

PREA Facility Audit Report: Final

Name of Facility: North Central Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/12/2025

Date Final Report Submitted: 10/09/2025

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: 10/09/2025

AUDITOR INFORMATION

Auditor name: Prisk, Kendra

Email: 2kconsultingllc@gmail.com

Start Date of On-Site Audit: 05/01/2025

End Date of On-Site Audit: 05/02/2025

FACILITY INFORMATION

Facility name: North Central Correctional Institution

Facility physical address: 500 Colony Road, Gardner, Massachusetts - 01440

Facility mailing address: 500 Colony Road, PO BOX 466, Gardner, - 01444

Primary Contact

Name:	Lynn Lareau
Email Address:	Lynn.R.Lareau@doc.state.ma.us
Telephone Number:	978-630-6000

Warden/Jail Administrator/Sheriff/Director

Name:	Matthew Divris
Email Address:	Matthew.Divris@doc.state.ma.us
Telephone Number:	978-630-6000

Facility PREA Compliance Manager

Name:	Lynn Lareau
Email Address:	Lynn.R.Lareau@doc.state.ma.us
Telephone Number:	
Name:	Gary Dupuis
Email Address:	gary.p.dupuis@doc.state.ma.us
Telephone Number:	(978) 630-6040 x242
Name:	Jason Haydon
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Telephone Number:	(978) 630-6040 x144

Facility Health Service Administrator On-site

Name:	Crystal Pratt
Email Address:	cbpratt@VitalCoreHS.com
Telephone Number:	(978) 630-6000 X 378

Facility Characteristics

Designed facility capacity:	959
Current population of facility:	833
Average daily population for the past 12 months:	829
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:	Years: Youngest 19, oldest 85, average age: 49
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:	355
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	50
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	73

AGENCY INFORMATION

Name of agency:	Massachusetts Department of Correction
Governing authority	Executive Office of Public Safety and Security

or parent agency (if applicable):	
Physical Address:	50 Maple Street, Milford, Massachusetts - 01757
Mailing Address:	
Telephone number:	5084223300

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

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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:	2025-05-01
2. End date of the onsite portion of the audit:	2025-05-02

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	959
15. Average daily population for the past 12 months:	829
16. Number of inmate/resident/detainee housing units:	17
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:	834
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:	16
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:	5
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:	110
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:	100
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:	193
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:	2

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:	7
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:	2
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):	Those with a vision impairment included anyone with corrective lenses/glasses. Those with a hearing impairment were anyone with any slight impairment as outlined with medical and ADA. LEP incarcerated individuals were mostly bilingual but if they had another language other than English listed that they could speak they were included on the list provided. The facility does not track LGB or those who disclose prior victimization during the risk screening and as such the numbers above indicate only those interviewed.
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:	355

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:	73
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:	50
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)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following incarcerated individuals were selected from the housing units: seven from A, one from B, two from BRAVE, two from F, one from G, three from H, two from I and eleven from T.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
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):	27 of the incarcerated individuals interviewed (random and targeted) were male and three were transgender female. Two of the incarcerated individuals interviewed were black, thirteen were white, eight were Hispanic, and seven were another race/ethnicity. With regard to age, two were between eighteen and 25, seven were 26-35, seven were 36-45, nine were 46-55 and five were 56 or older. 21 of the incarcerated individuals interviewed were at the facility less than a year, seven were there between a year and five years, and two were there six to ten years.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

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 for high risk incarcerated people and those who reported sexual abuse.

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:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
If "Other," describe:	Race, gender and ethnicity
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):	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 two were from third shift. With regard to the demographics of the random staff interviewed, eleven were male and one was female. Eleven were white and one was Hispanic. Five were Correctional Officers, three were Sergeants, two were Lieutenant and two were Captains.

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

25

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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 type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" 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 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 May 1-2, 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 May 1, 2025. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, food service, health services, recreation, industries, 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 and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. 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 not observed in visitation or the front entrance, however prior to the issuance of the interim report the facility posted the information and provided photos as confirmation. The information was posted in English and Spanish on legal size paper, via the PREA Poster.

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 with rounds.

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 within the housing units/ areas can be monitored by staff assigned to those spaces. 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 cells doors with security windows, solid doors and/or shower curtains. The auditor observed a cross gender viewing issue in the two health care (HSU) observation cells. The auditor observed the strip search areas and confirmed no cross gender viewing issues. A review of the video monitoring technology identified cross gender viewing issues in the HSU cells and one BAU cell. During the tour the auditor heard the opposite gender announcement each time the auditor entered the incarcerated individual housing units. The announcement was made verbally and was at an adequate audible level. The facility indicated they have a paging system where the announcement can be sent out to those with a hearing impairment.

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. The door is closed but not locked after hours. 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 and in the investigative database. Access to the IPS office is IPS staff only and the investigative database is limited to investigative staff.

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 treated as regular mail. Due to outgoing mail not being reviewed, the auditor confirmed there was not an issue with treatment of mail to MSP and BARCC.

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-populated 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 significant weight). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator. The auditor was provided a demonstration of the reassessment process. 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 meet with the incarcerated individual and ask them if they feel vulnerable, if they have ever been sexually victimized, gender identity and sexual preference. The mental health staff noted that they conduct this screening within 72 hour and they only meet with incarcerated people after that if they have a mental health diagnosis or if they report prior sexual victimization.

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 May 1, 2025 via a locked box located in a housing unit. The auditor was provided confirmation on May 2, 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 every Thursday through facility orientation. Incarcerated individuals view the PREA Resource Center's (PRC) Adult Comprehensive Education video as well as the MADOC orientation video. The video is shown on a 47 inch screen with adequate audio. The PRC video is available in English, Spanish and ASL while the MADOC orientation video is available in English with Spanish subtitles. The facility started this education process in January 2025. The facility identified the prior process as deficient and implemented corrective action in January. It should be noted that the facility previously did not complete education as incarcerated individuals that transfer to the facility typically transfer from another MADOC facility and have received education at the intake/reception facility.

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 Lionsbridge translator for LEP incarcerated individual interviews. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals through a staff member. The auditor also

utilized an American Sign Language (ASL) interpreter for the one deaf incarcerated individual. The ASL translator was scheduled for in person translation a day in advance of the interview. The staff arrived at the facility to provide services.

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 39 personnel and/or training records that included, two staff hired in the previous twelve months, three contractors hired within the previous twelve months, four staff employed over five years, one contractor employed over five years and two staff promoted in the previous twelve months. The review included six volunteers, eight total contractors and six medical and mental health care staff.

Incarcerated Individual Files. A total of 45 incarcerated individual files were reviewed. 27 incarcerated individual files were of those that arrived within the previous twelve months, eight were disabled incarcerated individuals, five were LEP incarcerated individuals, five were transgender incarcerated individual and six 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 six 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 zero sexual abuse grievances in the previous twelve months. The auditor reviewed the grievance log and a 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 two 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 the ten investigations reviewed.

Investigation Files. The auditor reviewed ten investigations, seven were sexual abuse, two were sexual harassment and one did not meet the definition of sexual abuse or sexual harassment. All ten allegations had an administrative investigation and one had a criminal investigation.

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	11	1	11	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	11	1	11	1

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	0	0	0	0
Total	3	0	3	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	1	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	1	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	6	3	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	6	3	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	0	0	0
Total	0	0	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:

7

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:	7
88. Did your sample of INMATE-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 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:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any 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:	2
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:	2
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:

0

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.

There were zero allegations reported against a staff member. The auditor also reviewed an investigation that was reported originally as PREA, but did not meet the definition of sexual abuse or sexual harassment.

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 she has enough time to manage all of her PREA related responsibilities. She advised she coordinates the facility's compliance efforts through monthly and quarterly meetings as well as ensuring training is completed each year. She further stated she meets with the IPS team, CPOs and medical and mental health care staff to review their compliance. The PCM noted that if she identifies an issues complying with a standard she contacts the agency PC first and then would come up with a plan after that to gain compliance.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment letter, the organizational charts and information from interviews with the PC and PCM this standard appears to be compliant.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contracts with Other State Department of Corrections <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p>

115.12 (a): The PAQ indicated the agency has entered into or renewed a contract for the confinement of incarcerated individuals since the last PREA audit and not all of the contracts require contractors to adopt and comply with PREA standards. The PAQ stated that there have been two 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 and one did not require contractors to adopt and comply with PREA standards. Further communication indicated these are all interstate compact agreements with other states and that the interstate compact agreement with the Bureau of Prisons was missing the contract language but still requires that they comply with PREA. The PC advised they had already contacted their contracts division to amend the contract and add the PREA language. A review of interstate contracts with Ohio, Florida, Idaho, Montana, Nevada, North Carolina and Pennsylvania confirm that contract language indicates that contracting parties are required to adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and applicable PREA Standards. The contract language permits the parties to monitor the aspect of the agreement to ensure compliance with PREA.

115.12 (b): The PAQ indicated all of the above contracts do not require the agency to monitor the contractor's compliance with PREA standards and that one contract did not require the agency to monitor contractor's compliance with PREA standards. Further communication indicated these are all interstate compact agreements with other states and that the interstate compact agreement with the Bureau of Prisons was missing the contract language but still requires that they comply with PREA. The PC advised they had already contacted their contracts division to amend the contract and add the PREA language. 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 MADOC 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.

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.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 510 – Security Staffing and Analysis 3. 103 DOC 512 – Post Orders 4. Post Order 1 – Shift Commander 5. The Staffing Plan 6. Staffing Plan Development Narrative 7. Annual Staffing Plan Reviews 8. Daily Staffing Rosters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interviews with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Materials <p>Findings (By Provision):</p> <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 758 incarcerated individuals, which is the average daily population. The facility employs 355 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, work areas 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 document states that staffing is based on a medium security level facility. The document outlines the number and placement of supervisory staff as well as the staff corresponding to the programs listed in the document. 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 with rounds. 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 within the housing units/areas can be monitored by staff assigned to those spaces. Cameras can also be viewed by Inner Perimeter Security (IPS) and management level staff. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides for adequate levels to protect incarcerated individuals from sexual abuse. The Warden advised they are overly staffed and that they have more staff in positions than what is needed. He confirmed all the elements under this provision are considered in the staffing plan. He noted that the staffing plan looks at safety, PREA and cameras and that they conduct an annual safety assessment where they review staffing and cameras. The Warden advised that they check for compliance with the staffing plan through the daily roster. The interview with the PCM confirmed the elements under this provision are considered in the staffing plan. She sated they look at high risk areas and ensure that staffing is appropriate and that there are cameras in those areas. She noted that

there are additional staff in areas with a more vulnerable population. She also stated there is staff as well as cameras in programming areas and recreation areas when in use.

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 interview with the Warden confirmed that they do not deviate from the staffing plan and that all posts are filled through use of overtime.

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 March 28, 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 auditor requested the prior annual staffing plan review, however at the issuance of the interim report the documentation was not provided. 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. Interviews with intermediate-level or higher-level facility staff confirmed they make unannounced rounds and that the unannounced rounds are documented in IMS and on the Shift Commanders report. Supervisors noted that they ensure staff do not notify one another of the rounds through unpredictability. The auditor requested documentation for six random weeks to review unannounced rounds on all three shifts. At the issuance of the interim report the documentation had not yet been provided.

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 the prior annual staffing plan review, however at the issuance of the interim report the documentation was not provided. The auditor requested documentation for six random weeks to review unannounced rounds on all three shifts. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure unannounced rounds are conducted at least weekly across each shift. Documentation will need to be provided over the next four to six weeks to confirm rounds. The facility will also need to ensure the Security Staffing Plan Assessment Attachment I is completed annually. The facility will need to provide the 2025 review.

Verification of Corrective Action Since the Interim Audit Report

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

	<p>facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Annual Staffing Plan Review 2. Documentation of Unannounced Rounds <p>The facility provided the 2025 annual staffing plan review, which was completed on July 15, 2025. The review included the Security Staffing Plan Assessment Attachment I.</p> <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>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy 3. Massachusetts State Law <p>Findings (By Provision):</p>

	<p>115.14 (a): The PAQ indicated that no youthful incarcerated individuals are or were housed at the facility during the audit period. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders.</p> <p>115.14 (b): The PAQ indicated that no youthful incarcerated individuals are or were housed at the facility during the audit period. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders.</p> <p>115.14 (c): The PAQ indicated that no youthful incarcerated individuals are or were housed at the facility during the audit period. Additionally, 103 DOC 519, page 19 states that pursuant to M.G.L. c. 119, § 58, the Department of Corrections does not house youthful offenders.</p> <p>Based on a review of the PAQ, 103 DOC 519 and Massachusetts State Law this standard appears to be not applicable and as such compliant.</p>
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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

Interviews:

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

Site Review Observations:

1. Observations of Privacy Barriers
2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of incarcerated individuals and that there have been three searches of this kind in the previous twelve months. Further communication with the PCM indicated 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. 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 twelve 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 had not been restricted access in order to comply with

this provision.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female incarcerated individuals and as such any documentation of cross gender pat down searches of female incarcerated individuals would not apply. 103 DOC 506, page 7 states that except for gender non-conforming incarcerated individuals, cross gender unclothed searches or cross gender visual body cavity searches shall not be conducted, except in exigent circumstances or when performed by medical practitioners. Should such a situation arise, permission from the Superintendent must be obtained prior to the search. The search must be documented in writing through a confidential incident report.

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

Additionally, all twelve stated that staff of the opposite gender announce when entering housing units. Interviews with 30 incarcerated individuals indicated 29 have privacy when showering, using the restroom and changing their clothes. A few advised they are not allowed to place anything over their window, however the window is small and only viewable during official duties. Additionally, 20 of the 30 incarcerated individuals stated that opposite gender staff announce when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status and that no searches of this nature have occurred within the previous twelve months. 103 DOC 512 page 7, states that searches or physically examining a gender non-conforming incarcerated individual for the sole purpose of determining the incarcerated individual's genital status shall not be permitted. If the incarcerated individual's genital status is unknown, it may be determined during conversation with the incarcerated individual, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the contracted medical provider. Interviews with twelve staff indicated all twelve 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. Additionally, 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 twelve staff indicated eleven had received training on cross gender searches and searches of transgender incarcerated individuals. Most staff advised that male staff

do not search female incarcerated individuals and transgender individuals are searched based on their preference. A review of staff training records indicated that all had received the fully clothed and unclothed training during the academy. It should be noted that some of the staff had this training prior to 2013, however because male staff do not 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, 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 require corrective action. The auditor observed a cross gender viewing issue in the two health care (HSU) observation cells. A review of the video monitoring technology identified cross gender viewing issues in the HSU cells and one BAU cell.

Corrective Action

The facility will need to make appropriate modifications and provide photos as confirmation.

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. Photos of Modifications

The facility provided photos that illustrated that modifications were made to alleviate the cross gender viewing issues. A black box was placed over the toilet area of the HSU and BAU cell video monitoring technology and a small barrier was placed on the

	<p>window of the HSU cells to obstruct the toilet.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 401 – Booking and Admissions 3. 103 DOC 408 – Reasonable Accommodations for Inmates 4. 103 DOC 488 – Interpreter Services 5. 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. PREA Resource Center’s Adult Comprehensive Education Video 10. Incarcerated Individual Orientation Video (MADOC Orientation Video) 11. PREA Posters 12. Foreign Language Interpretation and Translation Services Information 13. Lionbridge Interactive Voice Response Information 14. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information 15. Staff Training Documentation <p>Interviews:</p>

1. Interview with the Agency Head Designee
2. Interview with Incarcerated Individuals with Disabilities
3. Interview with LEP Incarcerated Individuals
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in Accessible Formats

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled 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. The facility has a list of eleven staff that can translate in Spanish and American Sign Language. A review of the Manual, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed 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 54-55 outline information related telecommunications aids and services for effective communication as well as other information related to the Americans with Disabilities Act. Further a review of the MADOC Orientation Video confirms it is available in English, Spanish and with subtitles. The PRC Video is available in English, Spanish and American Sign Language. The auditor observed PREA information posted throughout the facility, including in common areas and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each

housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. Additionally, the hotline numbers (IPS, PREA and BARCC) were observed on the back of each incarcerated individual's ID card. The auditor also utilized an American Sign Language (ASL) interpreter for the one deaf incarcerated individual. The ASL translator was scheduled for in person translation a day in advance of the interview. The staff arrived at the facility to provide services. 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. A review of the Lionsbridge User's Guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. The 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. The facility also has a list of eleven staff that can translate in Spanish and American Sign Language. A review of the Manual, PREA Posters and Protecting Yourself from Sexual Assault Brochure confirmed they were available in English and Spanish. Page 33 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. Further a review of the MADOC Orientation Video confirms it is available in English, Spanish and with subtitles. The PRC Video is available in English, Spanish and American Sign Language. The auditor observed PREA information posted throughout the facility, including in common areas and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. 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 (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 Lionsbridge translator for LEP incarcerated individual interviews. It should be noted that interpretation services via Lionsbridge are only accessible to incarcerated individuals through a staff member. Interviews with two LEP incarcerated individuals indicated one was provided PREA information in a format 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,

	<p>read or provide other types of assistance. Interviews with twelve random staff indicated ten 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 none had an incarcerated individual translate, interpret, read or provide assistance related to PREA.</p> <p>Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, Americans with Disabilities in Corrections, Prison Rape Elimination Act (PREA) Basic Lesson Plan, Protecting Yourself from Sexual Assault Brochure, Incarcerated Individual Orientation Manual, PREA Resource Center's Adult Comprehensive Education Video, Incarcerated Individual Orientation Video, PREA Posters, 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, 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.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 201 - Selection and Hiring 3. Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections 4. Memorandum from the Director of Human Resources 5. MA Department of Correction Application for Employment 6. MA Department of Correction Application for Employment Attachment X 7. PREA 201 Employer Addendum 8. Staff and Contractor Personnel Files <p>Interviews:</p>

1. Interview with Human Resource Staff

Findings (By Provision):

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

of personnel files for three staff hired in the previous twelve months indicated all three had a criminal background records check completed prior to hire. Additionally, a review of two contractor files confirmed that a criminal background records check was completed prior to enlisting 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 three people were hired in the previous twelve months who had a criminal background records check completed. Further communication with the PCM indicated this information was not accurate and all applicants 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 in-house databases. A review of personnel files for three staff hired in the previous twelve months indicated all three had a criminal background records check completed prior to hire. None of the three 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 (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 three people were hired in the previous twelve months who had a criminal background records check completed. Further communication with the PCM indicated this information was not accurate and all applicants 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 in-house databases. A review of personnel files for three staff hired in the previous twelve months indicated all three had a criminal background records check completed prior to hire. None of the three had prior institutional employment, however the auditor reviewed documents for other MADOC 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 three

contracts for services where criminal background record checks were conducted on all staff covered under the contract. The Human Resource staff member confirmed that all contractors have a criminal background records check completed prior to enlisting their services. The same system utilized for staff (CJIS), is utilized for contractor criminal background records checks. A review of two contractor files confirmed that a criminal background records check was completed prior to enlisting 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 four staff hired more than five year ago indicated one had a criminal background records check completed at least every five years. Additionally, a review of two contractors employed over five years indicated one had a criminal background records check completed at least every five years. It should be noted that this was identified at prior MADOC audits in the prior audit cycle and as such the agency implemented a process to correct the issue. The agency conduct 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 and contractors at the facility have an updated (2025) criminal background records check.

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 three staff hired in the previous twelve months indicated all three had completed Attachment X. The auditor requested documentation for two staff promoted during the previous twelve months, however at the issuance of the interim report all documentation had not been provided.

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.

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

	<p>for Employment Attachment X, the PREA 201 Employer Addendum, a review of personnel files for staff and contractors, documents received during the interim report and information obtained from the Human Resource staff interview, this standard appears to require corrective action. The auditor requested documentation for two staff promoted during the previous twelve months, however at the issuance of the interim report all documentation had not been provided.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. If not available, further corrective action will be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. MA Department of Correction Application for Employment Attachment X <p>The facility provided the originally requested training documentation. The documentation confirmed all staff had completed Attachment X prior to promotion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 703 – Design Criteria and Planning Guidelines
3. Annual PREA Safety Assessment

Interviews:

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

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. 103 DOC 703, page 3 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design or modification upon the agency's ability to protect 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 did not observe any substantial modifications to the existing facility. 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 expanded a building and added security cameras and a staff member to the building. He advised they also moved the BRAVE unit, but this did not affect the physical plant. He noted with the move though they did ensure they had the adequate number of staff assigned to the area and appropriate camera placement.

	<p>115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 103 DOC 703, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect incarcerated individuals from sexual abuse. 103 DOC 519, page 13 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment IV. Considerations shall be given to past PREA events, staffing plants, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. 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 within the housing units/areas can be monitored by those staff assigned to those spaces. 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 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 stated cameras are used to provide more angles and eliminate blind spots. A review of the Annual PREA Safety Assessment notes that the facility has over 300 cameras, all which are operable.</p> <p>Based on a review of the PAQ, 103 DOC 73, Annual PREA Safety Assessment, observations from the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	<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. 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

Interviews:

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 twelve random staff indicated all twelve knew and understand the protocol for obtaining useable physical evidence. Additionally, staff indicated that investigations would be completed by IPS.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PAQ stated that the protocol was 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. 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. A review of documentation confirmed there were zero forensic examination conducted in the previous twelve months. The interview with the staff member at Beth Israel confirmed that they provide forensic medical examinations at the hospital and they would provide these services to any incarcerated individual transported to the hospital. The staff confirmed that examinations are always provided by SANE.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and these efforts are documented. The PAQ further states that the facility provides a qualified staff member from a community based organization or a qualified agency staff member when a rape crisis center is not available to provide advocacy services. The agency utilizes BARCC to provide advocacy for all incarcerated individual victims of sexual abuse. The most recent agreement with BARCC was executed in 2024. The agreement states that that BARCC will provide 24-hour medical accompaniment for incarcerated individuals transported to Beth Israel Deaconess Medical Center (BIDMC) emergency department for a forensic examination. BARCC will provide an advocate to meet a survivor and their transport team at BIDMC. The agreement further states that BARCC will provide advocates for incarcerated survivors going through an interview as a part of a PREA investigation. BARCC will provide an advocate to meet with an incarcerated survivor who has made a PREA report, and has requested an advocate be present for their investigational interview under the PREA standard 28 CFR 115.21(e). The PCM stated that if requested by the victim, a victim advocate accompanies the incarcerated individual during the forensic medical examination and investigatory interviews. She stated they have an agreement with BARCC to provide these services and BARCC is a certified rape crisis center. Interviews with three incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after a report of sexual abuse. The auditor requested documentation for six sexual abuse allegations, however at the issuance of the interim report the documentation had not been provided.

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 2024. The agreement states that that BARCC will provide 24-hour medical accompaniment for incarcerated individuals transported to Beth Israel Deaconess Medical Center (BIDMC) emergency department for a forensic examination. BARCC will provide an advocate to meet a survivor and their transport team at BIDMC. The agreement further states that BARCC will provide advocates for incarcerated survivors going through an interview as a part of a PREA investigation. BARCC will provide an advocate to meet with an incarcerated survivor who has made a PREA report, and has requested an advocate be present for their investigational interview under the PREA standard 28 CFR 115.21(e). The PCM stated that if requested by the victim, a victim advocate accompanies the incarcerated individual during the forensic medical examination and investigatory interviews. She stated they have an agreement with BARCC to provide these services and BARCC is a certified rape crisis center. Interviews with three incarcerated individuals who reported sexual abuse indicated one was afforded access to a victim advocate after a report of sexual abuse. The auditor requested documentation for six sexual abuse allegations, however at the issuance of the interim report the documentation had not been provided.

115.21 (f): The PAQ and 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. The auditor requested documentation for six sexual abuse allegations, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to ensure all victims of sexual abuse are afforded access to a victim advocate, to include during investigatory interviews. The facility will need to provide the list of sexual abuse allegations reported during the corrective action period and associated victim advocacy documents.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

- 1. Staff Training
- 2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
- 3. Victim Advocacy Documentation

The facility conducted training with applicable staff on the requirements to afford a

	<p>victim advocate to victims and ensuring this is documented. Staff signatures were provided to confirm the training.</p> <p>The facility provided the list of sexual abuse and sexual harassment allegations from the corrective action period and associated closed investigations. All three were sexual harassment, however all three noted that BARCC services were afforded to the victim.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP) 4. Investigative Reports 5. Investigative Log 6. Incident Reports 7. Grievance Log <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p>

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 fourteen allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all fourteen resulted in an administrative investigation and one resulted in a criminal investigation. The PAQ noted that all investigations had been completed. A review of the investigative log, investigative reports, incident reports and the grievance log confirmed all allegations reported had an administrative investigation completed and one had a criminal investigation completed.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 103 DOC 519, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involves a possible violation of law, the Chief of the Office of Investigative Services (OIS)/Internal Affairs Unit (IAU), shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's Office once it is determined that sufficient probable cause exists to warrant such notification. Page 19 states that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. Investigations of reported allegations of sexual harassment/sexually abusive behavior between incarcerated individuals shall be initiated by the Superintendent utilizing appropriately trained facility investigative staff or upon request to the Chief of the Office of Investigative Services (OIS)/Internal

Affairs Unit (IAU), in conjunction with an investigator from OIS. If a staff member is accused of sexual harassment/sexually abusive behavior with an incarcerated individual, the Superintendent shall request a Category II investigation by submitting an Investigative Services Intake Form and shall notify his/her respective Assistant Deputy Commissioner. A review of the agency website (<https://www.mass.gov/lists/departments-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. Interviews with investigators confirmed that agency policy requires that allegations of sexual abuse and sexual harassment be referred to an investigative agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. A review of the investigative log, investigative reports, incident reports and the grievance log confirmed all allegations reported had an administrative investigation completed and one had a criminal investigation completed. There were zero investigations completed by 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 MADOC may handle the case utilizing internal investigators, or if the case is most appropriately investigated by the MSP.

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

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 103 DOC 519, the MOU with the MSP, investigative

	reports, investigative log, incident reports, grievance log, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.
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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 <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to 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</p>

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 twelve random staff confirmed that all twelve had received PREA training and the training included the required elements under this provision. A review of nineteen staff training records indicated 100% had received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender incarcerated individuals are given additional training. 103 DOC 216, pages 10-11 state that the employee shall receive additional training if the employee is reassigned from an institution that houses only male incarcerated individuals to an institution that houses only female incarcerated individuals, or vice versa, as well as the training requirement of 103 DOC 652 and 103 DOC 653 regarding the care and treatment of gender non-conforming incarcerated individuals. A review of the PREA Basic Lesson Plan confirmed that the anticipated responses section on page 14 includes information for male and female victims. Additionally, there are numerous lesson plans for how to handle female incarcerated individuals and all staff that are assigned to female facilities complete these trainings. The facility houses male incarcerated individuals and as such no additional training was required for staff.

115.31 (c): The PAQ indicated that between training the agency provides employees who may have contact with incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment. 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 indicated all nineteen staff received PREA training at least every two years.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. A review of nineteen staff training records indicated all nineteen

	<p>completed a post training quiz and received a score to confirm 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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Volunteers and Contractors who have Contact with Incarcerated Individuals <p>Findings (By Provision):</p> <p>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</p>

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 400 volunteers and contractors 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 eight contractor and six volunteer training documents confirmed all fourteen had completed PREA training.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 103 DOC 216, page 11 states the level and type of training provided shall be based on the services they provide and the level of contact they have with incarcerated individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency has the Volunteer and Contractor Training and Acknowledgment of PREA form which outlines the zero tolerance policy and duty to report (immediately to the Shift Commander). Additionally, certain contractors (those with regular contact with incarcerated individuals or those who are unescorted) are required 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 they receive training either in person or virtually and the training is typically conducted annually. All three confirmed the training went over the zero tolerance policy and reporting procedures. A review of eight contractor and six volunteer training documents confirmed all fourteen had completed PREA training.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 103 DOC 216, page 11 states that appropriate documentation shall be maintained indicating they have received the training. Volunteers and contractors sign either a sign-in sheet or the Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) form to confirm receipt of the training. Contractors also can take the training electronically which includes a quiz that documents their understanding. A review of eight contractor and six volunteer training documents confirmed that all fourteen had completed either the PREA Basic training or the PREA

	<p>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. PREA Resource Center’s Adult Comprehensive Education Video 7. Incarcerated Individual Orientation Video (MADOC Orientation Video) 8. Protecting Yourself from Sexual Assault Brochure 9. PREA Posters 10. Foreign Language Interpretation and Translation Services Information 11. Lionbridge Interactive Voice Response Information 12. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information 13. Incarcerated Individual Education Records <p>Interviews:</p> <ol style="list-style-type: none"> 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 28 and 50-53 of the Incarcerated Individual Orientation Manual confirms that it includes all the information as Attachment #2, however it is facility specific information for North Central Correctional Institution. The PAQ indicated that 266 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 PCM indicated all incarcerated people that arrived in the previous twelve months were provided 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. 27 of the 30 incarcerated individuals interviewed indicated they received information on the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report sexual abuse and sexual harassment. It should be noted that the facility is not an intake facility and as such all incarcerated individuals at the facility have also been previously provided PREA information upon intake, through another MADOC facility. The interview with the intake staff confirmed that incarcerated individuals are provided information on the agency's sexual abuse and sexual harassment policies during intake. A review of

documentation for 27 incarcerated individuals that arrived in the previous twelve months indicated 23 had received PREA education.

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 MADOC orientation video, which contains information on PREA, upon admission to the MADOC. A review of the MADOC 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 MADOC facilities have the same policies, procedure and information, with the exception of the IPS facility specific hotline. As such, incarcerated individuals are not required to be provided additional comprehensive education upon transfer to North Central Correctional Center unless for some reason they were not provided the comprehensive education upon entry into the MADOC. The PAQ indicated that 266 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is equivalent to 100% of those that arrived in the last twelve months and stayed longer than 30 days. 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 every Thursday through facility orientation. Incarcerated individuals view the PREA Resource Center's (PRC) Adult Comprehensive Education video as well as the MADOC orientation video. The video is shown on a 47 inch screen with adequate audio. The PRC video is available in English, Spanish and ASL while the MADOC orientation video is available in English with Spanish subtitles. The facility started this education process in January 2025. The facility identified the prior process as deficient and implemented corrective action in January. It should be noted that incarcerated individuals that transfer to the facility typically transfer from another MADOC facility and have received education at the intake/reception facility. The interview with the intake staff confirmed that incarcerated individuals receive comprehensive PREA education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and policies and procedures after a report of sexual abuse. The intake staff advised incarcerated individuals receive orientation within seven days of arrival. Orientation includes a verbal presentation, the PRC Adult Comprehensive Education video as well as the MADOC orientation video. Incarcerated individuals then sign that they received orientation. Interviews

with 30 incarcerated individuals indicated 23 were told about their right to be free from sexual abuse, their right to be free from retaliation from reporting sexual abuse and agency policies and procedures on responding to an allegation. The majority of the incarcerated individuals stated they received this information via video either at Souza (the intake facility) or at orientation at the facility. A review of documentation for 27 incarcerated individuals that arrived in the previous twelve months indicated 23 had received PREA education.

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 North Central Correctional Center all receive the education within 30 days of arrival. 103 DOC 401, page 8 states that each Superintendent shall develop written procedures to ensure that each incarcerated individual receives an orientation upon admission within 24 hours of arrival. Additionally, it states that incarcerated individuals transferred from other institutions within the correctional system shall receive an orientation to the new institution. Except in unusual circumstances, this orientation is completed within seven calendar days after admission. The interview with the intake staff confirmed that incarcerated individuals receive comprehensive PREA education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and policies and procedures after a report of sexual abuse. The intake staff advised incarcerated individuals receive orientation within seven days of arrival. Orientation includes a verbal presentation, the PRC Adult Comprehensive Education video as well as the MADOC orientation video. Incarcerated individuals then sign that they received orientation. The auditor requested documentation for 45 total incarcerated individuals. Of the 45, 37 were documented with PREA education. Three of the 37 had PREA education completed prior to 2013.

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. 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. The facility has a list of eleven staff that can translate in Spanish and American Sign Language. A review of the Lionsbridge User's Guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. The 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. The facility also has a list of eleven staff that can translate in Spanish and American Sign Language. 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 54-55 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. Page 33 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. Further a review of the MADOC Orientation Video confirms it is available in English, Spanish and with subtitles. The PRC Video is available in English, Spanish and American Sign Language. A review of eight disabled incarcerated individual records and five LEP incarcerated individual records noted eleven were documented with PREA education. None of the eleven had any accommodation noted. All five LEP incarcerated individuals had PREA education documented in English.

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 45 total incarcerated individual files noted 37 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 and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. 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 Facility Orientation Video, PREA Posters, the Protection Yourself from Sexual Assault Brochure, a review of incarcerated individual records, observations made during the tour as well as information from interviews with intake staff and incarcerated individuals, this standard appears to require corrective action. A review of documentation for 27 incarcerated individuals that arrived in the previous twelve months indicated 23 had received PREA education. A review of 45 total incarcerated individual documents noted 37 were documented with PREA education. Three of the 37 had PREA education completed prior to 2013. A review of eight disabled incarcerated individual records and five LEP incarcerated individual records noted eleven were documented with PREA education. None of the eleven had any

accommodation noted. All five LEP incarcerated individuals had PREA education documented in English.

Corrective Action

The facility will need to ensure all incarcerated individuals have received PREA education after 2013. The facility will need to ensure education is provided in accessible formats for LEP and disabled incarcerated individuals. The facility will need to re-educate all current LEP incarcerated individuals and those that received education prior to 2013. Confirmation of the education will need to be provided. Further, the facility will need to provide a list of incarcerated individuals that arrived during the corrective action period, to include arrival date, and associated PREA education.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Incarcerated Individual Education Documents
2. Staff Training

The facility provided the originally requested documentation. All incarcerated individuals were documented with comprehensive PREA education.

The facility identified six incarcerated individuals that received comprehensive PREA education prior to 2013. All six had updated PREA education completed. Documentation was provided to confirm the updated education. It should be noted that two incarcerated individuals originally identified by the auditor had been released and as such did not have updated education.

The facility conducted training with intake staff on accommodations for LEP and

	<p>disabled incarcerated individuals and the requirements to document the accommodations appropriately. The facility provided updated education documents for identified disabled and LEP incarcerated individuals. The documentation noted none requested/required any accommodation. None of the LEP incarcerated individuals had the education documented as completed in Spanish. As such, the facility conducted additional training with staff entering the information into the IMS system related to appropriate documentation for Spanish comprehensive education. All Spanish LEP education was updated to clearly document the education was provided in Spanish.</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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA/Sexual Assault Investigator Training Curriculum 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 103 DOC 519, page 10 states that specialized training shall be provided for those employees who respond to and investigate PREA incidents. This training is completed through</p>

	<p>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 seven 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 seven investigator had completed the required training. A review of documentation indicated seven facility staff have completed the specialized investigator training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 103 DOC 519, PREA/Sexual Assault Investigator Training Curriculum, investigator training records as well as information from interviews with investigative staff, 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 include 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 45 (100%) of the medical and mental health care staff received the specialized training. Interviews with medical and mental health staff confirmed they received specialized training and the training included the elements under this provision. A review of six medical and mental health care staff training records confirmed all six had completed the specialized medical and mental health training.

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

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. DOC 650, page 44 states that the vendor shall maintain documentation that mental health practitioners have received the training and forward a list of trained staff to the DOC on a quarterly basis. A review of six medical and mental health care staff training records indicated all six had completed the specialized medical and mental health training. Staff signed an acknowledgment confirming they completed the training.

115.35 (d): 103 DOC 216, page 11 states that volunteers and contractors who have contact with incarcerated individuals shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. Additionally, 103 DOC 216, page 10 states that all employees shall receive training on PREA. Medical and mental health staff are required to complete the PREA Basic staff training (contractors and employees). A review of the PREA Basic Lesson Plan confirmed that the following topics are included: the agency's zero tolerance policy (pages 9 and 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 26-32), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 19), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 24-25), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 10-16), the common reactions of sexual abuse and sexual harassment victims (page 13), how to detect and respond to signs of threatened and actual sexual abuse (pages 28-29), how to avoid inappropriate relationship with incarcerated individuals (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). A review of six medical and mental health care staff training records indicated all six 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 be compliant.

115.41	Screening for risk of victimization and abusiveness
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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 650 – Mental Health Services3. Housing Risk Screen Assessment4. Incarcerated Individual Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none">1. Interviews with Staff Responsible for Risk Screening2. Interviews with Random Incarcerated Individuals3. Interview with the PREA Coordinator4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Observations of Risk Screening Area2. Observations of File Location <p>Findings (By Provision):</p> <p>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</p>

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 at intake for their risk of victimization and risk of abusiveness.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 103 DOC 650, page 9 states that intake screenings shall ordinarily take place within 72 hours of the arrival at the facility. The PAQ stated that 266 incarcerated individuals, or 100% of those that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours. Interviews with 21 incarcerated individuals that arrived within the previous twelve months indicated sixteen were asked the risk screening questions upon arrival at the facility. Most stated they were asked by medical staff on the first day they arrived. 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 documentation for 27 incarcerated individuals that arrived in the previous twelve months indicated 25 had an initial risk assessment completed. Nineteen of the 25 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 of 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 confirmed the required elements under this provision are considered. The staff noted that the screening is completed through mainly yes or no questions. The staff noted that part of the screening is completed by medical staff and part is completed by booking.

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 confirmed the required elements under this provision are considered. The staff noted that the screening is completed through mainly yes or no questions. The staff noted that part of the screening is completed by medical staff and part is completed by booking.

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 266 or 100% of incarcerated individuals entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The 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 meet with the incarcerated individual and ask them if they feel vulnerable, if they have ever been sexually victimized, gender identity and sexual preference. The mental health staff noted that they conduct this screening within 72 hour and they only meet with incarcerated people after that if they have a mental health diagnosis or if they report prior sexual victimization. Interviews with staff responsible for the risk screening indicated that incarcerated individuals are reassessed within 30 days. Interviews with 21 incarcerated individuals that arrived in the previous twelve months indicated five were asked the risk screening questions on more than one occasion. A review of documentation for 27 incarcerated individuals that arrived during the previous twelve months indicated 24 had a reassessment completed. Six of the 24 were completed within 30 days of arrival.

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 were asked the risk screening questions on more than one occasion. A review of documentation for 27 incarcerated individuals that arrived during the previous twelve months indicated 24 had a reassessment completed. Six of the 24 were completed within 30 days of arrival. There was one sexual abuse allegation that would necessitate a reassessment due to incident of sexual abuse. At the issuance of the interim report the auditor was not provided the documentation.

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 interviews with the PCM and staff responsible for the risk screening confirmed that the agency has outlined who should have access to the risk screening information so that 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. 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 meet with the incarcerated individual and ask them if they feel vulnerable, if they have ever been sexually victimized, gender identity and sexual preference. The mental health staff noted that they conduct this screening within 72 hour and they only meet with incarcerated people after that if they have a mental health diagnosis or if they report prior sexual victimization. Interviews with 21

incarcerated individuals that arrived in the previous twelve months indicated five were asked the risk screening questions on more than one occasion. A review of documentation for 27 incarcerated individuals that arrived in the previous twelve months indicated 25 had an initial risk assessment completed. Nineteen of the 25 were completed within 72 hours. A review of documentation for 27 incarcerated individuals that arrived during the previous twelve months indicated 24 had a reassessment completed. Six of the 24 were completed within 30 days of arrival. There was one sexual abuse allegation that would necessitate a reassessment due to incident of sexual abuse. At the issuance of the interim report the auditor was not provided the documentation.

Corrective Action

The facility will need to ensure incarcerated individuals have a risk assessment completed within 72 hours and a reassessment within 30 days. The facility will need to train appropriate staff on the proper reassessment process. Confirmation of the training will need to be provided. Further, the auditor will need to conduct a phone interview with the reassessment staff to confirm the process. The facility will need to provide a list of incarcerated individuals that arrived during the previous twelve months, to include dates of arrival, and their initial risk screening and reassessment documents. The facility will also need to provide a list of sexual abuse allegations during the corrective action period and associated "for cause" risk assessments.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

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

Additional Interviews

1. Interview with Staff Responsible for Risk Screening

The facility provided the originally requested risk assessments due to incident of sexual abuse. All requested had a reassessment completed after the completed sexual abuse investigation.

The facility provided a list of incarcerated individuals that arrived during the corrective action period and associated risk assessments. The facility noted that they had limited intakes due to the construction at the facility. All five examples provided had an initial risk assessments completed, two which were done within 72 hours. Four had a reassessments completed, three were completed within 30 days of arrival. The auditor noted that this small sample did not show appropriate corrective action and additional training and examples would need to be provided.

The facility conducted additional in-depth training with risk screening staff. The training curriculum was provided to the audit or as well as confirmation on completion of the training. The training outlined that initial risk screening staff were to complete the assessment within 72 hours and that they were to note in the comments the date the initial risk assessment was completed if they were unable to enter the information into IMS within that 72 hours. It should be noted that this was the issue identified during the corrective action period. Risk assessments were completed within 72 hours but because medical staff were not conducting them in the electronic system at the time of completion, it sometimes took the staff a few days to enter the information into the electronic system. The auditor conducted a phone interview with the staff responsible for the risk screening. She confirmed timelines and the requirement to note the date the assessment was completed if it was a different day than the information was entered.

The facility provided a list of incarcerated individuals that arrived in August and September 2025. Fourteen incarcerated individuals had an initial risk assessments completed. Eight were within 72 hours. It should be noted that all arrivals after the date of the updated training (August 19, 2025) had an initial risk assessment documented within 72 hours.

Based on the documentation provided the facility has corrected this standard and as such 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. 103 DOC 652 – Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates5. 103 DOC 750 – Hygiene Standards6. 103 DOC 401 – Booking and Admission7. Sample of Housing Determination Documents8. Transgender/Intersex Incarcerated Individual Biannual Reviews9. LGBTI Incarcerated Individual Housing Documents <p>Interviews:</p> <ol style="list-style-type: none">1. Interviews with Staff Responsible for Risk Screening2. Interview with PREA Coordinator3. Interview with PREA Compliance Manager4. Interviews with Transgender/Intersex Incarcerated Individuals5. Interviews with Gay, Lesbian and Bisexual Incarcerated Individuals <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Location of Incarcerated Individual Records.2. Housing Assignments of LGBTI Incarcerated Individuals3. Shower Area in Housing Units <p>Findings (By Provision):</p>

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 shared with booking, housing and IPS so that staff can determine the best housing option for each incarcerated individual. Interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house incarcerated individuals. The auditor requested documentation related to high risk victim and high risk abuser housing, work and program assignments. At the issuance of the interim report the appropriate documentation had not been provided.

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 incarcerated individuals.

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 documentation related to case-by-case housing determinations. Examples were provided of transgender female incarcerated individuals who requested to be housed

at a female facility and were approved. The PCM stated that housing and programming for transgender and intersex incarcerated individuals is done through the classification process. She noted that a few have been sentenced by the judge to a specific facility type (male/female), but otherwise they would go through the classification process. 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 both transgender incarcerated individuals had biannual assessments completed, where they were asked about their perception of vulnerability and safety.

115.42 (d): 103 DOC 519, page 12 states that placement and programming assignments for each transgender or intersex 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 biannually. The auditor requested documentation for six transgender incarcerated individual's biannual assessments. At the issuance of the interim report only partial documentation was provided.

115.42 (e): 103 DOC 652, page 13 and 103 DOC 653, page 5 state that a GD/gender non-confirming incarcerated individual's own views with respect to his or her own safety will be given serious consideration. 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 both transgender incarcerated individuals had biannual assessments completed, where they were asked about their perception of vulnerability and safety.

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 had curtains for privacy. Most showers were single person, however there was one housing unit with a group shower. 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 incarcerated individuals have a designated shower time separate from the rest of the incarcerated individuals. 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 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 a few 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.

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, LGBTI 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 require corrective action. The auditor requested documentation related to high risk victim and high risk abuser housing, work and program assignments. At the issuance of the interim report the appropriate documentation had not been provided. The auditor requested documentation for six transgender incarcerated individual's biannual assessments. At the issuance of the interim report only partial documentation was provided.

Corrective Action

The facility will need to provide the requested documentation. If unavailable, 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.

Additional Documents:

1. High Risk Lists
2. Memorandum Related to Housing Review
3. Biannual Assessments

The facility provided the originally requested high risk lists. The auditor viewed that there were numerous known victims housed in the same housing unit as known predators. They were not housed in the same cell. The facility provided a memo that noted that all housing assignments are reviewed monthly by the PCM to ensure appropriate. The memo noted that all housing is case by case. It should be noted all housing units provide direct staff supervision. The auditor reviewed job assignments and confirmed all were appropriate and known victims were not unsupervised with known predators.

	<p>The facility provided the originally requested biannual assessments. All requested transgender incarcerated individuals had biannual assessments completed in the previous twelve months.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	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 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The agency as a whole however does prohibit placing incarcerated individuals at high risk of sexual victimization in involuntary segregated</p>

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 none were housed in the segregated housing unit.

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. The unit has three floors, two of which are used for housing. The unit included storage areas, hearing rooms, a small library space, property and

clothing storage, visitation and indoor and outdoor recreation area. Incarcerated individuals have out of cell time via recreation (daily) and showers (daily). 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. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals placed in involuntary segregated housing due to risk of victimization would have equal access to program, privileges, education and work opportunities to the extent possible. He stated they do not typically restrict things but anything that was restricted would be documented. There were zero incarcerated individuals at high risk of victimization in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated that the facility does not have a segregation unit and as such this does not apply. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization. The Warden confirmed that the facility would only assign incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated this would typically take no more than a few hours. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed they would only assign incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He advised that finding alternative housing would typically take less than ten days. 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 (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 none were housed in the segregated housing unit.

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

	<p>supervise incarcerated individuals in segregated housing confirmed that they would be reviewed at least every 30 days and that they are constantly reviewed. He stated they review those in segregated housing three times per week.</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 Manual (Manual) 4. Incarcerated Individual Orientation Video (MADOC Orientation Video) 5. PREA Posters 6. Incident Reports (Verbal Reports) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Random Incarcerated Individuals 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Information <p>Findings (By Provision):</p>

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 MADOC 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 and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. 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 May 1, 2025 via a locked box located in a housing unit. The auditor was provided confirmation on May

2, 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 through the hotline, to mental health (or other staff), through a third party or in writing via a grievance. Interviews with twelve staff confirm that incarcerated individuals have multiple ways to report, including through the hotline, to staff, and through a grievance.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. 103 DOC 519, pages 8-9 state incarcerated individuals may also report sexual harassment/abuse to external public or private agencies via correspondence or via the use of the incarcerated individual telephone systems. Calls to "privileged" numbers, including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, a foreign national's pre-authorized telephone number to his/her/their consulate office or diplomat, pre-authorized clergy telephone numbers, and pre-authorized licensed psychologist, social worker and/or mental health professional telephone numbers, are not subject to telephone monitoring and are not recorded. The Department also provides a way for incarcerated individuals to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward incarcerated individual reports of sexual abuse and sexual harassment to agency officials, allowing the incarcerated individual to remain anonymous upon request. Incarcerated individuals can write to the Massachusetts State Police at 470 Worcester Road, Framingham, MA 01702. A review of the MADOC 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 51-52 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 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 treated as regular mail. Due to outgoing mail not being reviewed, the auditor confirmed there was not an issue with treatment of mail to MSP and BARCC. The interview with the PCM indicated incarcerated individuals can write to the State Police as the external reporting entity. She noted that the State Police would notify the agency if an allegation was reported so that the facility could conduct an investigation. 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 30 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 twelve 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

	<p>incident report) before the end of the shift. A review of ten investigations indicated five were reported verbally to a facility staff member. All five were documented in an incident report.</p> <p>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, post orders and training. 103 DOC 519, page 7 states that allegations of incarcerated individual-on-incarcerated individual or staff-on-incarcerated individual sexual harassment/sexually abusive behavior shall immediately be reported by staff members to the Shift Commander verbally and followed up with a confidential incident report to the Superintendent before the end of the staff member's shift. Interviews with twelve staff confirmed ten 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.</p> <p>Based on a review of the PAQ, 103 DOC 519, the Manual, PREA Posters, Incident Reports, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility post information on MSP as the external reporting entity.</p>
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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. Grievance Log 4. Incarcerated Individual Orientation Manual (Manual)

Interviews:

1. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 103 CMR 491 is the agency's grievance policy.

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 page 30 contains information on sexual abuse grievances.

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 page 30 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 were zero grievances of sexual abuse in the previous twelve months. Interviews with incarcerated individuals who reported sexual abuse indicated none reported an allegation via a grievance. The auditor reviewed the grievance log and confirmed there were zero grievances of sexual abuse reported.

115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing grievances for administrative remedies related to allegations of sexual abuse and to file such request on behalf of incarcerated individuals. It also states that agency policy and procedure require that if the incarcerated individual declines to have third-party assistance in filing a grievance of sexual abuse, the agency documents the incarcerated individual's decision to decline. 103 CMR 491, page 7 states that allegations of sexual abuse reported by third parties, including, but not limited to, other incarcerated individuals, staff members, family members, attorneys, and outside advocates shall be addressed in accordance with 103 DOC 519 and 103 DOC 522. It further states that the Department of Corrections shall document if an incarcerated individual declines to have the request processed on his or her behalf. The PAQ indicated there were zero grievances filed by incarcerated individuals in the previous twelve months in which the incarcerated individual declined third-party assistance. The auditor reviewed the grievance log and confirmed there were zero grievances of sexual abuse reported.

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

	<p>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.</p> <p>Based on a review of the PAQ, 103 DOC 491, grievance log, the Manual and information from interviews with incarcerated individual who reported sexual abuse, this standard appears to be compliant.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 401 – Booking and Admissions 3. Incarcerated Individual Orientation Manual (Manual) 4. Incarcerated Individual Orientation Video (MADOC Orientation Video) 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

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; and enabling reasonable communication between incarcerated individuals and these organizations in as confidential a manner as possible. The PAQ indicated that the agency does not detain incarcerated individuals solely for immigration purposes and as such this part of the provision does not apply. The agreement with BARCC states that BARCC agrees to: Provide a confidential crisis counseling hotline available every day from 9 a.m. to 9 p.m. Incarcerated individuals do not have access to telephones outside of these hours. This ensures 84 hours of hotline access each week. The hotline is not recorded in order to preserve rape crisis center confidentiality, and to encourage usage from incarcerated individuals. The hotline is accessible from normal incarcerated individual telephones and does not require incarcerated individuals to spend money or to call the hotline collect. The hotline provides immediately accessible emotional support to incarcerated survivors. The advocate is trained to listen and provide emotional support, to offer appropriate referrals and information, and to help callers manage anxiety attacks or similar experiences caused by trauma. Especially for survivors who are newly incarcerated, the experience of being in prison or jail can trigger panic attacks and stress because of the drastic change in life circumstances. Further it states that BARC agrees to: Provide healing resources through a comprehensive mail program. The mail program provides reading material for incarcerated survivors who need longer-term emotional support resources. Incarcerated individuals can send letters to BARCC requesting such materials, or can request them during a hotline call. Letters from incarcerated individuals will go through standard procedures to ensure they do not contain dangerous substances or contraband, but will not be otherwise read, and the same applies to letters BARCC sends back to survivors. Materials include brochures and pamphlets about coping strategies survivors can use to lessen anxiety and stress while incarcerated. For incarcerated individuals who are concerned about calling the hotline because it does not feel safe to do so, the mail program provides essential access to healing tools. Because a large number of incarcerated individuals experience sexual assault before incarceration, many incarcerated individuals choose to communicate with emotional support agencies through letters instead of telephones, where other members of the facility population may overhear their conversation. Additionally, the agreement states BARCC agrees to provide training to incoming incarcerated individuals at MADOC's two intake facilities, MCI Cedar Junction and MCI Framingham about support resources available to sexual assault survivors. A review of the MADOC 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 51 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 and housing units. Each housing unit had PREA Posters as well as the PREA hotline, IPS hotline and BARCC number painted near the phones. Further, each housing unit had a phone number sheet that included phone numbers for various organizations, including BARCC, the PREA hotline and the IPS hotline. 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 phone number sheet was on letter size paper and was posted near the phones. 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 eighteen were provided a mailing address and telephone number to the organization. Incarcerated individuals were aware of the organization and some indicated they knew they could contact the organization anytime and that services were free and confidential. 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 51 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 inmates shall receive a photocopy duplicate of all authorized, non-privileged mail addressed to them. An electronic copy of the photocopy shall be sufficient if the inmate possesses an electronic tablet which permits the inmate to read and store the mail. 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 treated as regular mail. Due to outgoing mail not being reviewed, the auditor confirmed there was not an issue with treatment of mail to MSP and BARCC. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated seventeen were familiar with BARCC and eighteen were provided a mailing address and telephone number to the organization. Incarcerated individuals were aware of the organization and some indicated they knew they could contact the organization anytime and that services were free and confidential. Most were unaware of specifics of the organization.

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.

Based on a review of the PAQ, 103 DOC 401, the Manual, the MADOC 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>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 Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Poster <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Third Party Reporting Information <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</p>

	<p>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 not observed in visitation or the front entrance, however prior to the issuance of the interim report the facility posted the information and provided photos as confirmation. The information was posted in English and Spanish on legal size paper, via the PREA Poster. 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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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 103 DOC 519, page 7 states that allegations of incarcerated individual-on-incarcerated individual or staff-on-incarcerated individual sexual harassment/sexually abusive behavior shall immediately be reported by staff members to the Shift Commander verbally and followed up with a confidential incident report to the Superintendent before the end of the staff member's shift. This includes specific knowledge, reasonable suspicion, or credible information, regarding an allegation of sexual harassment/abuse which occurred at an institution, an act of retaliation against an incarcerated individual or staff member who reported such an allegation, and any staff neglect or violation of responsibilities that may have contributed to an incident, allegation and/or an act of retaliation. Interviews with twelve 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.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 103 DOC 519, page 7 states that apart from reporting to designated supervisors and/or officials, staff members shall not reveal any information related to an allegation of sexual harassment/abuse or anyone other than to the extent necessary to provide treatment, to conduct an investigation, and/or to make other security and management decision. Interviews with twelve random staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to the Shift Commander and/or IPS.

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

	<p>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. Both staff indicated they had become aware of such incidents/information and they reported the information to security immediately. A review of ten investigations indicated none were reported to medical or mental health care staff.</p> <p>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 have mandatory reporting laws related to these population and that the allegation would be reported and investigated. It should be noted that IPS forwards information to MSP, when necessary per mandatory reporting laws.</p> <p>115.61 (e): 103 DOC 519, page 7 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegations involve a possible violation under the law, the Chief of OIS/IAU shall be promptly notified and shall notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. Additionally, page 13 states that each Superintendent or designee shall ensure that reports by staff members and third parties regarding reasonable suspicion of sexual harassment/sexually abusive behavior or related activities are referred to investigators for follow-up and/or investigation. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to the facility investigators. A review of ten investigations indicated five were reported verbally to staff, two were reported via the hotline, two were observed through staff observation, and one was 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
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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. Interview with the Agency Head Designee2. Interview with the Warden3. 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 has been one incarcerated individual who was subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the documentation noted that the incident involved an incarcerated individual reporting sexual abuse. The incarcerated individual was immediately escorted to medical and separated from the alleged perpetrator. This documentation noted that it was not imminent risk of sexual abuse but rather a report of sexual abuse. 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 would separate the individual from the threat/risk. He advised they have housing units for those at high risk of victimization and those at high risk of abusiveness and they would ensure to separate that person based on these factors. Interviews with twelve random staff confirmed that they would take immediate action by removing the incarcerated individual from the area and relocating housing. None of the documentation reviewed noted any incarcerated individuals were deemed at imminent risk of sexual abuse. A review of documentation</p>

	<p>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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Incarcerated Individual Risk Assessments 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 103 DOC 519, page 8 states that upon a Superintendent's receipt of an allegation that an incarcerated individual was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in</p>

writing. The PAQ indicated that during the previous twelve months the facility had one incarcerated individual report that they were sexually abused while confined at another facility. The auditor requested documentation related to the one Warden to Warden notification, however at the issuance of the interim report the documentation had not been provided.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 103 DOC 519, page 8 states that upon a Superintendent's receipt of an allegation that an 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.

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

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 NCCI they would review the information to see if it was already investigated. If it was not investigated, they would start the interview process and conduct an investigation. The Warden advised they had received allegations previously and all were investigated. The PAQ stated that there was one allegation received from another Warden/Agency Head within the previous twelve months. A

<p>review of documentation indicated there was one allegation received via Warden to Warden notification. It was 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 require corrective action. The auditor requested documentation related to the one Warden to Warden notification, however at the issuance of the interim report the documentation had not been provided.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. If not available, further corrective action will be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none">1. Warden to Warden Notification2. Training Documents <p>The facility provided the originally requested Warden to Warden notification. The allegation was reported on October 3, 2024 and a written notification was provided to the facility where it occurred on October 7, 2025.</p> <p>The facility completed training with staff, that included the Warden and PCM, on the 72 hour timeframe requirement. Confirmation of the training was provided. The facility confirmed there were no incarcerated individuals who reported sexual abuse that occurred at another facility/agency during the corrective action period.</p>
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	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with First Responders 2. Interviews with Random Staff 3. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.64 (a). The PAQ indicated that the agency has a first responder policy for 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</p>

destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.). The PAQ indicated that during the previous twelve months, there were nine allegations of sexual abuse and 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, take the victim to health care, advise them to take any action to destroy evidence and secure the scene. The non-security first responder advised she would separate the individuals, contact the Shift Commander, stay with the individual until she received further guidance and then write a confidential report. Interviews with incarcerated individuals who reported sexual abuse indicated all had action taken after the report of sexual abuse, although none required any immediate first responder duties. A review of ten investigations indicated none involved any immediate first responder duties.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. The PC further stated that the agency policy does not differentiate between security and non-security first responders. All first responders are trained on first responder duties. 103 DOC 519, pages 14-15 state that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall contain the following actions: separate alleged victim and perpetrator; immediately notify the Shift Commander; secure the scene, if warranted, for subsequent crime scene processing and ask the victim and ensure the perpetrator does not take any action that would destroy physical evidence (e.g., washing, eating, drinking, brushing teeth, changing clothes, etc.). The PAQ indicated that during the previous twelve months there were zero allegations of sexual abuse that involved a non-security staff first responder. Two were reported to security staff. The interview with the security first responder indicated he would separate the individuals, notify the Shift Commander, take the victim to health care, advise them to take any action to destroy evidence and secure the scene. The non-security first responder advised she would separate the individuals, contact the Shift Commander, stay with the individual until she received further guidance and then write a confidential report. Interviews with twelve random staff confirmed that they were aware of first responder duties. A review of ten investigations indicated one was discovered by a non-security staff member via review of mail. The mail staff immediately reported the information to security staff.

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.

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. Emergency Response Plan – Inmate Sexual Assault/PREA Incident <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Emergency Response Plan – Inmate Sexual Assault/PREA Incident notes that it is a nine page document that outlines procedures in response to a sexual abuse incident. It also includes a checklist for staff to follow and document when the steps were taken. The document includes duties for first responders, supervisors, medical and mental health, investigators and facility leadership. 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, Emergency Response Plan – Inmate Sexual Assault/PREA Incident, and the interview with the Warden, this standard appears to be compliant.</p>

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
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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 Reports4. Sexual Abuse Retaliation Monitoring Log – Attachment V <p>Interviews:</p> <ol style="list-style-type: none">1. Interview with the Agency Head Designee2. Interview with the Warden3. Interview with Designated Staff Member Charged with Monitoring Retaliation4. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 103 DOC 519, page 20 states that retaliation by any staff member against another employee, contractor, volunteer or incarcerated individual, for reporting an allegation of sexual harassment/sexually abusive behavior, for assisting in making such a report, or for cooperating in the investigation of such an allegation, regardless of the merits or disposition of the allegation, is strictly prohibited. Any such occurrence is a very serious matter that may result in discipline, up to and including termination. The Department protects all incarcerated individuals and staff members who report sexual harassment/abuse, or who cooperate with sexual harassment/abuse investigations, from retaliation by other incarcerated individuals or staff members. The PAQ indicated that the agency designates staff to monitor for retaliation.</p> <p>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</p>

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 would take protective measures to prevent retaliation including removing the perpetrator from the facility or separating via housing. He further confirmed that they can take additional protective measures including removal of alleged staff abuser and emotional support services. The staff responsible for monitoring indicated his role is to interact with the incarcerated individuals and spot if there is anything out of the normal. He advised they can take protective measures to prevent retaliation including, separating by housing unit, transferring an incarcerated individual to another facility, and placing the perpetrator in segregation. He confirmed they could also remove staff from contact with incarcerated individual and they can offer emotional support. 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 the incarcerated individual would be taken to IPS to initiate an investigation and the perpetrator would be removed. He further stated if retaliation was determined to have occurred the staff and/or incarcerated individual would be disciplined. The staff responsible for monitoring indicated he monitors for 90 day and could extend as needed until there was no longer a concern. He advised when

	<p>monitoring he reviews information related to any retaliation, such as incident reports, discipline and investigations. He confirmed he would review program changes, job changes, staff performance reviews and staff post changes. A review of ten investigations indicated six were sexual abuse. Five required monitoring and all five had monitoring completed for 90 days. The auditor observed that none included a review of the elements required under this standard. The auditor conducted an informal training with the IPS staff that monitors for retaliation during the on-site. He immediately took corrective action. The facility provided documentation for retaliation completed during the interim report period. The documentation noted that the IPS staff reviewed the elements under this provision. As such, the auditor confirmed that this was corrected.</p> <p>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 advised he conduct period in-person status checks as often as possible. He stated he can do it weekly or monthly, depending on the situation. A review of ten investigations indicated six were sexual abuse. Five required monitoring and all five had monitoring completed for 90 days. All five included periodic in-person status checks.</p> <p>115.67 (e): 103 DOC 519, page 21 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against any form of retaliation. The interview with the Agency Head Designee indicated 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).</p> <p>115.67 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, 103 DOC 519, Investigative Reports, Sexual Abuse Retaliation Monitoring Log – Attachment V, 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 be compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 CMR 423 - Restrictive Housing

Documents:

1. Interview with the Warden
2. Interview with the Staff Who Supervisor Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observation of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated the agency has a policy prohibiting the placement of incarcerated individuals who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. 103 DOC 519, page 11 states that incarcerated individuals at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual in segregated housing for less than 24 hours while completing the assessment. Additionally, page 8 of 103 CMR 423 states that upon verification that an incarcerated individual requires separation from general population to protect the incarcerated individual from harm by others, the incarcerated individual shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the incarcerated individual may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An incarcerated individual shall not be held in

Restrictive Housing to protect the incarcerated individual from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the incarcerated individual may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. Such incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated that zero incarcerated individuals who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the auditor observed the segregated housing unit. The unit has three floors, two of which are used for housing. The unit included storage areas, hearing rooms, a small library space, property and clothing storage, visitation and indoor and outdoor recreation area. Incarcerated individuals have out of cell time via recreation (daily) and showers (daily). 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. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in segregated housing unless there are no other available alternative means of separation of likely abusers. The Warden confirmed that the facility would only assign incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He stated this would typically no more than a few hours. The Warden noted that they not involuntarily segregated a victim as they have always found alternative housing. 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 they do not typically restrict things but anything that was restricted would be documented. The staff who supervise incarcerated individuals in segregated housing confirmed they would only assign incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He advised that finding alternative housing would typically take less than ten days. Further, he confirmed that incarcerated individuals in segregated housing would be reviewed at least every 30 days. He stated they review those in segregated housing three time per week. The auditor requested documentation for six incarcerated individuals who reported sexual abuse. At the issuance of the interim report the documentation had not been provided.

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

	<p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. Further corrective action may be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Victim Housing Documentation <p>The facility provided the originally requested documentation. One victim was placed in the BAU, however it was due to discipline from threats. All other victims remained in the same housing status as when they reported the allegation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 - Inner Perimeter Security Team (IPS) 3. 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 after an allegation an investigation is initiated immediately. Investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. A review of ten investigations indicated all had an administrative investigation completed and one had a criminal investigation completed. All were prompt, thorough and objective.

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

1). A review of ten investigations noted they were completed by five investigators, all of which were documented with 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 first steps would include ensuring first responder duties were completed. He stated he would then collect evidence, review video and interview those that were involved in the incident. 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. 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 nine included applicable interviews, eight included evidence review (video, phone calls, etc.) and one 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.

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 investigator stated they read Miranda before they interview, but they may 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 investigator stated credibility is based on statements and evidence. Interviews with incarcerated individuals who reported sexual abuse confirmed none were required to take a polygraph or truth telling device test.

115.71 (f): 103 DOC 519, page 19 state that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine appropriate course of action. Page 20 states that the Chief of the OIS/IAU shall provide necessary access to the complaint intake and status screens of PREA cases for review by the institution's Superintendent. The format for the investigative report shall follow the procedures set forth in 103 DOC 518. Additionally, 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. Interviews with investigative staff confirmed that administrative investigations are documented in a written report. The investigators stated the report includes an executive summary, case chronology, reports, supporting evidence and other necessary documents. The facility investigator stated the report includes an introduction, interviews, reports, investigative techniques, and the evidence reviewed. 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 investigator advised during the investigation, through a review of evidence, if they determine staff action or failure to act contributed to the incident, it would be reported so administrative staff could handle the issue. A review of ten investigations confirmed all were documented in a written report that included the allegation as well as the steps taken by the investigator, a summary of interviews and a description of the evidence.

115.71 (g): 103 DOC 519, page 20 states that the Chief of the OIS/IAU shall provide necessary access to the complaint intake and status screens of PREA cases for review by the institution's Superintendent. The format for the investigative report shall follow the procedures set forth in 103 DOC 518. 103 DOC 518, page 9 states that all PREA investigations shall be in a six part format and the six part investigation shall remain on file in the IPS office, in a secure area, and be kept confidential. Pages 8-9 state that the six-part folder investigation shall include: table of contents; case activity chronology; executive summary; reports; supportive documentation and evidence and miscellaneous. Interviews with investigative staff confirmed that criminal investigations would be documented in written reports and include similar information as an administrative investigative report. 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 one criminal investigation confirmed it was documented in a written report and included the allegation as well as the steps taken by the investigator, a summary of interviews and a description of the evidence. It also noted that the investigation was referred for prosecution.

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 two were substantiated and one was referred for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Massachusetts Statewide Records Retention Schedule, page 190 confirms that incarcerated individual investigative records are retained for ten years.

115.71 (j): 103 DOC 518, page 10 states that the departure of the alleged abuser or victim from the employment or control of the institution or the Department shall not provide a basis for terminating an investigation. The 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 investigator advised departure of the staff or incarcerated individual would not deter the investigation and that they would reach out to other facilities or agencies to assist with completing the investigation.

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

115.71 (l): 103 DOC 519, page 17 states that if the Superintendent believes a felony

may have been committed, he/she, in consultation with the Chief of OIS/IAU, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's office and shall ensure that the Department seeks assistance and begins a cooperative investigation with these agencies. The interview with the Warden indicated that the facility remains informed of the investigation through facility/agency investigators. The interview with the PC indicated that leadership or the PREA Division would stay informed through emails, phone calls and written correspondence. The interview with the PCM further indicated they would remain informed of the progress of the investigation through IPS staff. 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.

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, this standard appears to require corrective action. A review ten investigations noted nine included applicable interviews, eight included evidence review (video, phone calls, etc.) and one had a review of prior complaints of the alleged perpetrator.

Corrective Action

The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports noting the review or prior complaints.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
2. Investigative Reports

	<p>The facility provided one initial investigative report which did not include documentation of the review of prior complaints of the alleged perpetrator. As such, the auditor advised that the facility would need to conduct training with the investigator(s).</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period and the associated three completed investigative reports. All three included information on the review of prior complaints of the alleged perpetrator.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 518 – Inner Perimeter Security Team (IPS) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a 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</p>

	<p>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 administrative investigations confirmed investigators utilized a preponderance of evidence and two 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 <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 103 DOC 519, page 21 states that following an investigation into an incarcerated individual's allegation that he/she suffered sexual harassment/abuse in a Department institution, the Superintendent shall inform the</p>

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 fourteen investigations completed within the previous twelve months and fourteen incarcerated individuals were 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 confirmed noted that none 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 of the outcome of the investigation. A review of ten investigations indicated seven were sexual abuse. All seven had a documented victim notification. The notification was provided in writing through 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 against a staff member and one included notification that the staff member was no

longer employed at the facility. A review of ten investigations indicated none required any notifications under this provision.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 21 states that following an incarcerated individual's allegation that he or she has been sexually harassed/abused by another incarcerated individual, the Department shall subsequently inform the alleged victim incarcerated individual of the legal status of the incident utilizing Attachment III. A review of Attachment III confirms that it contains information on whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with three incarcerated individuals who reported sexual abuse indicated one was against another incarcerated individual but did not include any 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 fourteen notifications to incarcerated individuals under this standard. A review of ten investigations indicated seven were sexual abuse. All seven had a documented victim notification. The notification was provided in writing through a letter.

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 be compliant.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 230 - Discipline and Terminations 3. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that staff shall be subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and one staff member who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 10 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There were zero substantiated sexual abuse or sexual harassment allegations and as such no discipline was necessary.</p> <p>115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 103 DOC 230, page 10 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and</p>

	<p>the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. There were zero substantiated sexual abuse or sexual harassment allegations and as such no discipline was necessary.</p> <p>115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 103 DOC 230, page 10 states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that there have been zero staff member who were reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. There were zero substantiated sexual abuse or sexual harassment allegations and as such no discipline was necessary.</p> <p>Based on a review of the PAQ, 103 DOC 230 and investigative reports, this standard appears to be compliant.</p>
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports <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 investigation is completed. Policy further states that all volunteers who are accused shall be barred from entering any correctional institution until the investigation is completed. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. There were zero substantiated sexual abuse or sexual harassment allegations and as such no discipline was necessary.</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 result in that person being barred from the facility.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative reports, and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 CMR 430 – Inmate Discipline
4. 103 DOC 650 – Mental Health Services
5. Investigative Reports

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 fourteen 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 two sexual abuse allegations were substantiated. The auditor requested documentation related to discipline for the two incarcerated individuals who violated the sexual abuse policy, however at the issuance of the interim report the documentation had not been provided.

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 if an incarcerated individual violates the sexual abuse or sexual harassment policies he/she could be charged with sexual assault. He noted they would go through the disciplinary process and could receive segregated housing time. The Warden advised they could also refer

the investigation to the District Attorney. 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. 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 they do not specifically have services targeted for sexual offenders, but they would offer them regular mental health services to process the incident. The staff noted that they do not require participation in services.

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.

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.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 650, 103 DOC 430, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation related to discipline for the two incarcerated individuals who violated the sexual abuse policy, however at the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally 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. Incarcerated Individual Disciplinary Documents

The facility provided the originally requested documentation. Both incarcerated individual perpetrators received discipline in the form of loss of privileges.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 650 – Mental Health Services 3. Housing Risk Screen Assessments 4. Medical/Mental Health Documents (Secondary Documents) <p>Interviews:</p> <ol style="list-style-type: none"> 1. 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 <p>Findings (By Provision):</p> <p>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</p>

intake screening. The PAQ indicated that 1% 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 100% of those who reported prior sexual victimization during the risk screening 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 would be offered a follow-up with mental health within a few weeks. Interviews with the incarcerated individual who disclosed prior victimization indicated both were offered a follow-up with mental health. One advised he saw mental health within a day or two while the other stated he saw mental health within 30 days. The auditor requested documentation for three incarcerated individuals who disclosed prior sexual victimization. At the issuance of the interim report the documentation had not 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 within the first few days 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 victimization that was previously disclosed on prior risk assessments and any sexual victimization that was not disclosed previously. As such, many incarcerated individuals may have already disclosed the prior sexual victimization and had a mental health follow-up at prior MADOC 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. Interview 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 within a few weeks. The auditor requested documentation for three incarcerated individuals identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not 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 within the first few days 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 MADOC 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. The door is closed but not locked after hours. 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 and in the investigative database. Access to the IPS office is IPS staff only and the investigative database is limited to investigative staff.

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 three incarcerated individuals who disclosed prior sexual victimization. At the issuance of the interim report the documentation had not been provided. The auditor requested documentation for three incarcerated individuals identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, 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
2. List of Incarcerated Individuals that Arrived During the Corrective Action Period
3. Incarcerated Individual Risk Assessments
4. Mental Health Documentation

The facility conducted training with staff on the mental health follow-up process. Staff signatures were provided confirming receipt.

The facility provided a list of incarcerated individuals that arrived in August and

	<p>September and their associated risk assessments. Two disclosed prior sexual victimization during the risk screening and both were offered a follow-up with mental health and were seen within fourteen days. Four of the incarcerated individuals were identified with prior sexual abusiveness and were offered a follow-up with mental health. Two of the four were seen within fourteen days. It should be noted that all incarcerated individuals have contact with medical staff upon arrival as they completed both a medical assessment as well as part of the initial risk screening assessment.</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) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders 3. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p>

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 viewed the health services area. The space included exam rooms, treatment rooms, observation cells and an infirmary. Exam and treatment rooms had windows, but a mobile barrier was available to provide additional privacy when needed. 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 noted that 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 seven sexual abuse allegations indicated six were provided medical and/or mental health services. The one without services was not at the facility when the allegation was reported.

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, take the victim to health care, advise them to take any action to destroy evidence and secure the scene. The non-security first responder advised she would separate the individuals, contact the Shift Commander, stay with the individual until she received further guidance and then write a confidential report.

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 none reported an allegation that involved oral or anal penetration. As such they did not require information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. A review of documentation for seven sexual abuse allegations indicated six were provided medical and/or mental health services. The one without services was not at the facility when the allegation was reported. None of the allegations required sexually transmitted infection prophylaxis.

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

Based on a review of the PAQ, 103 DOC 519, a review of medical and mental health documents, 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.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 309 544 342">Auditor Discussion</p> <p data-bbox="256 387 432 421">Documents:</p> <ol data-bbox="256 454 1278 712" style="list-style-type: none"> <li data-bbox="256 454 655 488">1. Pre-Audit Questionnaire <li data-bbox="256 521 1273 555">2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention <li data-bbox="256 589 868 622">3. 103 DOC 650 – Mental Health Services <li data-bbox="256 656 1155 712">4. Medical/Mental Health Documents (Secondary Documents) <p data-bbox="256 813 416 846">Interviews:</p> <ol data-bbox="256 880 1289 992" style="list-style-type: none"> <li data-bbox="256 880 995 913">1. Interviews with Medical and Mental Health Staff <li data-bbox="256 947 1289 992">2. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p data-bbox="256 1104 628 1137">Site Review Observations:</p> <ol data-bbox="256 1171 903 1205" style="list-style-type: none"> <li data-bbox="256 1171 903 1205">1. Observations of Medical Treatment Areas <p data-bbox="256 1317 587 1350">Findings (By Provision):</p> <p data-bbox="256 1462 1481 2089">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</p>

necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. During the tour the auditor viewed the health services area. The space included exam rooms, treatment rooms, observation cells and an infirmary. Exam and treatment rooms had windows, but a mobile barrier was available to provide additional privacy when needed. A review of documentation for seven sexual abuse allegations indicated six were provided medical and/or mental health services. The one without services was not at the facility when the allegation was reported. The auditor requested documentation for three incarcerated individuals identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not 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 within the first few days 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.

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 seven sexual abuse allegations indicated six were provided medical and/or mental health services. The one without services was not at the facility when the allegation was reported.

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. As such none required access to testing for sexually transmitted infections. A review of documentation for seven sexual abuse allegations indicated six were provided medical and/or mental health services. The one without services was not at the facility when the allegation was reported. 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 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.

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 mental health would attempt to conduct a mental health evaluation with the known perpetrator as soon as it was identified. There were two substantiated incidents of sexual abuse. At the issuance of the interim report the auditor had not received documentation related to the mental health evaluation (completed or attempted).

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 require corrective action. There were two substantiated incidents of sexual abuse. At the issuance of the interim report the auditor had not received documentation related to the mental health evaluation (completed or attempted).

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to provide the list of sexual abuse allegations during the corrective action period, investigative outcomes, and associated mental health evaluations for known abusers (substantiated investigations).

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 Reported During the Corrective Action Period

The facility was unable to provide the originally requested documentation. As such, additional corrective action was required. The facility completed training with the PCM and mental health staff on the process for referring known incarcerated person-on-incarcerated person abusers for a mental health evaluation. Confirmation of the training was provided.

The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There were zero substantiated incarcerated person-on-incarcerated person sexual abuse incidents.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. Investigative Reports 4. Sexual Abuse Incident Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, 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 eight 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. Four of the six required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review.</p> <p>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. Four of the six required a sexual abuse incident</p>

review. Documentation confirmed all four had a completed sexual abuse incident review 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. Four of the six required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review completed by the necessary staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, pages 22-23 state that the review team shall; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; examine where the incident where allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process by using the PREA database. The interview with the Warden noted that they would use the information from the risk screening to make appropriate changes within the facility. Both the Warden and the sexual abuse incident review team member confirmed they review the elements under this provision and complete a report of their findings. The PCM stated that she is part of the sexual abuse incident review team and she has not noticed any trends. She stated once the report is submitted she would follow-up with any recommendations. A review of ten investigations indicated six were sexual abuse. Four of the six required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review. All four included the elements under this standard, however there was limited incident specific narrative. Sexual abuse incident reviews were mainly a checklist.

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. Four of the six required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review. None included any recommendations.

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. Four of the six required a sexual abuse incident review. Documentation confirmed all four had a completed sexual abuse incident review. All four included the elements under this standard, however there was limited incident specific narrative. Sexual abuse incident reviews were mainly a checklist.

Corrective Action

The facility will need to ensure that sexual abuse incident reviews include incident specific narrative for the elements under provision (d). The facility will need to provide a list of sexual abuse allegations reported 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

	<p>The facility provided the list of sexual abuse and sexual harassment allegations during the corrective action period. There were zero completed sexual abuse investigations. As such, the facility conducted a sexual abuse incident review for one of the closed sexual harassment investigations to illustrate training and compliance for this standard. The facility provided the sexual abuse incident review that was completed. The review included incident specific narrative related to the elements under provision (d).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Annual Reports 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>

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

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

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

	<p>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.</p> <p>Based on a review of the PAQ, 103 DOC 519 and PREA Annual Reports, Survey of Sexual Victimization, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual 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</p>

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 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 the facility data is a piece of how the agency dictates what happens with regard to policy and procedure. 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

	<p>confirmed that the current PREA Annual Report as well as historical PREA Annual Reports dating back to 2013 are available on the agency website.</p> <p>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 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
	<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. 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 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 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>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): MADOC facilities were audited during the three year audit cycle and reports are available online at https://www.mass.gov/lists/prea-reports .

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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>