff training records indicated 100% of those reviewed received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender incarcerated individuals are given additional training. 103 DOC 216, pages 10-11 state that the employee shall receive additional training if the employee is reassigned from an institution that houses only male incarcerated individuals to an institution that houses only female incarcerated individuals, or vice versa, as well as the training requirement of 103 DOC 652 and 103 DOC 653 regarding the care and treatment of gender non-conforming incarcerated individuals. A review of the PREA Basic Lesson Plan confirmed that the anticipated responses section on page 14 includes information for male and female victims. Additionally, there are numerous

	<p>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.</p> <p>115.31 (c): The PAQ indicated that between training the agency provides employees who may have contact with incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained annually. 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 22 staff confirmed all 22 had received PREA training at least every two years.</p> <p>115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. A review of 22 staff training records indicated all 22 completed a post training quiz and received a score which indicated their understanding.</p> <p>Based on a review of the PAQ, 103 DOC 216, the PREA Basic Lesson Plan, staff training records as well as interviews with random staff, this standard 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 243 volunteers and contractors received PREA training. Further communication with the PC indicated that all contractors and volunteers have received PREA training. Interviews with two contractors and one volunteer confirmed they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of nine contractor and five volunteer training documents noted thirteen 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

	<p>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 to complete the PREA Basic training (same training as staff), which includes the zero tolerance policy and methods to report. Further, the Volunteer Orientation Manual, page 17 includes information on the zero tolerance policy and responsibilities to report any knowledge, suspicion or information. Interviews with contractors and the volunteer indicated all received training that went over the zero tolerance policy and who to report information to if they become aware. Both contractors advised they complete the training online each year. The volunteer advised she completes the training annually as well through a read and sign document. A review of nine contractor and five volunteer training documents noted thirteen had completed either the PREA Basic training or the PREA Acknowledgement.</p> <p>115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. Volunteers and contractors sign either a sign-in sheet or the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) form to confirm receipt of the training. Contractors also can take the training electronically which includes a quiz that documents their understanding. A review of training documents confirmed that contractors and volunteers sign the PREA Basic training or the PREA Acknowledgement.</p> <p>Based on a review of the PAQ, 103 DOC 216, Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA), Prison Rape Elimination Act (PREA) Basic Lesson Plan, Volunteer Orientation Handbook, contractor and volunteer training records as well as the interviews with contractors and volunteers, this standard appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 401 - Booking and Admissions

3. 103 DOC 408 – Reasonable Accommodations for Inmates
4. 103 DOC 488 – Interpreter Services
5. Incarcerated Individual Orientation Manual (Manual)
6. Incarcerated Individual Orientation Video (MA DOC Orientation Video)
7. PREA Resource Center (PRC) Adult Comprehensive Education Video
8. Protecting Yourself from Sexual Assault Brochure
9. PREA Posters
10. Foreign Language Interpretation and Translation Services Information
11. Lionbridge Interactive Voice Response Users' Guide
12. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information
13. Incarcerated Individual Education Records

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 37-40 and 54-58 of the Incarcerated Individual Orientation Manual confirms that it includes all the information as Attachment #2, however it is facility specific information for MCI Shirley. Additionally, page 19 also contains information the hotline numbers (IPS, PREA, and BARCC). The PAQ indicated that 535 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 less than 100% of incarcerated individuals who arrived at the facility over the previous twelve months. Further communication with the PC indicated the 1000 number in facility information was incorrect and that the facility had 535 incarcerated individuals arrive in the previous twelve months and all received information at intake. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided PREA information at intake via the Manual. The Manual is available in both English and Spanish and includes information on the zero tolerance policy and reporting methods. The interview with the intake staff confirmed that incarcerated individuals are provided information on the agency's zero tolerance policy and reporting mechanisms during intake. The staff stated incarcerated individuals are provided a Manual upon arrival and then receive orientation within seven day. 26 of the 30 incarcerated individuals that were interviewed indicated they received information on the zero tolerance policy and reporting methods. It should be noted that MCI Shirley is not an intake facility and as such all incarcerated individuals at the facility have also been previously provided PREA information upon intake, through another MA DOC facility. A review of 42 incarcerated individual files of those received in the previous twelve months indicated that all 42 received PREA information at 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 Resource Center's Adult Comprehensive Education Video and the MA DOC orientation video, which contains information on PREA, upon admission to the MA DOC. A review of the MA DOC orientation video confirmed that the video 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 has Spanish closed

captioning. All MA DOC 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 MCI Shirley unless for some reason they were not provided the comprehensive education upon entry into the MA DOC. The PAQ indicated that 535 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is equivalent to less than 100% of those that arrived in the last twelve months and stayed longer than 30 days. Further communication with the PC indicated the 1000 number in facility information was incorrect and that the facility had 535 incarcerated individuals arrive in the previous twelve months that stayed longer than 30 days and all had received comprehensive PREA education. While the facility is not required to complete additional PREA education they do provide incarcerated individuals with additional PREA information via the orientation. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is conducted in the dayroom of A1 housing unit. Incarcerated individuals view the PREA Resource Center's (PRC) Adult Comprehensive Education video as well as the MA DOC orientation video. The video is shown on a 55 inch screen with adequate audio. The PRC video is available in English, Spanish and ASL while the MA DOC orientation video is available in English with Spanish subtitles. The interview with the intake staff confirmed that incarcerated individuals receive 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 seven days of arrival at the facility and that the orientation includes the PRC video and the MA DOC orientation video. Interviews with 30 incarcerated individuals indicated 20 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 of sexual abuse. A review of 42 incarcerated individual files of those received in the previous twelve months indicated all 42 had received comprehensive PREA education at Shirley or another MA DOC facility. It should be noted incarcerated individuals were documented with receiving PREA comprehensive education numerous times across different MA DOC facility, which exceeds the requirement as all MA DOC policies and procedures are the same.

115.33 (c): The PAQ indicated that all incarcerated individuals had not received comprehensive PREA education within 30 days of arrival. The PAQ noted incarcerated individuals arriving at MCI Shirley all receive the Manual and orientation typically within seven 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 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 seven days of arrival at the facility and that the orientation includes the PRC video and the MA DOC orientation video. A review of 57 total incarcerated individual files indicated all 57 had comprehensive 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 Incarcerated Individual Orientation Manual, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed that they can be provided in larger print, if necessary and are available in English and Spanish. Additionally, staff (including mental health care staff) are available to read the information to any incarcerated individuals with cognitive disabilities, vision impairment and limited reading skills. Page 50-54 of the Manual outlines information related telecommunications aids and services for effective communication as well as other information related to the Americans with Disabilities Act. Pages 19-20 of the Manual 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 Lionbridge user's guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. 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 five LEP incarcerated individual records confirmed all seventeen received PREA education. Four of the five LEP incarcerated individuals were not documented with education in an accessible format (the facility typically enters it as Spanish version). The documentation paired with the two LEP incarcerated individuals who advised they did not receive education in a format they understand indicated this requires corrective action.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 103 DOC 401, page 13 states that completion of all types of orientation and receipt of all materials shall be documented in the IMS Orientation Checklist screen. Reception Centers, if using an approved alternative orientation checklist that is signed and dated by the incarcerated individual, shall be exempt from signing and dating an IMS printout. It shall also be documented by the incarcerated individual signing and dating a printout of the completed IMS Orientation Checklist screen. If the incarcerated individual refuses or is incapable of reading and signing for the information included in the orientation manual, the staff member providing the incarcerated individual with the copy shall indicate such refusal/incapability in the IMS Orientation Checklist Screen, as well as the assistance offered/given to the incarcerated individual who is incapable of reading and signing. The checklist shall be filed in the incarcerated individual's case record. A review of 57 total incarcerated individual files confirmed all 57 were documented with PREA education via entry into the IMS system.

115.33 (f): The PAQ was blank but further communication with the PC indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks or other written formats. A review of documentation indicates that the facility has PREA information via the Incarcerated Individual Orientation Manual, PREA Posters and the Protecting Yourself from Sexual Assault Brochure. The auditor observed PREA information posted throughout the facility, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit. Additionally, the hotline numbers (IPS, PREA and

BARCC) were observed on the back of each incarcerated individual's ID card.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Manual, the MA DOC Orientation Video, the PRC Video, PREA Posters, the Protection Yourself from Sexual Assault Brochure, Foreign Language Interpretation and Translation Services Information, Lionbridge Interactive Voice Response Information, Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information, a review of incarcerated individual records, observations made during the tour as well as information from interviews with intake staff and incarcerated individuals, this standard appears to require corrective action. A review of twelve disabled incarcerated individual records and five LEP incarcerated individual records confirmed all seventeen received PREA education. Four of the five LEP incarcerated individuals were not documented with education in an accessible format (the facility typically enters it as Spanish version). The documentation paired with the two LEP incarcerated individuals who advised they did not receive education in a format they understand indicated this requires corrective action.

Corrective Action

The facility will need to ensure they provide education to LEP incarcerated individuals in an accessible format. Training will need to be provided with the intake staff on the process. The training documentation will need to be provided. The facility will need to education all current LEP incarcerated individuals and provide confirmation of the education in an accessible format.

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. Incarcerated Individual Education Documents

	<p>The facility provided a training documentation that outlined the education process for LEP and disabled incarcerated individuals would include providing a copy of the Manual, viewing the MA DOC orientation video and viewing the PREA Adult Comprehensive Education video. The training stated all information would be provided in a language that is understood by the incarcerated individual and staff would utilize Lionbridge, when needed. The training further noted that staff would document the accommodations in the IMS system when complete.</p> <p>The facility provided updated incarcerated individual education documents that confirmed current LEP and disabled incarcerated individuals were re-educated in an accessible format (accommodations entered into IMS).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA/Sexual Assault Investigator Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. 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</p>

	<p>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). Interviews with the investigative staff confirmed they received the specialized 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). The investigators confirmed 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. A review of documentation indicated two facility staff have completed the specialized investigator training.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two investigator had completed the required training. review of documentation indicated two 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, this standard appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 650 – Mental Health Services
3. 103 DOC 216 – Training and Staff Development
4. VitalCore PREA Training
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. 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 Vitalcore PREA Training noted that it is the PREA Resource Center's four module training developed by the National Council on Crime & Delinquency. It should be noted that the agency transitioned from Wellpath to Vitalcore and many of the staff also had the specialized training through Wellpath. A review of the Vitalcore PREA Training and the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirmed that they 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 69 (100%) of the medical and mental health care staff received the specialized training. Interviews with medical and mental health staff confirmed that they received specialized training and the training included the elements under this provision. A review of seven medical and mental health care staff training records indicated two 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. 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 seven medical and mental health care staff training records indicated two had completed the specialized medical and mental health training. The two that completed the training signed an acknowledgment form.

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 seven medical and mental health care staff training records indicated all seven had completed training as required under 115.31 or 115.32.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, VitalCore PREA Training, 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, this standard appears to require corrective action. A review of seven medical and mental health care staff training records

	<p>indicated two had completed the specialized medical and mental health training.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure all medical and mental health care staff complete the specialized medical and mental health training (VitalCore PREA Training). A list of medical and mental health care staff as well as confirmation that all completed the training will need to be provided.</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. Medical and Mental Health Training Documents <p>The facility provided the originally requested documentation. All medical and mental health staff, with the exception of one medical staff member that was on maternity leave, had completed the specialized 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 one-on-one in a semi-private setting (shared office with other booking staff). Booking staff ask questions related to prior sexual victimization, domestic violence, gang affiliation, and prior protective custody. The booking staff indicated most information is already pre-population from the electronic file information, such as age, gender, and criminal history and he is just verifying information with them verbally. The medical staff complete the second part of the initial risk assessment in the HSU, one-on-one. The medical staff member asks about disabilities, prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. The medical staff enter the information into 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 21 incarcerated individuals that arrived within the previous twelve months indicated sixteen were asked the risk screening questions upon arrival at the facility. Interviews with the staff responsible for the risk screening indicated that incarcerated individuals are screened for their risk of victimization and risk of abusiveness during intake.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 103 DOC 650, page 9 states that intake screenings shall ordinarily take place within 72 hours of the arrival at the facility. The PAQ stated that 861 incarcerated individuals, which is less than 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. Further communication with the PCM indicated the number in facility information was incorrect and that all incarcerated individuals that arrived at the facility and stayed longer than 72 hours had an initial risk screening completed. Interviews with 21 incarcerated individuals that arrived within the previous twelve months indicated sixteen were asked the risk screening questions upon arrival at the facility. Interviews with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness within 72 hours. A review of 42 incarcerated individual files of those that arrived within the previous twelve months indicated 41 had an initial risk screening completed. 27 of the 41 were completed within 72 hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 103 DOC 650, page 9 states that such assessments shall be conducted using an objective screening tool. A review of the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions related to sexual victimization factors and five questions related to sexual abusive factors. Directions are attached for staff to reference when completing the questions. The directions provide information on when to mark yes and when to mark no, as well as what it meant by the questions. The directions further explain what factor are self-reported and which factors are to be checked against other documentation. At the bottom of the form the directions outline how to score the responses. If the response to question one is "yes", which is the question related to being a victim of institutional sexual assault (as documented – not self-reported), the incarcerated individual is classified as a victim. If the risk screening has four or more "yes" responses on the victimization identifiers, the incarcerated individual is identified as a potential victim. With regard to abusiveness, if question one is a yes, which is the

question related to a history or institutional sexual abuse toward others (as known and documented), the incarcerated individual is classified as an aggressor. If the risk screening has two or more “yes” responses on the abusiveness identifiers, the incarcerated individual is classified as a potential aggressor. All designations include known victim, potential victim, unknown victim, known perpetrator, potential perpetrator and unknown perpetrator.

115.41 (d): 103 DOC 650, pages 9-10 indicate that the intake screening shall consider, at minimum, the following criteria to assess incarcerated individuals for risk of victimization: whether the incarcerated individual has a mental, physical or developmental disability; the age of the incarcerated individual; the physical build of the incarcerated individual; whether the incarcerated individual has previously been incarcerated; whether the incarcerated individual’s criminal history is exclusively nonviolent; whether the incarcerated individual has prior convictions for sex offenses against an adult or child; whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the incarcerated individual has previously experienced sexual victimization; the incarcerated individual’s own perception of vulnerability and whether the incarcerated individual is detained solely for civil immigration purposes. A review of the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions related to sexual victimization factors including prior victimization, physical disability, mental disability, developmental disability, perception of vulnerability, LGBTI/Gender Dysphoria/gender non-conforming, age, physical stature, prior incarcerations, non-violent history, effeminate presentation and history of protective custody. Interviews with the staff who conduct the risk screening indicated mental health goes over nine questions related to victimization, including gender identity, sexual preference, disabilities, prior sexual victimization and perception of vulnerability. The booking staff go through additional questions, including criminal history, prior incarcerations, height, weight, age, gang affiliation, prior sexual abusiveness, etc.

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 mental health goes over nine questions related to victimization, including gender identity, sexual preference, disabilities, prior sexual victimization and perception of vulnerability. The booking staff go through additional questions, including criminal history, prior incarcerations, height, weight, age, gang affiliation, prior sexual abusiveness, etc.

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 indicated 861 or less than 100% of incarcerated individuals entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. Further communication with the PCM indicated the number in the facility information was incorrect and that all incarcerated individuals that arrived at the facility and stayed longer than 30 days had a reassessment completed. The auditor was provided a demonstration of the reassessment process. The reassessment is completed by mental health staff and CPO staff. The CPO staff complete the same part of the risk assessment as the booking staff. The mental health staff complete the same part of the assessment as the medical staff. CPOs meet with the incarcerated individual in a private office setting and ask about incarcerations, gang affiliation, prior sexual abusiveness, etc. Mental health staff then meet with the incarcerated individual ask about disabilities, prior sexual victimization, if they feel vulnerable, gender identity and sexual preference. Interviews with staff responsible for the risk screening indicated that incarcerated individuals are reassessed within fourteen to thirty days. Interviews with 21 incarcerated individuals that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. A review of 42 incarcerated individual files of those received in the previous twelve months indicated 40 incarcerated individuals had a reassessment completed. 30 of the 40 were completed within 30 days.

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 21 incarcerated individuals that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. A review of 42 incarcerated individual files of those received in the previous twelve months indicated 40 incarcerated individuals had a reassessment completed. 30 of the 40 were completed within 30 days. A review of documentation noted three incarcerated individual victims required reassessment due to incident of sexual abuse. Two victims had a reassessment completed.

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. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position 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 there are certain profiles that have access, including medical and mental health care staff. 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. He stated only those with a need to know have access, including CPOs, medical, mental health and the assignment officer. The staff responsible for the risk screening stated the agency has implemented appropriate controls on information from the risk screening to ensure sensitive information is not exploited.

Based on a review of the PAQ, 103 DOC 650, Housing Risk Screening Assessment, 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, this standard appears to require corrective action. A review of 42 incarcerated individual files of those that arrived within the previous twelve months indicated 41 had an initial risk screening completed. 27 of the 41 were completed within 72 hours. Interviews with 21 incarcerated individuals that arrived in the previous twelve months indicated five remember being asked the risk screening questions on more than one occasion. A review of 42 incarcerated individual files of those received in the previous twelve months indicated 40 incarcerated individuals had a reassessment completed. 30 of the 40 were completed within 30 days. A review of documentation noted three

incarcerated individual victims required reassessment due to incident of sexual abuse. Two victims had a reassessment completed.

Corrective Action

The facility will need to ensure all incarcerated individuals receive a risk assessment as outlined in this standard, to include the required 72 hours and 30 day timeframes. Additionally the facility will need to ensure incarcerated individuals are reassessed due to incident of sexual abuse. The facility will need to provide a list of incarcerated individuals that arrived during the corrective action period and a systematic sample (i.e. every tenth incarcerated individual on the list) initial risk assessments and reassessments. Further, the facility will need to provide a list of sexual abuse allegations during the corrective action period and associated necessary reassessments due to incident of sexual abuse.

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. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. List of Incarcerated Individuals that Arrived During the Corrective Action Period
4. Incarcerated Individual Risk Assessments

The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There were three sexual harassment allegations and zero sexual abuse allegations. As such there were zero incarcerated individuals who required a reassessment due to incident of sexual abuse. The facility conducted training with staff on policy and procedure for risk reassessments due to incident of sexual abuse. Staff signatures were provided confirming receipt of the training.

	<p>The facility provided a list of incarcerated individuals that arrived during the corrective action period and a systematic sample of risk assessments. Twelve risk assessments were provided. All twelve had an initial risk assessment within 72 hours and all twelve had a reassessment completed within 30 days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	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 <p>Interviews:</p> <ol style="list-style-type: none"> 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 to determine who can be matched up with one another and who can be housed together. He stated known victims will not be housed with known predators and there is a chart/graph that is utilized to determine adequate housing based on risk screening. Interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house individuals appropriately. A review of documentation for those identified as high risk victims and high risk abusers confirmed that incarcerated

individuals at high risk of victimization and incarcerated individuals at high risk of being sexually abusive were not housed together, with the exception of one housing unit with a high risk victim and abuser (were not housed in the same cell). The documentation confirmed that high risk victims and high risk abusers did not work/program together. It should be noted that all housing units have direct staff supervision with staff assigned inside the units.

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

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. Examples were provided of transgender female incarcerated individual who requested and were approved to be housed at a female facility. The PCM stated that housing and programming assignments of transgender and intersex incarcerated individuals is determined through the housing risk assessment and they are assessed like any other incarcerated individual. He advised male/female housing determinations are made through the Commissioner's Office. 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. Interviews with transgender incarcerated individuals indicated neither of the two were asked how they felt about their safety with regard to housing and programming. Neither felt they were housed solely based on their gender identity. It should be noted that the two transgender incarcerated individuals at the facility longer than six months both had a biannual assessment completed, which includes asking about perception of vulnerability.

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 interview with the PCM indicated transgender and intersex incarcerated individuals are reassessed every six months. The staff responsible for the risk screening confirmed transgender and intersex incarcerated individuals are reassessed at least twice a year by mental health care

staff. A review of documentation for three transgender incarcerated individuals noted two were at the facility longer than six months. Both had biannual assessments completed.

115.42 (e): 103 DOC 652, page 13 and 103 DOC 653, page 5 state that a GD/gender non-conforming incarcerated individual's own views with respect to his or her own safety will be given serious consideration. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' view with respect to their safety are given serious consideration. Interviews with transgender incarcerated individuals indicated neither were asked how they felt about their safety with regard to housing and programming. It should be noted that this is a question asked during the biannual assessments.

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 the auditor confirmed that showers were single person and provided privacy through curtains or doors with security windows. 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 transgender and intersex incarcerated individuals are provided a letter that outlines the allotted separate shower time. He confirmed the time is when others are locked down for count/chow. Interviews with two transgender incarcerated individuals confirmed both 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

	<p>making assignments shall rely upon standard guidelines for cell matching, and upon good judgment, in selecting a cellmate for the incarcerated individual, keeping in mind the incarcerated individual's predatory history and/or the incarcerated individual's "at risk" status. Similar considerations shall be given for placement of an incarcerated individual in a dormitory setting. The interviews with the PC and PCM confirmed that the agency does not have a consent decree and that LGBTI incarcerated individuals are not placed in one housing unit or one facility based on their gender identify and/or sexual preference. The PC stated that the PREA standard and agency policy prohibits this placement. He advised they house LGBTI incarcerated individuals based on their risk assessment to ensure everyone is housed as safe as possible. Interviews with LGBTI incarcerated individuals confirmed none of the four felt that they were placed in any specific housing unit, facility or wing based on their sexual preference and/or gender identity. The facility does not have a tracking mechanism for LGB incarcerated individuals. As such the auditor requested that staff identify some of the LGB incarcerated individuals known to staff for interview purposes and documentation purposes. A review of housing assignments for incarcerated individuals who identified as LGBTI confirmed they were housed among numerous housing units within the facility.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 401, incarcerated individual housing determinations, transgender housing determinations, biannual reviews, LGB incarcerated individual housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, this standard appears to be compliant.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 423 - Restrictive Housing 4. Housing Assignments for High Risk Incarcerated Individuals <p>Documents:</p> <ol style="list-style-type: none"> 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):

115.43 (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 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. A review of documentation for incarcerated

individuals deemed “known victims” indicated two were housed in the segregated housing unit (BAU). Further documentation indicated the placements were due to discipline, not based on high risk status.

115.43 (b): 103 DOC 519, page 11 states that incarcerated individuals at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual in segregated housing for less than 24 hours while completing the assessment. During the tour the auditor observed the segregated housing unit (BAU). The unit had a hearing room, a property and clothing storage, visitation and indoor and outdoor recreation space. Incarcerated individuals have out of cell time via recreation (daily) and showers (five days a week). Phone access is four times a week via the phones in the unit. Additionally, incarcerated individuals have tablets, which are able to make phone calls from in the cells. Incarcerated individuals in the segregated housing unit provide grievances and mail to staff on the 3pm-11pm shift. 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 the BAU is not a punishment and that programming, education and privileges are included in the BAU curriculum. He noted the only thing they would not be able to do is work. The segregated housing supervisor further noted that restrictions would be documented in IMS or through the Superintendent. He advised they do not document the work restriction as there really isn’t anywhere to document it as it’s not part of the BAU curriculum. 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 indicated that this would not take longer than a week and a half. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed incarcerated individuals would only be assigned to involuntary segregated housing until they could find an alternative means of separation. He noted that the timeframe would depend. On the nature of the incident, but it would be anywhere from 24 hours to a week. There were zero incarcerated individuals at high risk of victimization in segregated

	<p>housing due to their risk of victimization and as such no interviews were conducted.</p> <p>115.43 (d): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision. A review of documentation for incarcerated individuals deemed “known victims” indicated two were housed in the segregated housing unit (BAU). Further documentation indicated the placements were due to discipline, not based on high risk status.</p> <p>115.43 (e): 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 noted that he is part of a review at 60 days, but other staff may review the incarcerated individuals prior to that review.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, housing assignments for high risk incarcerated individuals, observations from the facility tour as well as information from interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Incarcerated Individual Orientation Video (MA DOC Orientation Video)

4. Incarcerated Individual Orientation Manual (Manual)
5. PREA Posters
6. Incident Reports (Verbal Reports)

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing multiple internal ways for incarcerated individuals to report privately to agency officials; sexual abuse or sexual harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 103 DOC 519, page 8 states that the Department shall maintain for incarcerated individuals, multiple internal mechanisms for privately reporting sexual harassment/abuse, retaliation by other incarcerated individuals or staff members for reporting sexual harassment abuse, and/or staff member neglect or violation of responsibilities that may have contributed to incidents of sexual harassment/abuse and retaliation. A Department hotline (508-422-3486) shall be designated within the incarcerated individual telephone system. The Department shall allow for universal and unimpeded access by all incarcerated individuals within the Department to the hotline number and it shall be listed in all institutional incarcerated individual orientation manuals. It is recorded and is available to all incarcerated individuals without using their PIN number. Additionally, methods to report sexual harassment/abuse or retaliation include, but are not limited to, the incarcerated individual grievance system, staff access periods, the institution's PREA Compliance Manager, inner perimeter security staff (IPS), and third party reporting. A review of the MA DOC Orientation Video notes that it includes the PREA hotline number (advises it is not recorded and does not require a pin), the external reporting entity contact information (MSP address) and information on the policy and that it is located in the library. A review of additional documentation to include the Incarcerated Individual Orientation Manual 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, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit. 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 reached a live person (Duty Station staff) who advised that if they received a report of sexual abuse from an incarcerated individual they would immediately document the information and forward it to the facility and the PC. Incarcerated individuals have access to the phones 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 grievance on April 29, 2025 via a locked box located in a housing unit. The auditor was provided confirmation on April 30, 2025 that the grievance was received and that if it was a report of sexual abuse the grievance coordinator would immediately forward the information to IPS for investigation. Interviews with 30 incarcerated individuals confirmed that all 30 were aware of at least one method to report sexual abuse and sexual harassment. Incarcerated individuals advised they would report to a security staff, to mental health, to IPS or through the hotline. Interviews with thirteen staff confirmed that incarcerated individuals have multiple ways to report including to staff, via a grievance and through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. 103 DOC 519, pages 8-9 state incarcerated individuals may also report sexual harassment/abuse to external public or private agencies via correspondence or via the use of the incarcerated individual telephone systems. Calls to "privileged" numbers, including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, a foreign national's pre-authorized telephone number to his/her/their consulate office or diplomat, pre-authorized clergy telephone numbers, and pre-authorized licensed psychologist, social worker and/or mental health professional telephone numbers, are not subject to telephone monitoring and are not recorded. The Department also provides a way for incarcerated individuals to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward incarcerated individual reports of sexual abuse and sexual harassment to

agency officials, allowing the incarcerated individual to remain anonymous upon request. Incarcerated individuals can write to the Massachusetts State Police at 470 Worcester Road, Framingham, MA 01702. A review of the MA DOC orientation video confirmed that the video provides information on the external reporting entity contact information (MSP address) and information on the policy and that it is located in the library. Pages 38-39 of the Manual state 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 information posted related to MSP. The auditor tested the outside reporting mechanism by sending a letter on April 29, 2025 to the MSP with the address provided in the Manual. The auditor sent a letter to MSP inquiring about 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. On May 14, 2025 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 forward the information to the agency PC. He confirmed that incarcerated individuals may remain anonymous upon request. During the tour the auditor observed the mail process. Incarcerated individuals are able to place outgoing mail and grievances in the locked boxes in the housing units. The mailroom staff indicated that incoming mail is sent through the x-ray machine. The mail is copied and the 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 who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed and is sent through the x-ray machine. The staff do not open any outgoing mail, however IPS may review outgoing mail for those incarcerated individuals on mail monitor. The mailroom staff advised mail to/from the Massachusetts State Police and BARCC would be given to IPS similar to legal mail. The interview with the PCM indicated that incarcerated individuals can report externally through BARCC and the State Police. The PCM advised that if an incarcerated individual reported to the State Police, the information would be sent directly back to IPS for investigation. He confirmed incarcerated individuals can remain anonymous when reporting to the State Police. Interviews with 30 incarcerated individuals indicated fourteen were aware that they could report to the MSP as an outside reporting mechanism, while seventeen 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 immediately. 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 Manual 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 a demonstration on 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 of sexual abuse and sexual harassment would be documented in a confidential incident report. Interviews with 30 incarcerated individuals confirmed all 40 knew they could report allegations of sexual abuse and sexual harassment verbally or in writing to staff and 20 knew they could report via a third party. Interviews with thirteen random staff confirmed that incarcerated individuals can report verbally, in writing, anonymously and through a third party. The staff stated that they would document verbal reports in writing (via a confidential incident report) before the end of the shift. A review of ten investigations indicated four were reported verbally to a facility staff member. All four were documented via an incident report by the staff receiving the information.

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 policy review in PowerDMS. 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. Interviews with thirteen staff confirmed all thirteen 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 Manual, PREA Posters, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to be compliant.

Recommendation

	The auditor highly recommends the facility post information on MSP as the external reporting entity.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 CMR 491 - Inmate Grievances 3. Sexual Abuse Grievance 4. Grievance Log 5. Incarcerated Individual Orientation Manual (Manual) <p>Interviews:</p> <ol style="list-style-type: none"> 1. 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 does not require that incarcerated individual 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 Manual indicated that pages 26-27 contains information on sexual abuse grievances.</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, the PAQ indicated that policy and procedure require that an incarcerated individual grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 103 CMR 491, page 7 states that an incarcerated individual shall not be required to submit their grievance to a staff member who is the subject of the grievance. Additionally, page 9 states that employees named in a grievance shall not participate in any capacity in the processing, investigation or decision of the grievance. A review of the Manual indicated that pages 26-27 contains information on sexual abuse grievances.

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. Interviews with incarcerated individuals who reported sexual abuse indicated none reported an allegation via a grievance. The auditor reviewed the sexual abuse grievance. The grievance was a staff sexual abuse allegation and was forwarded for investigation. The grievance had a response provided to the incarcerated individual within 90 days.

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

allegations of sexual abuse reported by third parties, including, but not limited to, other incarcerated individuals, staff members, family members, attorneys, and outside advocates shall be addressed in accordance with 103 DOC 519 and 103 DOC 522. It further states that the Department of Corrections shall document if an incarcerated individual declines to have the request processed on his or her behalf. The PAQ indicated there were zero grievances filed by incarcerated individuals in the previous twelve months in which the incarcerated individual declined third-party assistance. The auditor reviewed the sexual abuse grievance and grievance log and confirmed that there were zero sexual abuse grievances reported by a third party where the victim declined to proceed.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual is subject to substantial risk of imminent sexual abuse. It also indicated that an initial response is required within 48 hours and a final agency decision be issued within five days. 103 CMR 491, pages 7-8 state that whenever an incarcerated individual files an emergency grievance alleging that he or she is at substantial risk of imminent sexual abuse, the grievance shall be responded to within 48 hours of receipt. Emergency grievance appeals shall be responded to within five calendar days of receipt. The PAQ stated there were zero grievances alleging imminent risk of sexual abuse over the previous twelve months. The auditor reviewed the sexual abuse grievance and grievance log and confirmed that there were zero emergency sexual abuse grievances reported during the previous twelve months.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an incarcerated individual for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the incarcerated individual filed the grievance in bad faith. 103 CMR 491, page 15 states incarcerated individuals who misuse the grievance process by knowingly submitting false documents, intentionally and in bad faith misrepresenting or omitting material information or utilizing threatening or abusive language or language that otherwise constitutes a violation of 103 CMR 430, Incarcerated individual Discipline, are subject to suspension of grievance privileges and/or disciplinary action. The PAQ noted there were zero incarcerated individuals grievances alleging sexual abuse that resulted in disciplinary action by the agency against the incarcerated individual for having filed the grievance in bad faith.

Based on a review of the PAQ, 103 DOC 491, Sexual Abuse Grievance, Grievance Log, the Manual and information from interviews with incarcerated individual who reported sexual abuse, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 401 – Booking and Admissions 3. Incarcerated Individual Orientation Video (MA DOC Orientation Video) 4. Incarcerated Individual Orientation Manual (Manual) 5. 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>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</p>

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 MA DOC's two intake facilities, MCI Cedar Junction (currently Souza Baranowski serves as the male intake facility) and MCI Framingham about support resources available to sexual assault survivors. A review of the MA DOC orientation video confirmed that the video provides BARCC contact information (advises for support services and not a reporting mechanism) and information on the policy and that it is located in the library. The Manual, page 55 states 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 Manual provides the mailing address and information on BARCC PREA Hotline. The Manual further states that BARCC is not a third party entity to which you should report allegations of abuse, BARCC's purpose is to provide confidential support services. 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, including in common areas. Each housing unit had PREA Posters as well as the PREA hotline and BARCC number painted near the phones. Further, each housing unit had a wooden board that included the phone numbers for the PREA hotline, IPS hotline and BARCC. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were adequate size font and were on walls directly above the phones. The wooden boards with numbers were oversized with very large font. The wooden boards were located at the entrance of each housing unit.

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. Additionally, the staff stated they can provide mail services for incarcerated individuals as well. The BARCC hotline is an unmonitored line and a pin number is not required if using the speed dial number. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated seventeen were familiar with BARCC and were provided a mailing address and telephone number to the organization. Incarcerated individuals were aware of the organization but most were unaware of specifics of 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 Manual, page 55 states 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 Manual provides the mailing address and information on BARCC PREA Hotline. The Manual further states that BARCC is not a third party entity to which you should report allegations of abuse, BARCC's purpose is to provide confidential support services. Page 24 of the Manual states all incoming non-privileged correspondence incarcerated individuals shall be opened, inspected, and photocopied prior to delivery to the incarcerated individual. All items contained within the non-privileged correspondence shall be photocopied to include: the envelope, the correspondence, photographs, pictures and other allowed items in accordance with 103 CMR 481: Inmate Mail Procedure. During the tour the auditor observed the mail process. Incarcerated individuals are able to place outgoing mail and grievances in the locked boxes in the housing units. The mailroom staff indicated that incoming mail is sent through the x-ray machine. The mail is copied and the 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 who will have the incarcerated individual open the legal mail in front of them. Outgoing mail is received sealed and is sent through the x-ray machine. The staff do not open any outgoing mail, however IPS may review outgoing mail for those incarcerated individuals on

	<p>mail monitor. The mailroom staff advised mail to/from the Massachusetts State Police and BARCC would be given to IPS similar to legal mail. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated seventeen were familiar with BARCC and were provided a mailing address and telephone number to the organization. Incarcerated individuals were aware of the organization but most were unaware of specifics of the organization. This information however is provided in the Manual and in policy/procedure.</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 2024. The agency maintains copies of the agreement with BARCC.</p> <p>Based on a review of the PAQ, 103 DOC 401, the Manual, the MA DOC Orientation Video, the contract with BARCC, observations from the facility and interviews with random incarcerated individuals and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the agency treat mail from BARCC as privileged/legal.</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 Questionnaire2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention3. PREA Poster

	<p>Site Review Observations:</p> <p>1. Observations of Third Party Reporting Information</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 in the main visitation area and the front entrance via the PREA Poster. The PREA Poster was observed in English and Spanish on legal size paper. The visitation area for the BAU did not have PREA Posters, however prior to the issuance of the interim report the facility posted the information and provided photos as confirmation. The auditor tested the third party reporting mechanism via the agency website. The auditor submitted the online form on April 29, 2025. The PC provided email confirmation on the same date that the online form was received. The PC indicated that any third party report of sexual abuse or sexual harassment would be forwarded to the facility PCM and IPS for investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, the PREA Poster, observations during the tour, the agency's website and the submission of the online form this standard appears to be compliant.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none">1. Interviews with Random Staff2. Interviews with Medical and Mental Health Staff3. Interview with the Warden4. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>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 thirteen 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.</p>

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

115.61 (c): 103 DOC 650, page 43 states that unless precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (A) of this section (per 103 DOC 519) and to inform incarcerated individuals of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. 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 medical staff member indicated that she had an incarcerated individual report institutional sexual abuse and she reported the information to security. A review of ten investigations indicated three were reported to or observed by medical or mental health care staff. The incidents involved the medical or mental health care staff member notifying security staff and completing an incident 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. The PC stated that they use the standard reporting process, which would involve an investigation through IPS. He advised any further mandatory reporting would be completed through the investigative entity (i.e. OSI, CPU or the State Police). The interview with the Warden indicated that they do not house incarcerated individuals under eighteen, but for those under eighteen and/or considered vulnerable adults they would report per mandatory reporting laws. He stated the individual would be seen by medical and mental health and they would speak to facility investigators.

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

	<p>Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involve a possible violation under the law, the Chief of OIS/IAU shall be promptly notified and shall notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. Additionally, page 13 states that each Superintendent or designee shall ensure that reports by staff members and third parties regarding reasonable suspicion of sexual harassment/sexually abusive behavior or related activities are referred to investigators for follow-up and/or investigation. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to facility investigators. A review of ten investigation indicated four were reported verbally to staff, one was reported in writing, one was reported via the hotline, one was reported through a third party, one was observed by staff, and two were reported via Warden to Warden notification. All allegations were forwarded to IPS for investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, 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 stated that there have been zero incarcerated individuals who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The Agency Head Designee stated that if an incarcerated individual was at imminent risk they would reassess the person and then determine if they need to change their housing. He advised they would do what needs to be done to take away the potential threat or possible vulnerability. The Warden stated that if there was an incarcerated individual deemed at risk of imminent sexual abuse they have the IPS team interview the incarcerated individual and they would have the incarcerated individual seen by medical and mental health staff. He advised they would remove that individual from that housing unit, and potential general population, to ensure all their needs were met. Interviews with thirteen random staff confirmed that they would take immediate action by separating the individual, contacting the supervisor and putting the individual in a safe place. None of the documentation reviewed noted any incarcerated individuals were deemed at imminent risk of sexual abuse. A review of documentation indicated that all allegations of sexual harassment involved the facility taking immediate action once informed.</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, 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. Warden to Warden Notification 4. Incarcerated Individual Risk Assessments 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 indicated that during the previous twelve months the facility had four incarcerated individuals report that they were sexually abused while confined at another facility. A review of documentation confirmed there were four allegations reported to the facility that occurred at another facility. The Superintendent sent a notification via email (letter) for each report.

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 four allegations reported to the facility that occurred at another facility. The Superintendent sent a notification via email (letter) for each report. Three of the four were sent within 72 hours.

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

	<p>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 four allegations reported to the facility that occurred at another facility. The Superintendent sent a notification via email (letter) for each report.</p> <p>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 when a notification is received from another agency/facility it is forwarded to IPS to complete a thorough investigation. He advised that the notifications are typically received by the Superintendent at the facility where the incident occurred. The Agency Head Designee advised that there has been at least one notification received by the agency/facility from another agency/facility in the previous twelve months and it was investigated. The interview with the Warden confirmed that if they received an allegation that an incarcerated individual was abused while housed at MCI Shirley they would review the database to determine if the allegation was previously investigated. If the incident was not investigated, they would initiate one. The Warden advised he was unaware of an allegation reported through this method during the previous twelve months. The PAQ stated that there were five allegations received from another Warden/Agency Head within the previous twelve months. A review of documentation indicated there were five allegations received via Warden to Warden notification. All five were investigated by IPS.</p> <p>Based on a review of the PAQ, 103 DOC 519, Warden to Warden notification, incarcerated individual risk assessments, investigative reports and interviews with the Agency Head Designee and Warden Designee, this standard appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention

3. Investigative Reports

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 eleven allegations of sexual abuse and all zero involved the separation of victim and abuser. The PAQ noted that none were reported in a timeframe that allowed for evidence collection. The interview with the security first responder indicated he would separate the individuals, notify the Shift Commander, secure the crime scene, advise the individuals not to take action to destroy evidence, have the individuals seen by medical and mental health and complete a written report by the end of shift. Interviews with incarcerated individuals who reported sexual abuse indicated none involved any first responder duties. One incarcerated individual was moved to another housing unit, one stayed in the same housing unit and one was placed in segregated housing until IPS was contacted and was then released. A review of ten investigations indicated none involved any immediate first responder duties.

	<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 indicated that during the previous twelve months there were three allegations of sexual abuse that involved a non-security staff first responder. Three were reported to security staff. The interview with the non-security first responder advised she would immediately notify the Shift Commander and would write a confidential incident report. She also stated she would not let the incarcerated individual out of her sight until she obtained assistance from security staff. Interviews with thirteen random staff confirmed that they were aware of first responder duties. A review of ten investigations indicated three involved a non-security staff member first responder (medical or mental health). All three of the incidents were immediately reported to security staff.</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>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. MCI Shirley 103 DOC 519 Sexual Harassment/Abuse Response and Prevention Policy 3. MCI Shirley Sexual Assault Response <p>Interviews:</p>

	<p>1. Interview with the Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the MCI Shirley 103 DOC 509 and the MCI Shirley Sexual Assault Response noted that they include actions for first responders and steps to take after an allegation of sexual abuse. The documents outline medical and mental health practitioner duties, investigator duties and facility leadership duties. The interview with the Warden confirmed that the facility has a written plan to coordinate actions among first responders, medical, mental health, investigators and facility leadership.</p> <p>Based on a review of the PAQ, the MCI Shirley 103 DOC 509, MCI Shirley Sexual Assault Response, and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Agreement with Alliance, AFSCME-SEIU Local 509 Units 8 & 9 3. Agreement with the Massachusetts Correctional Officers Federated Union (MCOFU) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

	<p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of the Agreement with the Alliance, AFSCME-SEIU Local Units 8 & 10, page 70 states that no employee who has been employed in the bargaining units described in Article 1 for nine months or more, except for three consecutive years for teachers shall not be discharged, suspended, or demoted for disciplinary reasons without just cause. Additionally, the agency has agreement with MCOFU. The agreement with the Massachusetts Correctional Officers Federated Union confirms that page 64 states that no employee who has been employed in Bargaining Unit 4 for six consecutive month or more, except for nine consecutive months for entry-level Correction Officers, shall be discharged, suspended or demoted for disciplinary reasons without just cause. It additionally states that any discipline imposed shall be consistent with Departmental policy. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement however the agreement does not prohibit the facility/agency's ability from removing the staff or disciplining the staff, up to and including termination.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Agreements between the MCOFU and the Alliance, AFSCME-SEIU as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Retaliation Monitoring Log – Attachment V

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. 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. The interview with the Agency Head Designee indicated that they monitor individuals for retaliation through a review of phone calls, a review of mail and in-person status checks. The Agency Head Designee confirmed that they can take protective measure including, housing changes, facility transfers, removal of staff from contact with victim and emotional support services. The interview with the Warden indicated that the facility always separate the victim from the alleged perpetrator to prevent any further contact. He stated they institute their PREA protocols as far as separating. The Warden confirmed they can take protective measures including, facility transfers, removal of staff abusers and emotional support services. The staff responsible for monitoring for retaliation indicated she meets with the individual face to face to inquire about retaliation. She advised she also monitors phone calls, housing changes, disciplinary reports and

program changes to determine if retaliation is occurring. She noted that they can take protective actions to prevent retaliation, including housing changes. She confirmed they can also transfer facilities, remove staff from contact and provide emotional support services. Interviews with incarcerated individuals who reported sexual abuse indicated all three felt safe at the facility and protected against retaliation. A review of investigative reports and monitoring documents noted zero allegations of retaliation.

115.67 (c): The PAQ stated that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for at least 90 days and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 103 DOC 519, pages 20-21 state that for a period of at least 90 days following a report of sexual harassment/abuse, IPS staff shall regularly meet with and monitor the conduct and treatment of incarcerated individuals or staff members who reported the sexual abuse, and of incarcerated individuals who were reported to have suffered sexual abuse, to see if there are claims and/or changes that may suggest possible retaliation by incarcerated individuals or staff members, and shall act promptly to remedy any such retaliation. IPS staff should monitor any incarcerated individual disciplinary reports, housing changes, program changes, or negative performance reviews or reassignments of staff members. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that there had been zero instances of retaliation in the previous twelve months. The Warden stated that if they suspect retaliation they ensure a full investigation is completed and that if substantiated, any legal charges and/or discipline would be pursued. The staff responsible for monitoring indicated she monitors for 90 days and could extend monitoring until she deems there is not a need. She advised she monitors phone calls, housing changes, disciplinary reports and program changes to determine if retaliation is occurring. She confirmed she would review performance reviews and post changes for any staff. A review of ten investigations indicated six were sexual abuse. Four required monitoring (two were reported via Warden to Warden notification and as such the victims were not at the facility). Documentation was provided for two of the four, which outlined all incarcerated individuals and staff involved in the investigation were monitored. Both included checks of the elements under this provision.

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 confirmed she conduct in-person status check a few times during the 90 days. A review of ten investigations indicated six were sexual abuse. Four required monitoring (two were reported via Warden to Warden

notification and as such the victims were not at the facility). Documentation was provided for two of the four, which outlined all incarcerated individuals and staff involved in the investigation were monitored. Both included in-person status checks.

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 they would monitor this individuals for retaliation through the same process they utilized to monitor those who report sexual abuse and victims of sexual abuse. This includes a review of phone calls, a review of mail and in-person status checks. The Warden indicated that they would employ the same protective measures as stated in provision (b).

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

Based on a review of the PAQ, 103 DOC 519, incident reports and information from interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and incarcerated individuals who reported sexual abuse, this standards appears to require corrective action. A review of ten investigations indicated six were sexual abuse. Four required monitoring (two were reported via Warden to Warden notification and as such the victims were not at the facility). Documentation was provided for two of the four, which outlined all incarcerated individuals and staff involved in the investigation were monitored.

Corrective Action

The facility will need to provide the originally requested monitoring documents. Additional corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Sexual Abuse Retaliation Monitoring Log – Attachment V <p>The facility provided one of the two requested monitoring for retaliation documents. The one missing was the oldest incident (January 2024). The remaining five documents, including the four originally provided during the on-site period, noted that monitoring is conducted appropriately as outlined in the standard. The auditor determined that since the one missing document was not a systematic issue with the retaliation monitoring process and since it was the oldest and all other incidents since that tie included appropriate monitoring for retaliation, further corrective action was not required.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 CMR 423 – Restrictive Housing 4. Victim Housing Documentation <p>Documents:</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

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. During the tour the auditor observed the segregated housing unit (BAU). The unit has a hearing room, a property and clothing storage, visitation and indoor and outdoor recreation space. Incarcerated individuals have out of cell time via recreation (daily) and showers (five days a week). Phone access is four times a week via the phones in the unit. Additionally, incarcerated individuals have tablets, which are able to make phone calls from in the cells. Incarcerated individuals in the segregated housing unit provide grievances and mail to staff on the 3pm-11pm shift. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in involuntary segregated housing unless there are no other available alternative means of separation of likely abusers. The Warden advised 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 indicated that this would not take

	<p>longer than a week and a half. The Warden stated that he did not believe they had placed an incarcerated individual who reported sexual abuse in involuntary segregated housing within the last twelve months. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals placed in involuntary segregated housing after a report of sexual abuse would have equal access to program, privileges, education and work opportunities to the extent possible. He stated the BAU is not a punishment and that programming, education and privileges are included in the BAU curriculum. He noted the only thing they would not be able to do is work. The segregated housing supervisor further noted that restrictions would be documented in IMS or through the Superintendent. He advised they do not document the work restriction as there really isn't anywhere to document it as it's not part of the BAU. The staff who supervise incarcerated individuals in segregated housing confirmed incarcerated individuals would only be assigned to involuntary segregated housing until they could find an alternative means of separation. He noted that the timeframe would depend. On the nature of the incident, but it would be anywhere from 24 hours to a week. The staff noted that he is part of a review at 60 days, but other staff may review the incarcerated individuals prior to that review. A review of victim housing documentation for the ten investigations reviewed confirmed none of the victims (sexual abuse or sexual harassment) were placed in the segregated housing unit after they reported sexual abuse or sexual harassment.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, victim housing documentation, observations during the tour and information from interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 - Inner Perimeter Security Team (IPS) 3. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 4. Investigator Training Records 5. Massachusetts Statewide Records Retention Schedule 6. Investigative Reports

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. 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 an investigation is initiated immediately following a report of sexual abuse. Investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. A review of ten investigations indicated all had an administrative investigation completed. All ten were prompt, thorough and objective. The auditor observed that the investigations were extremely thorough with reviews of phone calls, emails and bed history. Additionally, the investigator interviewed potential witnesses in most of the investigations to determine if any other incarcerated individuals may have witnessed the incident. The investigations articulated the investigative steps very well. The auditor noted that the investigations were the best reviewed over many agencies.

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 ten investigation noted they were completed by two investigators, both of which had completed the specialized training.

115.71 (c): 103 DOC 519, page 18 states that the assigned trained sexual assault investigator shall ensure that all evidence collected at the institution or at any hospital is transported to the State Police Laboratory as soon as possible. Potential witnesses shall be interviewed in an attempt to gather information, corroborate the victim's statement, and/or to identify any suspect(s). The Massachusetts Statewide Records Retention Schedule, page 190 confirms that incarcerated individual investigative records are retained for ten years. The facility investigator advised his first steps would be to review all the information from how the allegation was received. He would then interview the victim to obtain more information and brief the Superintendent on the information. The allegation would then be entered into the investigative database. He advised he would then review video and any other evidence. The facility investigator stated he would identify any witnesses and conduct interviews and then interview the alleged perpetrator. He stated he would then compile all information and complete this investigation. The criminal investigator advised that his initial step in the investigative process is to review the allegation and available video footage. He advise he would follow-up with the DNA evidence (via the SANE), if applicable and then he would conduct interviews of all those involved, including any witnesses. Both investigators indicated they would be responsible for collecting evidence, including: video, documentation, phone calls, interviews, DNA and physical. Both confirmed they review prior complaints of the alleged perpetrator during the investigation as well. A review ten investigations noted all ten included applicable interviews and a review of evidence (video, phone calls, emails, etc.). Three of the ten had a review of prior complaints of the alleged perpetrator. It should be noted that this was identified during the previous audit cycle and as such the agency PREA Coordinator sent out direction to investigators on the requirement of a review of prior complaints. All investigations completed by the facility after the date the information was sent out included a review of prior complaints. As such, this part of the provision was corrected.

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 criminal investigator stated they have an attorney directly assigned to the unit and she would be consulted prior to conducting any compelled interviews. The facility investigators confirmed they would consult with prosecutors prior to conducting any completed interviews. A review of ten investigations noted none 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 the investigators confirmed that the agency does not require the incarcerated individual victim to submit to a polygraph test or any other truth-telling device in order to continue with the investigation. Additionally, the criminal investigator stated everyone has equal credibility and that it is based on what is found during the investigation. The facility investigators stated credibility is based on evidence, interviews, prior discipline and the credibility assessment. 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 is a six part folder that includes an introduction, how the complaint was received, supportive documentation, evidence, interviews, findings and a conclusion. The criminal investigator stated every investigation has a review that involves staff determining any factors that went into the incident, including staff actions or failure to act. The facility investigators advised he reviews video and interviews to assist with determining if staff actions or failure to act contributed to the incident of sexual abuse. He advised the addition of body worn cameras helps significantly with this process. A review of ten investigation confirmed all were documented in a written report in a six part folder. The report included an introduction, description of interviews, a description of evidence reviewed, supporting documents, and investigative facts and findings. The auditor noted that investigative reports articulated the information well and were very well organized.

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 a review/description of all evidence, documentation, interviews, a finding and a conclusion. The confirmed the report would include descriptions and attachments. A review of the two criminal investigations noted they were documented in a written report in a six part folder. The report included an introduction, description of interviews, a description of evidence reviewed, supporting documents, and investigative facts and findings. The report also outlined the investigation was forwarded for prosecution and the denial of the attorney to prosecute.

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 there is criminal activity. A review of ten investigations indicated three were substantiated and two were referred for prosecution. The attorney refused to prosecute in both instances.

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 criminal investigator stated that investigations continue no matter what, until there is an outcome. He stated if there is insufficient information to move forward with an investigation, there is a finding that indicates there is a factor outside the normal investigative process that is not allowing the investigation to move forward and as such the investigation is paused until it can be rectified (i.e. locate victim, suspect or witness). The facility

	<p>investigators advised the departure of the staff or incarcerated individual would not deter the investigation. He advised if he was unable to interview the individual it would be forwarded to the Professional Standards Unit (PSU) to would take over the investigation.</p> <p>115.71 (k): The auditor is not required to audit this provision.</p> <p>115.71 (l): 103 DOC 519, page 17 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS/IAU, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's office and shall ensure that the Department seeks assistance and begins a cooperative investigation with these agencies. The interview with the Warden indicated that the facility would remained informed of the progress of an outside investigation through the facility investigators. The interview with the PC indicated that the agency would remained informed of the progress of outside investigation through the Criminal Prosecution Unit (CPU). The interview with the PCM further indicated they would remain informed of the progress of the investigation through facility investigators. Investigative staff stated that when an outside agency conducts an investigation they serve as a liaison and assist the outside agency with whatever they need.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 518, investigator training records, the Massachusetts Statewide Records Retention Schedule and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, the facility appears to exceed this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 - Inner Perimeter Security Team (IPS) 3. Investigative Reports <p>Interviews:</p>

	<p>1. Interviews with Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 103 DOC 518, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the investigators confirmed that the level of evidence required to substantiate an administrative investigation is no higher than a preponderance of evidence. A review of ten investigative reports confirmed investigators utilized a preponderance of evidence and three were substantiated 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, this standard appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Attachments I, II and III (Notification Letters) 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Investigative Staff 3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

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 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 eleven investigations completed within the previous twelve months and nine incarcerated individual was notified verbally or in writing of the results of the investigation. 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 none of three were aware they were to be informed of the outcome of the investigation into their allegation. None of the three advised they were provided notification. A review of ten investigations indicated six were sexual abuse. Two incarcerated individuals were not at the facility when reported (Warden to Warden notification). The remaining four were notified of the outcome of the investigation in writing via a letter.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency shall request the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. 103 DOC 519, page 21 states that if the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the incarcerated individual. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of ten investigations indicated all were completed by facility/agency staff and as such no notifications under this provision were required.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ stated that there have not been any

substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an incarcerated individual in an agency facility in the past twelve months. 103 DOC 519, page 21 states that following the incarcerated individual's allegation that a staff member has committed sexual harassment/abuse against him/her, the Department shall subsequently inform the victim incarcerated individual of the staff member's status utilizing Attachment II. A review of Attachment II confirms that it includes information on whether: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Interviews with three incarcerated individuals who reported sexual abuse indicated two were allegations against a staff member, but none included notifications under this provision. A review of ten investigations indicated two required notification under this provision. A review of documentation indicated both were notified the staff was no longer employed at the facility, however the notification was made during the interim report period.

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 three incarcerated individuals who reported sexual abuse indicated one was against another incarcerated individual but it did not include notifications under this provision. A review of ten investigations indicated none required any notifications 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 nine notifications to incarcerated individuals under this standard. A review of ten investigations indicated six were sexual abuse. Two incarcerated individuals were not at the facility when reported (Warden to Warden notification). The remaining four were notified of the outcome of the investigation in writing via a letter. A review of ten investigations indicated two required notification under this provision. A review of documentation indicated both were notified the staff was no longer employed at the facility, however the notification was made during the interim report period.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 103 DOC 519, Attachments I, II and III (notification letters), investigative reports and information from interviews with the Warden, investigative staff and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of ten investigations indicated two required notification under this provision. A review of documentation indicated both were notified the staff was no longer employed at the facility, however the notification was made during the interim report period.

Recommendation

The auditor highly recommends the facility have incarcerated individuals signs the victim notification letter in order to confirm the letter was received.

Corrective Action

The facility will need to conduct training with appropriate staff on the notification process for staff as it relates to provision (c). A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period, investigative outcomes and associated notifications under provision (c), as necessary.

	<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 2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period <p>The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There were three allegations of sexual harassment reported and zero allegations of sexual abuse. As such, none required notification under this standard.</p> <p>The facility conducted training with appropriate staff, PCM, on the notification process for staff no longer in the housing unit, staff no longer employed at the facility, staff that were convicted and/or staff that were indicted. The PCM signed a confirmation document indicating he received and understood his responsibilities related to notification under provision (c).</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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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 230 – Discipline and Terminations 3. Investigative Reports

4. Termination Documents

Findings (By Provision):

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

115.76 (b): The PAQ indicated there was one staff 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. Further communication indicated this was a contractor and not a staff member and as such falls under PREA Standard 115.77. 103 DOC 230, page 10 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There was one substantiated staff sexual abuse investigations during the previous twelve months. The staff was terminated and the incident was referred for prosecution. The attorney refused to prosecute.

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 was one substantiated staff sexual abuse investigations during the previous twelve months. The staff was terminated and the incident was referred for prosecution. The attorney refused to prosecute.

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

	<p>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 was one substantiated staff sexual abuse investigations during the previous twelve months. The staff was terminated and the incident was referred for prosecution. The attorney refused to prosecute.</p> <p>Based on a review of the PAQ, 103 DOC 230, investigative reports, and termination documents, this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Termination Documentation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with 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</p>

	<p>investigation is completed. Policy further states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of documentation in the PAQ (under PREA Standard 115.76) indicated there was one contractor who violated the sexual abuse policy. A review of investigative reports confirmed there was one contractor who violated the sexual abuse and sexual harassment policies. The contractor was terminated and the investigation was referred for prosecution. The attorney refused to prosecute.</p> <p>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 fall under the same guidelines as staff. He stated they receive a letter advising them that they are barred from the facility until an investigation is completed. A review of investigative reports confirmed there was one contractor who violated the sexual abuse and sexual harassment policies. The contractor was terminated and the investigation was referred for prosecution. The attorney refused to prosecute.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports, termination documentation and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention

3. 103 CMR 430 – Inmate Discipline
4. 103 DOC 650 – Mental Health Services
5. Investigative Reports
6. Disciplinary Documents

Interviews:

1. Interview with the Warden
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 103 DOC 519, page 6 states that all intentional acts of sexual harassment/sexually abusive behavior or intimacy between an incarcerated individual and a staff member, or between incarcerated individuals, regardless of consensual status, are prohibited. The perpetrators shall, where appropriate, be subject to administrative, criminal and/or disciplinary sanctions. The PAQ indicated there have been zero administrative findings of guilt for incarcerated individual-on-incarcerated individual sexual abuse and zero criminal findings of guilt for incarcerated individual-on-incarcerated individual sexual abuse within the previous twelve months. A review of investigations indicated there was one substantiated sexual harassment incident. The incarcerated individual perpetrator went through the disciplinary process and received loss of privileges.

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 considered 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 an incarcerated individual perpetrator would be disciplined up to and including criminal prosecution. 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 does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility does not consider whether to require the offending incarcerated individual to participate in these interventions as a condition of access to programming and other benefits. The PAQ noted that the facility does have a mental health team that can provide mental health services. 103 DOC 650, page 45 states that a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers shall be conducted within 60 days of learning of such abuse history and mental health staff shall offer treatment when deemed clinically appropriate. Interviews with medical and mental health staff confirmed that they do offer therapy, counseling and other services designed to address and correct underlying reasons or motivations for sexual abuse through the scope of the caseload and any presenting issues. Staff advised they do not offer sex offender treatment but regular mental health services. The staff advised they do not require participation in order to gain access to other programs or benefits.

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

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

	<p>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, disciplinary documents, 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> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Incarcerated Individuals who Disclosed Victimization During the Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 offered within fourteen days of the intake screening. 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 2% 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 there were two incarcerated individuals who disclosed victimization and both 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. Interviews with staff responsible for the risk screening indicated that incarcerated individual who disclose prior victimization during the risk screening would be referred to mental health and would be seen that same day, as all incarcerated individuals see mental health upon arrival. Interviews with the incarcerated individual who disclosed prior victimization indicated both were offered a follow-up with mental health. The auditor requested documentation for six incarcerated individuals who disclosed prior sexual victimization. At the issuance of the interim report the documentation had not yet been provided. 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. Additionally, the risk screenings do not differentiate from prior sexual victimization that was already addressed/referred to mental health during a prior risk screening. As such, many incarcerated individuals may have already had the opportunity to meet with mental health for a follow-up at prior MA DOC facilities.

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 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated that incarcerated individual who are identified with prior sexual abusiveness would be offered a follow-up with mental health. The auditor requested documentation for five incarcerated individuals identified with prior sexual abusiveness. At the issuance of the interim report no documentation had been provided related to the mental health follow-up. 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. Additionally, the risk screenings do not differentiate from prior sexual abusiveness that was already addressed/referred to mental health during a prior risk screening. As such, many incarcerated individuals may have already had the opportunity to meet with mental health for a follow-up at prior MA DOC facilities.

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 not strictly limited to medical and mental health practitioners. It further advised that information 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 and mental health records are paper and electronic. Paper files are only those that have older files and pre-date the electronic system. The records area is staffed during normal business hours 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 Sapphire database, which is only accessible to medical and mental health care staff. Incarcerated individual risk assessments are documented electronically via the electronic Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the risk screening information. The auditor observed that the security staff member did not have access as he was not in a position 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 auditor requested documentation for six incarcerated individuals who disclosed prior sexual victimization. At the issuance of the interim report the documentation had not yet been provided. The auditor requested documentation for five incarcerated individuals identified with prior sexual abusiveness.

Corrective Action

The facility will need to provide the requested documentation. Further corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training

	<p>2. Risk Assessments</p> <p>3. Mental Health Follow-Up Documentation</p> <p>The facility was unable to provide the originally requested documentation. As such, further corrective action was required.</p> <p>The facility conducted training with medical and mental health staff on policy and procedure related to the mental health follow-up process. The facility provided documentation of one incarcerated individual who disclosed prior sexual victimization during the risk screening that accepted a mental health follow-up. The incarcerated individual was seen the same date as the risk assessment by the mental health staff member. It should be noted that all incarcerated individuals are asked about prior sexual victimization during the initial risk assessment by medical and then at the initial mental health assessment by mental health care staff. As such all incarcerated individuals are seen by mental health upon arrival and are provided the opportunity for services. It should also be noted that the facility is not an intake facility and as such most incarcerated individuals had the opportunity to disclose prior victimization and abusiveness at a previous MA DOC facility and would have been afforded a mental health follow-up.</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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 DOC 650 - Mental Health Services 4. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders
3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of services are determined by medical and mental health practitioners according to their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 103 DOC 519, page 15 states that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. A qualified health care professional shall evaluate and document the extent of physical injury and provide emergency medical treatment as needed. 103 DOC 650, page 43 states that any incarcerated individual who reports being physically victimized by sexually abusive behavior shall be brought to the Health Services Unit for emergency medical and mental health treatment as needed. Page 45 further states that incarcerated individual victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope which are determined by medical and mental health practitioners according to their professional judgment. During the tour the auditor noted that the health services area consisted of a small reception space, numerous exam and treatment rooms, an ancillary room, observation cells and an infirmary. Exam and treatment rooms had doors with large windows. No additional privacy measures were observed for the exam, treatment and ancillary rooms. During the interim report the facility provided documentation confirming a mobile barrier was ordered for the area to provide additional privacy when necessary. 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 confirmed all were provided medical and/or mental health services. A review of documentation for six sexual abuse allegations indicated the four that were at the facility when the

allegation was reported were 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 he would separate the individuals, notify the Shift Commander, secure the crime scene, advise the individuals not to take action to destroy evidence, have the individuals seen by medical and mental health and complete a written report by the end of shift. The interview with the non-security first responder advised she would immediately notify the Shift Commander and would write a confidential incident report. She also stated she would not let the incarcerated individual out of her sight until she obtained assistance from security staff.

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 noted that none reported an allegation that involved oral or anal penetration and as such none required sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely

	<p>information and access to emergency contraception and sexual transmitted infection prophylaxis. A review of documentation for six sexual abuse allegations indicated the four that were at the facility when the allegation was reported were provided medical and/or mental health services. None involved an allegation that required sexually transmitted infection prophylaxis.</p> <p>115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 17 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.</p> <p>Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents, documents received during the interim report period and information from interviews with medical and mental health care staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. 103 DOC 650 - Mental Health Services 4. 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 Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ and further communication with the PC 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 following their transfer or placement in, other facilities, or their release from DOC custody. During the tour the auditor noted that the health services area consisted of a small reception space, numerous exam and treatment rooms, an ancillary room, observation cells and an infirmary. Exam and treatment rooms had doors with large windows. No additional privacy measures were observed for the exam, treatment and ancillary rooms. During the interim report the facility provided documentation confirming a mobile barrier was ordered for the area to provide additional privacy when necessary. A review of documentation for six sexual abuse allegations indicated the four that were at the facility when the allegation was reported were provided medical and/or mental health services. The auditor also observed documentation confirming that those who reported allegations that occurred at another facility (via 115.63) were offered/provided medical and/or mental health services. Further, all incarcerated individuals that disclose prior sexual victimization during the risk screening disclose this to medical staff and also meet with mental health staff within 72 hours, thus are given the opportunity for medical and mental health services.

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 all were provided follow-up services with medical and/or mental health care staff. Interviews with medical and mental health care staff confirmed that they provide follow-up service, treatment plans and referrals to incarcerated individual victims of sexual abuse. A review of documentation for six sexual abuse allegations indicated the four that were at the facility when the allegation was reported were 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. Interviews with incarcerated individuals who reported sexual abuse noted none reported an allegation that involved oral or anal penetration and as such none required testing for sexually transmitted infections. A review of documentation for six sexual abuse allegations indicated the four that were at the facility when the allegation was reported were provided medical and/or mental health services. None involved an allegation that required sexually transmitted infection prophylaxis.

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

	<p>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 abuse confirmed none were required to pay for medical and/or mental health services.</p> <p>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. Interviews with medical and mental health staff indicated that all victims and perpetrators are provided mental health services following an allegation of sexual abuse, regardless of whether it is substantiated or not. There were zero substantiated allegations of sexual abuse reported and as such there were no known incarcerated individual-on-incarcerated individual abusers.</p> <p>Based on a review of the PAQ, 103 DOC 650, a review of medical and mental health documents and information from interviews with medical and mental health care staff, this standard appears to be compliant.</p>
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115.86 Sexual abuse incident reviews	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Incident Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden

2. Interview with the PREA Compliance Manager

3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 103 DOC 519, page 22 states that the facility shall also conduct a sexual harassment/abuse incident review at the conclusion of all substantiated and unsubstantiated investigations. The PAQ indicated there were five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 103 DOC 519, page 22 states that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated there were three sexual abuse incident reviews completed by the facility within 30 days of the conclusion of the investigation. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review. Two of the four were completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 103 DOC 519, page 22 states that each institution shall establish a PREA committee comprised of the PREA Manager, upper-level management official, line supervisors, investigators, medical and/or mental health practitioners and any other individual deemed integral to successful implementation of the PREA process at the site. 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. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review and appropriate staff were included in the reviews.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, pages 22-23 state that the review team shall; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine where the incident where allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process by using the PREA database. Interviews with the Warden, PCM and incident review team member confirmed that sexual abuse incident reviews are being completed and they include all the required elements under this provision. The Warden stated they use information from the sexual abuse incident reviews to determine any type of corrective action to better current policies and procedures. The PCM stated that he is part of the sexual abuse incident review team and he has not noticed any trends. He advised after the sexual abuse incident review is completed, they would make any necessary corrective action identified during the review, to include cameras, mirrors, additional staff rounds, etc. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review and the reviews included the elements under this provision. The auditor observed that the sexual abuse incident reviews were mainly a yes and no checklist and included limited incident specific narrative.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 103 DOC 519, pages 22-23 state the committee shall document its findings, including, but not limited to determinations made pursuant to the above and any recommendations for improvement. The institution shall implement the recommendations for improvement or shall document its reason for not doing so. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review, and one included recommendations for additional cameras.

Based on a review of the PAQ, 103 DOC 519, investigative reports, sexual abuse incident reviews and information from interviews with the Warden, the PCM and

member of the sexual abuse incident review team, this standard appears to require corrective action. A review of ten investigations indicated six were sexual abuse. Two of the six were deemed unfounded and as such only four required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review. Two of the four were completed within 30 days of the conclusion of the investigation. The auditor observed that the sexual abuse incident reviews were mainly a yes and no checklist and included limited incident specific narrative.

Corrective Action

The facility will need to ensure sexual abuse incident reviews are completed within 30 days of the conclusion of the investigation and that they include incident specific narrative for elements under provision (d). The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews.

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 During the Corrective Action Period
2. Sexual Abuse Incident Reviews

The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There were three sexual harassment allegations and zero sexual abuse allegations reported. One of the three investigations was closed, while the other two were ongoing. The facility conducted a sexual abuse incident review for the one closed sexual harassment incident in order to demonstrate compliance with this standard. The facility provided the completed sexual abuse incident review, which was completed within 30 days of the conclusion of the investigation and included incident specific narrative for the elements under provision (d).

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Annual Reports 4. Survey of Sexual Victimization <p>Findings (By Provision):</p> <p>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.</p> <p>115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 103 DOC 519, page 30 states that the Department PREA Coordinator/designee shall aggregate the incident-based sexual abuse data at least annually and submit a report to the DOJ as required. A review of the PREA Annual Reports confirmed that each annual report included aggregated facility and agency data.</p> <p>115.87 (c): The PAQ indicated that the agency collects accurate uniform data for</p>

every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 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 MA DOC facility is compared for the two prior years and is broken down by incident types and outcome across the different facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 103 DOC 519, page 23 states that the Department shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews. The Department shall also attempt to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its incarcerated individuals. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.

115.87 (e): The PAQ indicated that this standard is not applicable as the agency does not contract with private facilities for the confinement of its 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.

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. A review of documentation noted that the agency submitted the SSV in 2024.

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with the Agency Head Designee2. Interview with the PREA Coordinator3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual 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. 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 data is used to focus on areas that involve a higher volume of incidents in order to identify any issues that may require corrective action, including training, education, staffing, etc. He confirmed that they take corrective action on an on-going basis. He stated they review each incident after the investigation and is completed (via the sexual abuse incident review) and take any necessary corrective action identified from the review. The interview with the PC confirmed that the agency takes corrective action on an ongoing basis. He advised they utilize the aggregated data to</p>

identify any areas that require additional training, education or staffing. The PC advised that the agency prepares an annual report, which includes recent findings from DOJ audits, corrective action and sexual abuse and sexual harassment data. The interview with the PCM indicated that facility data is used by the PC to determine necessary information for corrective action and compliance. 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 (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 compiles all information and data and drafts the annual report. He stated it is submitted to the Deputy Commissioner and Commissioner to review and approve. A review of the website 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. The interview with the PC confirmed that the agency would redact any information that is considered sensitive information, such as names, personal identifies and security information. A review of the PREA Annual Report confirmed that no personal

	<p>identifying information was included in the report nor any security related information. The report did not contain any redacted information.</p> <p>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.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Massachusetts Statewide Record Retention Schedule 4. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 103 DOC 519, page 24 states that the Department shall ensure that data collected is securely retained and only shared with individuals, institutions, and/or agencies, on a “need to know basis”. The PC stated that the sexual abuse and sexual harassment data is maintained in the PREA database. He advised anything in the database is securely retained and the database has limited access. The PC advised data has been retained from 2007 to current.</p> <p>115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or</p>

	<p>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 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</p>

	<p>being audited in the third year of the three year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The facility provided the auditor with photos of the audit announcement illustrating it 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 in housing units and common areas. The audit announcement was on bright colored 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 Manual 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): MA DOC 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 MA DOC facilities is available online and a cross reference of facilities with the audit reports confirms compliance with this standard.</p>

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>