

# PREA Facility Audit Report: Final

**Name of Facility:** Old Colony Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/22/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 03/22/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	03/02/2026
<b>End Date of On-Site Audit:</b>	03/03/2026

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

Primary Contact
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<b>Name:</b>	Jenn Chase
<b>Email Address:</b>	jennifer.l.chase@doc.state.ma.us
<b>Telephone Number:</b>	5082796861

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Jeffrey Gonsalves
<b>Email Address:</b>	jeffrey.l.gonsalves@doc.state.ma.us
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<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jennifer Chase
<b>Email Address:</b>	Jennifer.L.Chase@doc.state.ma.us
<b>Telephone Number:</b>	508-279-6861
<b>Name:</b>	Joseline Chiok
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Jacob Miner
<b>Email Address:</b>	jminer@vitalcorehs.com
<b>Telephone Number:</b>	5089487956

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	818
<b>Current population of facility:</b>	499
<b>Average daily population for the past 12 months:</b>	512

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>Age range of population:</b>	18-85
<b>Facility security levels/inmate custody levels:</b>	499 Medium Security inmates
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	375
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	77
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	181

### AGENCY INFORMATION

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

### Agency Chief Executive Officer Information:

<b>Name:</b>	Shawn Jenkins
<b>Email Address:</b>	Shawn.Jenkins@doc.state.ma.us
<b>Telephone Number:</b>	508-422-3300

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

## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### Number of standards exceeded:

0	
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#### Number of standards met:

45	
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#### Number of standards not met:

0	
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## 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:	2026-03-02
2. End date of the onsite portion of the audit:	2026-03-03

#### 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:	818
15. Average daily population for the past 12 months:	512
16. Number of inmate/resident/detainee housing units:	9
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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	499
<b>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:</b>	12
<b>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:</b>	24
<b>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:</b>	0
<b>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:</b>	18
<b>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:</b>	8
<b>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:</b>	2

<p><b>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:</b></p>	<p>7</p>
<p><b>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:</b></p>	<p>5</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>The facility/agency does not track LGB incarcerated individuals nor those who disclose prior sexual victimization during the risk screening.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>375</p>
<p><b>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:</b></p>	<p>181</p>

<p><b>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:</b></p>	<p>77</p>
<p><b>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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>13</p>
<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <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 </p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). Two incarcerated individuals were interviewed from A2, two were from A3, three were from A4, one was from BAU, seven were from D1, eight were from D2, two were from O and one was from S.</p>

<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>21 of the incarcerated individuals interviewed were male and five were transgender female. Ten of the incarcerated individuals interviewed were black, eight were white, five were Hispanic, and three were another race/ethnicity. With regard to age, two were 18-25, five were 26-35, seven were 36-45, seven were 46-55 and five were 56 or older. Thirteen of the incarcerated individuals interviewed were at the facility less than a year, eight were at the facility between a year and five years, three were at the facility between six and ten year, one was at the facility between eleven and fifteen years and one was at the facility longer than fifteen years.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>13</p>
<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>	
<p><b>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:</b></p>	<p>1</p>

<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor reviewed risk screening documents and spoke to staff.</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>2</p>

<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>5</p>
<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>The auditor reviewed housing documents for those at high risk and those who reported sexual abuse.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>A few incarcerated individuals were interviewed using multiple interview protocols.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>If "Other," describe:</b></p>	<p>Race and gender</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<p><b>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):</b></p>	<p>Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Five staff were interviewed from first shift, four were from second shift and three were from third shift. With regard to the demographics of the random staff interviewed, ten were male and two were female. Ten staff were white and two were black. Five were Correctional Officers, two were Sergeants, three were Lieutenants and two were Captains.</p>
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**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.

<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>28</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>65. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>66. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**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 March 2-3, 2026. 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 March 2, 2026. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, maintenance, food service, health services, industries, recreation, programming, front entrance 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. It should be noted that a large portion of the documentation review was completed prior to the on-site portion of the audit.

The auditor observed PREA information posted throughout the facility, including in common areas and housing units. Each housing unit had a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in.

Third party reporting information was observed in visitation and the front entrance.

The information was posted via the PREA Poster. The PREA Poster was in English and Spanish on legal size paper.

During the tour the auditor confirmed the facility follows a staffing plan. There were two to five security staff members assigned to each housing unit. Additional security staff were observed roving, assisting with movement and monitoring work, program and common areas. Numerous non-security staff were also assigned throughout the facility during business hours. The auditor observed that staffing was adequate and the facility was not overcrowded. The auditor noted that lines of sight were adequate.

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 and staff assigned to each of the housing units. 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 cell doors with security windows, shower curtains and/or metal doors. The auditor did not observe any cross gender viewing issues. A review of the video monitoring technology confirmed there were no cross gender viewing issues. Cells with cameras included a gray box over the toilet area. During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made over the loud speaker initially and then verbally prior to walking down any wings. The announcement was at an adequate audible level.

Incarcerated individual medical and mental health records are paper and electronic. Paper records are maintained in medical records, which is staffed Monday through Friday, 8am-5pm. The area is secured after-hours and only medical and mental health staff have access. 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 Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the electronic risk screening information. The auditor observed that the security staff member had access. This issue was immediately corrected by the PC. Agency staff restricted the write and view access to the basic security profile. The auditor confirmed on March 4, 2026 at another MA DOC audit that the access was restricted and security staff could not view the information. Investigative files are maintained in the IPS or SSI office and the agency investigative database. Paper files are located in a locked office. Access to the office is IPS staff or the SSI only. The investigative database is only accessible to agency investigative staff.

During the tour the auditor observed the mail process. Incarcerated individuals are able to place outgoing mail in the locked boxes in the common areas around the facility. The mailroom staff indicated that incoming mail is sorted. Regular incoming mail is opened and copied, with the exception of legal mail. Incarcerated individuals are provided the copy. Legal mail is provided to IPS. IPS call the incarcerated individual down and have the incarcerated individual open the legal mail in front of the them. Outgoing mail is received sealed. 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 would be

handled like legal mail. The staff advised that mail to/from BARCC would be copied and treated like 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 the booking area. Booking staff ask questions related to domestic violence, gang affiliation, and prior protective custody. The booking staff indicated most information is already pre-population from the electronic file information, such as age, gender, and criminal history and he is just verifying information. The medical staff complete the second part of the initial risk assessment in a confidential setting. The medical staff member asks about prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. The auditor reviewed the information on the risk screening via the computer screen and confirmed that information such as age, height, weight, prior incarcerations, current conviction, etc. were already populated. Staff had the ability to change certain information if applicable, (i.e. if the incarcerated individual had gained or lost significance weight). After the information is entered into the system, the information is calculated electronically and a designation is determined related to known victim, potential victim, unknown victim, known predator, potential predator or unknown predator. The 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 in the center of the house unit and ask them if they feel vulnerable, if they have ever been sexually victimized, gender identity and sexual preference. The auditor observed that this area is not private. The mental health staff noted she asks incarcerated individuals if they want to fill out the risk screening form and provide it back to her or if they want her to ask the questions. She noted that most fill out the form and give it back to her. The auditor advised this process did not meet the standard.

The auditor tested the PREA hotline during the tour from a housing unit phone. An incarcerated individual assisted the auditor with the call. The call required the incarcerated individual to enter his pin. 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. The auditor also tested the written reporting mechanism. The auditor submitted a kite on March 2, 2026 via the locked grievance box in the hallway. The auditor was provided confirmation on March 3, 2026 that the grievance officer received the kite. He advised if it involved sexual abuse or sexual harassment it would be provided to the Shift Commander.

The auditor tested the outside reporting

mechanism by sending a letter on March 3, 2026 to the MSP (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 March 10, 2026 the auditor received an email and phone call from a Captain at the MSP. He confirmed receipt of the letter and advised if it a report of sexual abuse or sexual harassment was reported it would be forwarded back to the MA DOC for investigation. He stated the MA DOC is able to perform administrative and criminal investigation. He further 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. Staff further illustrated that the incident report would be marked confidential, which means the incident report bypasses the chain of command and goes directly to the 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 March 2, 2026. The auditor received email confirmation on the same date that the online form was received. The MA DOC staff advised that any allegation reported by a third party via the online form would be forwarded to appropriate MA DOC authorities 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.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Education is conducted every Wednesday through facility orientation. Incarcerated individuals view the MA DOC orientation video and the PREA video. The video is shown on a 27 inch screen with adequate audio.

During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge). Staff provided the auditor a phone number to dial and the agency'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 did not require accommodations for disabled incarcerated individual interviews, however the auditor previously utilized an American Sign Language (ASL) interpreter for a deaf

incarcerated individual at a prior MA DOC audit. 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, five contractors hired within the previous twelve months, five staff employed longer than five years, two contractors employed over five years and four staff promoted in the previous twelve months. The review included six volunteers, nine total contractors and seven medical and mental health care staff.

Incarcerated Individual Files. A total of 43 incarcerated individual files were reviewed. 22 incarcerated individual files were of those that arrived within the previous twelve months, seven were disabled incarcerated individuals, two were LEP, four were transgender and fourteen 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 twelve incarcerated individuals who reported sexual abuse or sexual harassment and fourteen 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 two sexual abuse grievances in the previous twelve months. The auditor reviewed the two grievances and the grievance log.

Incident Reports. The auditor reviewed the incident report associated with the twelve investigations reviewed.

Investigation Files. The auditor reviewed twelve allegations. All twelve included an administrative investigations.

## **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:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	7	0	7	0
<b>Staff-on-inmate sexual abuse</b>	7	0	7	0
<b>Total</b>	14	0	14	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	7	0	7	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	9	0	9	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	6	1	0
<b>Staff-on-inmate sexual abuse</b>	1	5	1	0
<b>Total</b>	1	11	2	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	3	1
<b>Staff-on-inmate sexual harassment</b>	0	0	2	0
<b>Total</b>	0	3	5	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:**

9

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> 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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy</li> <li>3. 103 DOC 510 - Security Staffing and Analysis</li> <li>4. 103 DOC 512 - Post Orders</li> <li>5. 103 DOC 506 - Search Policy</li> <li>6. 103 DOC 401 - Booking and Admissions</li> <li>7. 103 DOC 408 - Reasonable Accommodations for Inmates</li> <li>8. 103 DOC 488 - Interpreter Services</li> </ol>

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. Post Order 1 - Shift Commander
22. PREA Coordinator Appointment Letter
23. Agency Organizational Chart
24. 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 4-6 include the definitions of sexual abuse and sexual harassment and prohibited behavior. Pages 7 and 20-21 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, and 103 CMR 430. 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 Field Services Deputy Commissioner. 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 ten total PCMs. He stated that they conduct quarterly training with the PCMs and they also conduct internal audits and mock PREA audit. The PC stated that if he identified an issue complying with a PREA standard he would

	<p>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 efforts to comply with PREA through monthly PREA meetings where they discuss any issues. The PCM advised if she identified an issue complying with a PREA standard they would complete corrective action. She stated they would handle corrective action in house and get guidance from the PC.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 510, 103 DOC 512, Post Order 1, 103 DOC 506, 103 DOC 401, 103 DOC 408, 103 DOC 488, 103 DOC 201, 103 DOC 703, 103 DOC 216, 103 DOC 650, 103 DOC 652, 103 DOC 653, 103 DOC 750, 103 CMR 423, 103 CMR 491, 103 DOC 518, 103 DOC 230, 103 CMR 430, the appointment letter, the organizational charts and information from interviews with the PC and PCM, this standard appears to be compliant.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Contracts with Other State Department of Corrections</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency's Contract Administrator</li> </ol> <p>Findings (By Provision):</p>

	<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 the contracts require contractors to adopt and comply with PREA standards. The PAQ advised that there have been 29 contracts for the confinement of incarcerated individuals that the agency has entered into or renewed with private entities or other government agencies since the last PREA audit. Further communication indicated these are all interstate compact agreements with other states. A review of interstate contracts with Florida, Illinois and Indiana confirm that contract language indicates that contracting parties are required to adopt and comply with the national standard to prevent, detect and respond to prison rape under the PREA and applicable PREA Standards. The contract language permits the parties to monitor the aspect of the agreement to ensure compliance with PREA.</p> <p>115.12 (b): The PAQ indicated all of the above contracts require the agency to monitor the contractor’s compliance with PREA standards and that zero contracts did not require the agency to monitor contractor’s compliance with PREA standards. A review of interstate contracts with Florida, Illinois and Indiana 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 they monitor compliance with the PREA Standards through the use of the DOJ website and the Governor’s assurance information. She advised they have language within each of the contracts that require the agency to comply with PREA Standards, including completing PREA audits.</p> <p>Based on the review of the PAQ, contracts with other state agencies and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 510 - Security Staffing and Analysis</li> <li>3. 103 DOC 512 - Post Orders</li> </ol>

4. Post Order 1 – Shift Commander
5. The Staffing Plan
6. Annual Staffing Plan Reviews
7. Daily Staffing Rosters
8. Documentation of Unannounced Rounds
9. Unannounced Rounds Email

Interviews:

1. Interview with the Superintendent
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect incarcerated individuals against sexual abuse. 103 DOC 510, page 4 states that the staffing plan must provide for adequate levels of staffing, and where applicable, video monitoring, to protect incarcerated individual's against sexual abuse. When calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated

incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing plan is based on 530 incarcerated individuals, and the average population is 512. The facility employs 375 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 indicated that each shift has a Shift Commander and additional supervisors. Correctional Officers are assigned throughout the facility, including in housing units and common areas. A review of the staffing plan narrative confirms the elements under this provision were considered. During the tour the auditor confirmed the facility follows a staffing plan. There were two to five security staff members assigned to each housing unit. Additional security staff were observed roving, assisting with movement and monitoring work, program and common areas. Numerous non-security staff were also assigned throughout the facility during business hours. The auditor observed that staffing was adequate and the facility was not overcrowded. The auditor noted that lines of sight were adequate. 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 and staff assigned to each of the housing units. Cameras can also be viewed by Inner Perimeter Security (IPS) and management level staff. The interview with the Superintendent confirmed that the facility has a staffing plan and the plan provides for adequate levels to protect incarcerated individuals from sexual abuse. The Superintendent stated they have a staffing matrix across the agency that determines how many staff are needed. He advised staffing is based on needs and is broken by shift and position. The Superintendent confirmed that the staffing plan includes video monitoring technology and it is documented. The Superintendent advised that all required components under this provision are considered during the creation and modification of the staffing plan. He noted units have different staffing based on the incarcerated individual population and programming within the unit. The Superintendent stated that they check for compliance with the staffing plan daily through a review of the roster. The interview with the PCM indicated they look at the physical plant and cameras related to staffing. She confirmed the elements under this provision are considered in the staffing plan.

115.13 (b): The PAQ indicated that this provision is not applicable and the facility does not deviate from the staffing plan. 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 Superintendent confirmed that they do not deviate from the staffing plan. All posts are filled through overtime and the only time a post would not be filled is if there was an emergency. He advised this would require modified operations and this would be documented.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are

needed. 103 DOC 510, page 3 indicates that at least annually, each facility and special unit in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to: the official staffing analysis; the deployment of video monitoring technology systems and other monitoring technology; and resources the facility/special unit has available to commit to ensure adherence to the staffing plan. Further 103 DOC 419, page 15 states at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of their institution in accordance with Attachment IV. Consideration shall be given to past PREA events, staffing plans, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. A copy of the PREA Safety Assessment shall be submitted to the Department's PREA Coordinator for review no later than the last working day of March. The staffing plan was most recently reviewed on October 20, 2025 by the Superintendent and PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The review included a vulnerability assessment that assessed sexual abuse and sexual harassment allegations, the physical layout and cameras locations. The staffing plan was previously reviewed on February 12, 2024. The interview with the PC confirmed that he is consulted annually on the staffing plan and he would be consulted if a facility conducted any additional analysis. It should be noted that both staffing plan reviews incorrectly had the box marked "no" for the PC being consulted. The PC confirmed through email that he was consulted on both staffing plans and confirmed that he advised that facility to correct this moving forward.

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 19 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 5 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 supervisors confirmed they make unannounced rounds and they are documented in the visitor log (through IMS) of each unit/area. The staff stated they ensure staff don't notify one another they are making rounds by varying times and locations and by not following a set pattern. A review of documentation for six randomly selected weeks noted unannounced rounds were completed across all shifts at least weekly, with the exception of five instances in three housing units. To reinforce the rounds and documentation, the Director of

	<p>Security sent an email to all supervisors advising to ensure they are conducting rounds daily in their respective housing units and to ensure it is logged appropriately in the IMS system.</p> <p>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, unannounced rounds email, observations made during the tour and interviews with the Superintendent, PC, PCM and intermediate-level or higher-level facility staff, this standard appears to be complaint.</p> <p>Recommendation</p> <p>The auditor highly recommends that facility install a mirror in laundry. The auditor also highly recommends that cameras/additional cameras be installed in maintenance and food service.</p>
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<b>115.14 Youthful inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention Policy</li> <li>3. Massachusetts State Law</li> </ol> <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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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 506 – Search Policy</li> <li>3. 103 DOC 519 – Sexual Harassment/Abuse Response Prevention Policy</li> <li>4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates</li> <li>5. Body Searches – Clothed Training Curriculum</li> <li>6. Body Searches – Unclothed Searches Training Curriculum</li> <li>7. PREA Resource Center’s Guidance on Cross Gender Searches and Searches of Transgender Incarcerated Individuals</li> <li>8. Staff Training Records</li> <li>9. Housing Logs</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> </ol>

2. Interviews with Random Incarcerated Individuals
3. Interviews with Transgender or Intersex Incarcerated Individuals

Site Review Observations:

1. Observations of Privacy Barriers
2. Opposite Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of incarcerated individuals and that there have been zero searches of this kind in the previous twelve months. 103 DOC 506, page 8 gender non-conforming inmates shall have an unclothed search conducted by officers of the gender with which the inmate has identified as the search preference in accordance with 103 DOC 402, Inmate Identification Policy, except in exigent circumstances. Except for gender non-conforming inmates, cross-gender unclothed 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. Page 9 states Body cavity searches of staff members are prohibited.

115.15 (b): The PAQ indicated that the facility does not house female incarcerated individuals and therefore this provision of the standard does not apply. The PAQ noted that there were zero pat down searches of females performed by male staff. 103 DOC 506, pages 13-14 state 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 personal searches of female incarcerated individuals shall not be permitted absent exigent circumstances. Clothed searches of gender non-conforming inmates shall be conducted in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. Interviews with random staff confirmed none were aware of a time a transgender female incarcerated individual was restricted in order to comply with this provision. Interview with transgender incarcerated individuals confirmed none were 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 8 states that except for gender non-conforming incarcerated individuals, cross gender unclothed 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. Page 15 further states all searches will be appropriately documented in a confidential 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 15 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 19 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 cell doors with security windows, shower curtains and/or metal doors. The auditor did not observe any cross gender viewing issues. A review of the video monitoring technology confirmed there were no cross gender viewing issues. Cells with cameras included a gray box over the toilet area. During the tour the auditor heard the opposite gender announcement each time the audit team entered the incarcerated individual housing units. The announcement was made over the loud speaker initially and then verbally prior to walking down any wings. The announcement was at an adequate audible level. 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 26 incarcerated individuals indicated 23 have privacy when showering, using the restroom and changing their clothes. Additionally, 22 of the 26 incarcerated individuals stated that opposite gender staff announce when entering housing units.

115.15 (e): The PAQ and further communication with the PC 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 8, 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 random 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 transgender incarcerated individuals confirmed none were searched for the sole purpose of determining genital status.

115.15 (f): 103 DOC 506, page 13 states that personal searches 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 14 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 all twelve had received training on cross gender searches and searches of transgender incarcerated individuals. A review staff training records indicated that all 30 staff had received the fully clothed and unclothed training during the academy and/or the PRC video during annual PREA training.

Based on a review of the PAQ, 103 DOC 506, 103 DOC 519, 103 DOC 653, 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 be compliant.

<p><b>115.16</b></p>	<p><b>Inmates with disabilities and inmates who are limited English proficient</b></p> <hr/> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 401 - Booking and Admissions</li> <li>3. 103 DOC 408 - Reasonable Accommodations for Inmates</li> <li>4. 103 DOC 488 - Interpreter Services</li> <li>5. Americans with Disabilities in Corrections</li> <li>6. Prison Rape Elimination Act (PREA) Basic Lesson Plan</li> <li>7. Incarcerated Individual Orientation Manual (Manual)</li> <li>8. Incarcerated Individual Orientation Video (MA DOC Orientation Video)</li> <li>9. PREA Posters</li> <li>10. Foreign Language Interpretation and Translation Services Information</li> <li>11. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information</li> <li>12. Lionbridge Interactive Voice Response Users Guide</li> <li>13. Staff Translator List</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interviews with LEP and Disabled Incarcerated Individuals</li> <li>3. Interviews with Random Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of PREA Posters</li> </ol>
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Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 103 DOC 408, page 3 states that it is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (ADA). The Department shall ensure that its programs, activities and services when viewed in their entirety, are readily accessible to, and usable by incarcerated individuals with a disability. Additionally, it states that the Department shall provide incarcerated individuals access to trained, qualified individual(s) who are educated in the problems and challenges faced by incarcerated individuals with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist incarcerated individuals with a disability, as well as in all the legal requirements for the protection of incarcerated individuals with disabilities. The MCDHH Interpreter/CART Referral Service document outlines that the organization is the central point of contact to obtain services of interpreters for deaf and hard of hearing constituents. It outlines how agencies can request services for deaf and hard of hearing incarcerated individuals. A review of the Manual and PREA Posters confirmed that they can be provided in larger print, if necessary. Pages 40-41 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. The MA DOC Orientation Video is available in English with Spanish subtitles. 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. The auditor observed PREA information posted throughout the facility, including in common areas and housing units. Each housing unit had a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in. The auditor did not require accommodations for disabled incarcerated individual interviews, however the auditor previously utilized an American Sign Language (ASL) interpreter for a deaf incarcerated individual at a prior MA DOC audit. 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 impaired individuals 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 three disabled incarcerated individuals confirmed all 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 5 states that telephonic interpreter services may be used to translate for incarcerated individuals in the following areas: Internal Perimeter Security (IPS), Booking and Admissions, Health Services Unit (HSU), Classification Boards, Incarcerated individual Grievances and Disciplinary Hearings. If an incarcerated individual requests an interpreter or correctional or medical staff believe the use of an interpreter is necessary, then the telephonic interpreter service shall be utilized. This policy does not prevent IPS or Department investigators from utilizing bilingual staff to interview incarcerated individuals if the situation does not lend itself to the use of the telephonic interpreter service during the course of an investigations. Page 22 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 250 different languages to any non-English speaking incarcerated individual. This service can only be used with a speaker telephone in the following areas whenever an incarcerated individual declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. The Foreign Language Interpretation and Translation Services document notes that it is a statewide contract for in-person interpretation, translation, telephonic interpretation and video remote interpretation services. The document includes a User Guide that outlines organizations that can be contacted to provide services. The facility has a list of 30 staff that can translate seven languages. A review of the Lionsbridge User's Guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. A review of the Manual and PREA Posters confirmed they were available in English and Spanish. The MA DOC Orientation Video is available in English with Spanish subtitles. The auditor observed PREA information

posted throughout the facility, including in common areas and housing units. Each housing unit had a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in. During incarcerated individual interviews the auditor tested the accessibility of the language interpretation service (Lionsbridge). Staff provided the auditor a phone number to dial and the agency'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 had been provided information in a format he could understand. The second noted that he viewed the video in English, which he did not understand. It should be noted the video is in English but includes Spanish subtitles.

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 5 state that incarcerated individuals shall not be used as interpreters for other incarcerated individuals in IPS, Booking and Admissions, HSU, Classification Boards, Incarcerated individual Grievances and Disciplinary Hearings. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with twelve random staff indicated all twelve were aware of a policy prohibiting the use of incarcerated individual interpreters, readers and assistants for sexual abuse allegations. Most advised they would utilize the translation line. Interviews with three disabled incarcerated individuals and two LEP incarcerated individuals indicated none had an incarcerated individual translate, interpret, read or provide assistance for PREA.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Orientation Manual, MA DOC Orientation Video, PREA Posters, Foreign Language Interpretation and Translation Services Information, Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information, the Lionsbridge Users Guide, Staff Translator List, observations made during the tour as well as interviews with the Agency Head Designee, random staff and LEP and disabled incarcerated individuals, this standard appears to be compliant.

**115.17 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 201 - Selection and Hiring
3. Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections
4. Memorandum from the Director of Human Resources
5. MA Department of Correction Application for Employment
6. MA Department of Correction Application for Employment Attachment #22
7. PREA 201 Employer Addendum
8. Staff and Contractor Personnel Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 103 DOC 201, page 20 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 (M)(1-3), (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 #22 (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 documentation for two staff hired in the previous twelve months confirmed both had a criminal background records check completed prior to hire. A review of documents for five contractors hired during the previous twelve months confirmed all five had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with incarcerated individuals. 103 DOC 201, page 77, Attachment #22 (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?". 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 eighteen people were hired in the previous twelve months who had a criminal background records check completed. The interview with the Human Resource staff member confirmed that a criminal background records check is completed for all applicants and the agency attempts to contact all prior institutional employers about any substantiated allegations of sexual abuse or resignations during investigation. He advised they utilized the Criminal Justice Information System (CJIS), which checks national, state and local jurisdictions related to criminal history. He stated they also check their inhouse databases. A review of documentation for two staff hired in the previous twelve months confirmed both had a criminal background records check completed prior to hire. Neither of the two staff had a prior institutional employer, however the auditor reviewed documentation at other MA DOC facilities and confirmed the check of prior institutional employers is adequate.

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 22 indicates that a full criminal record check and fingerprinting shall be conducted regarding all contractors as described in 103 DOC 201.09(1). The PAQ indicated that there have been two contracts for services where criminal background record checks were conducted on all staff covered under the contract. 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 documents for five contractors hired during the previous twelve months confirmed all five had a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. 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 staff. He noted that for contractors, because they do not typically stay longer than five years, they run them manually (rather than through a batch). A review of documentation for five staff employed longer than five years confirmed all five had a criminal background records check completed at least every five years. A review of documentation for two contractors employed over five years noted neither had a background check completed once every five years. Both did have an updated criminal background records check completed in 2024. The five year criminal background record check issue was previously identified in the prior audit cycle year with the agency and the agency took corrective action and conducted "batch runs" of all staff and contractors at facilities.

115.17 (f): 103 DOC 201, page 20 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 #22 (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 asked prior to hire and promotion. He further stated that the agency imposes a continuing duty to disclose any such misconduct. A review of documentation for two staff hired during the previous twelve months and four staff promoted during the previous twelve months confirmed all six had completed the

	<p>Attachment #22 prior to hire/promotion.</p> <p>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 20 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.</p> <p>115.17 (h): The Human Resource staff member confirmed the agency would provide information related to any substantiated incidents of sexual abuse or sexual harassment or resignations during investigation, when requested.</p> <p>Based on a review of the PAQ, 103 DOC 201, Rules and Regulations Governing all Employees of the Massachusetts Department of Corrections, the MA Department of Correction Application for Employment, the MA Department of Correction Application for Employment Attachment #22, the PREA 201 Employer Addendum, a review of personnel files for staff and contractors, and information obtained from the Human Resource staff interview, this standard appears to be compliant.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 703 - Design Criteria and Planning Guidelines</li> <li>3. PREA Annual Safety Assessment - Attachment #4</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol>

## 2. Interview with the Superintendent

### Site Review Observations:

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

### Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has 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 15 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment #4. Considerations shall be given to past PREA events, staffing plants, recent changes to the institution environment and the unique mission and population assigned to the institution. Consideration shall be given to identifying operational practices which are in need of improvement. During the tour the auditor confirmed there were not any substantial modifications from 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 Superintendent confirmed they have not made any substantial modifications to the facility since the last PREA audit. A review of the 2024 PREA Safety Assessment notes that it outlines construction of the ISU. It should be noted that there was not any physical construction of the ISU, rather small modifications to the existing facility for the addition of this program.

115.18 (b): The PAQ indicated that the agency/facility has not 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 15 states that at least annually, each Superintendent or designee shall conduct a PREA Safety Assessment of his/her/their institution in accordance with Attachment #4. 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 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 and staff assigned to each of the housing units. 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 Superintendent confirmed that when they update or install video monitoring technology they consider how the technology will enhance their ability to protect incarcerated individuals from sexual abuse. He advised video monitoring is something they talk about at the monthly PREA meetings and that they identify any areas that may require additional cameras due to reports or incidents of sexual abuse. A review of the 2024 PREA Safety Assessment confirmed that it outlined the facility cameras and identified there were not additional areas that required camera coverage.

Based on a review of the PAQ, 103 DOC 703, PREA Annual Safety Assessment, observations from the tour and information from interviews with the Agency Head Designee and Superintendent, this standard appears to be compliant.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Response to Sexual Assault Incidents</li> <li>4. Affiliation Agreement with Boston Area Rape Crisis Center (BARCC)</li> <li>5. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP)</li> <li>6. Investigative Log</li> <li>7. Investigative Reports</li> </ol>

## 8. Staff Training

### Interviews:

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

### Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting both administrative and criminal investigations and that the Massachusetts State Police (MSP) also conduct criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol which is the institutional response plan and includes elements in the PREA response bag. 103 DOC 519, page 20 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 16 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 eleven knew and understand the protocol for obtaining useable physical evidence. Additionally, ten staff indicated that investigations would

be completed by IPS or OIS.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PAQ and further communication with the PC noted 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 16 and 17 explain the uniform evidence protocol including that each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the necessary items to facilities their response to sexual assault allegations. It describes staff first responder duties including separating the incarcerated individuals, securing the scene, asking the victim not to take any action to destroy any evidence and escorting the incarcerated individual to medical. Policy further states that evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the incarcerated individual's transport to an outside hospital. Evidence collected at the outside hospital involving incarcerated individual-on-incarcerated individual allegations shall be retained by the transporting officer while evidence collected involving a staff member shall require the outside hospital to notify the MSP who shall transport any evidence collected to the MSP Crime Lab for analysis. A review of the Response to Sexual Assault Incidents confirmed that it has enough detail to ensure staff take appropriate action to preserve and collect usable physical evidence. Actions include; controlling the area to prevent unauthorized personnel from entering; ensure the area and its belongings are not disturbed; log time and name of any staff entering the crime scene; recovering evidence from the incarcerated individual; bagging evidence appropriately; placement in dry cell; transportation for SAFE/SANE and appropriate medical care.

115.21 (c): The PAQ indicated that the facility offers incarcerated individuals who experience sexual abuse access to forensic medical examination at an outside hospital (approved SANE sites). It stated that forensic exams are offered without financial cost to the victim. The PAQ indicated that examinations are conducted by SAFE or SANE and that when SAFE/SANE are not available, a qualified medical practitioner performs forensic medical examinations. 103 DOC 519, page 17 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 19 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 during the previous twelve months. There was one victim that was offered an examination but he refused and one victim had an incident report within the timeframe but video was reviewed and after review it was determined an examination was not necessary. 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 can contact BARCC to provide advocacy services. Interviews with three incarcerated individual who reported sexual abuse noted one was afforded access to BARCC. A review of nine sexual abuse allegations indicated four were offered a victim advocate. One victim was not at the facility when the allegation was reported. The four that did not have documentation related to an advocate were completed by the SSI. The facility immediately took corrective action and provided training to the SSI related to offering and documenting the victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 103 DOC 519, page 19 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. 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 interview with the PCM stated that the agency provides victim advocacy services through BARCC, which is the local rape crisis center. Interviews with three incarcerated individual who reported sexual abuse noted one was afforded access to BARCC. A review of nine sexual abuse allegations indicated four were offered a victim advocate. One victim was not at the facility when the allegation was reported. The four that did not have documentation related to an advocate were completed by the SSI. The facility immediately took corrective action and provided training to the SSI related to offering and documenting the victim advocate.

115.21 (f): The PAQ and further communication with the PC noted 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,

	<p>the Agreement with BARCC, the MOU with MSP, investigative log, investigative reports, staff training and information from interviews with the random staff, the SAFE/SANE, and the PREA Compliance Manager, this standard appears to be compliant.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Memorandum of Understanding (MOU) with the Massachusetts State Police (MSP)</li> <li>4. Investigative Log</li> <li>5. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interviews with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ indicated that there were 23 allegations of sexual abuse and/or sexual harassment reported within the previous twelve month and all 23 had an administrative investigation completed. 103 DOC 519, page 20 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 21 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</p>

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. A review of documentation noted all allegations were forwarded for investigation. A review of twelve investigations noted all were administrative.

115.22 (b): The PAQ and further communication with the PC indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PCM also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 103 DOC 519, page 8 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 21 states that the Department shall ensure that all available means are used to fully investigate allegations of sexual abuse and/or sexual harassment. Within 72 hours of the reported incident, the site's Superintendent will review and assess all reported allegations of sexual harassment/sexually abusive behavior and determine the appropriate course of action. Investigations of reported allegations of sexual harassment/sexually abusive behavior between incarcerated individuals shall be initiated by the Superintendent utilizing appropriately trained facility investigative staff or upon request to the Chief of the Office of Investigative Services (OIS)/Internal Affairs Unit (IAU), in conjunction with an investigator from OIS. If a staff member is accused of sexual harassment/sexually abusive behavior with an incarcerated individual, the Superintendent shall request a Category II investigation by submitting an Investigative Services Intake Form and shall notify his/her respective Assistant Deputy Commissioner. A review of the agency website (<https://www.mass.gov/lists/departments-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. Interviews with investigators confirmed that agency policy requires that allegations of sexual abuse and sexual harassment be referred to an investigative agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. A review of documentation noted all allegations were forwarded for investigation. A review of twelve investigations noted all were administrative and were completed by agency/facility investigators.

115.22 (c): 103 DOC 519, page 8 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegation involves a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. A review of the agency website (<https://www.mass.gov/lists/department-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. The MOU with the MSP indicates that the MSP screens cases referred to their agency to determine if the MA DOC 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 8 states that the Superintendent shall ensure that the Duty Station is notified of all allegations of sexual harassment/sexually abusive behavior. If the allegation involves a possible violation of the law, the Chief of OIS/IAU shall be promptly notified and shall then notify the jurisdictionally appropriate District Attorney's office once it is determined that sufficient probable cause exists to warrant such notification. A review of the agency website (<https://www.mass.gov/lists/department-of-correction-public-policies>) confirms that 103 DOC 519 is published and available for public review. The MOU with the MSP indicates that the MSP screens cases referred to their agency to determine if the MA DOC 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 log, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 216 - Training and Staff Development</li> </ul>

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

4. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting laws. 103 DOC 216, page 11 states that all employees shall receive training on PREA. A review of the PREA Basic Lesson Plan confirmed that the following topics are included: the agency's zero tolerance policy (pages 9 and 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 26-32), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 19), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 24-25), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 10-16), the common reactions of sexual abuse and sexual harassment victims (page 13), how to detect and respond to signs of threatened and actual sexual abuse (pages 28-29), how to avoid inappropriate relationship with incarcerated individuals (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). Interviews with twelve random staff confirmed that all twelve had received PREA training and the training included the required elements under this provision. A review of 30 staff training records indicated 100% completed 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, page 11 states 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 is required.

115.31 (c): The PAQ indicated that between training the agency provides employees who may have contact with incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained annually. 103 DOC 216, page 11 states that employees with incarcerated individual contact shall receive refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. A review of 30 staff training document noted 27 had PREA training at least every two years. Two staff were new hires and one was on leave during the previous year and a half.

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. A review of 30 staff training records indicated staff completed a post training quiz and received a score which indicated their understanding.

Based on a review of the PAQ, 103 DOC 216, the PREA Basic Lesson Plan, staff training records as well as interviews with random staff, this standard appears to be compliant.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 216 - Training and Staff Development
3. Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA)
4. Prison Rape Elimination Act (PREA) Basic Lesson Plan
5. Volunteer Orientation Handbook
6. Contractor and Volunteer Training Records

Interviews:

1. Interviews with Volunteers and Contractors who have Contact with Incarcerated Individuals

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 103 DOC 216, page 11 states that volunteers and contractors who have contact with incarcerated individuals shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. The agency has the Volunteer and Contractor Training and Acknowledgment of PREA form which outlines the zero tolerance policy and duty to report (immediately to the Shift Commander). Additionally, certain contractors are required the PREA Basic training that staff complete which includes the zero tolerance policy and methods to report. Further, the Volunteer Orientation Handbook, page 17 includes information on the zero tolerance policy and responsibilities to report any knowledge, suspicion or information. The PAQ indicated that 186 volunteers and contractors received PREA training. Further communication with the PC indicated all contractors and volunteers completed training. Interviews with two contractors and a volunteer confirmed they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of nine contractor and six volunteer training documents confirmed all fifteen had completed either the PREA Basic training or the PREA Acknowledgement.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact

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

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

Based on a review of the PAQ, 103 DOC 216, Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA), Prison Rape Elimination Act (PREA) Basic Lesson Plan, Volunteer Orientation Handbook, contractor and volunteer training records as well as the interviews with contractors and volunteers, this standard appears to be compliant.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 401 - Booking and Admissions
3. 103 DOC 408 - Reasonable Accommodations for Inmates
4. 103 DOC 488 - Interpreter Services
5. Incarcerated Individual Orientation Manual (Manual)
6. Incarcerated Individual Orientation Video (MA DOC Orientation Video)
7. PREA Posters
8. Lionbridge Interactive Voice Response Users Guide
9. Foreign Language Interpretation and Translation Services Information
10. Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/CART Referral Service Information
11. Incarcerated Individual Education Documents

### Interviews:

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

### Site Review Observations:

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

### Findings (By Provision):

115.33 (a): The PAQ stated that incarcerated individuals receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 103 DOC 401, page 8 states that each PREA orientation written procedures to ensure that each incarcerated or civilly committed individual receives an orientation upon admission within twenty-four (24)

hours after arrival. Incarcerated and civilly committed individuals shall receive a copy of the institution's Orientation Manual. The incarcerated or civilly committed individual shall sign for the manual when received. Page 10 states the following shall be included in all correctional institution's orientation manuals: 103 DOC 401, Attachment #1, Prison Rape Elimination Act (PREA) Sexual Misconduct/Staff Sexual Misconduct. A review of Attachment #1 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 26-28 of the Orientation Manual confirms that it includes all the information as Attachment #1. The PAQ indicated that 290 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 100% of incarcerated individuals who arrived at the facility over the previous twelve months. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided PREA information at intake via the Manual. The Manual is available in both English and Spanish and includes information on the zero tolerance policy and reporting methods. The interview with the intake staff confirmed that incarcerated individuals are provided information on the zero tolerance policy and reporting methods during intake. The staff stated incarcerated individuals are provided a Manual upon arrival. 23 of the 26 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. A review of 22 incarcerated individual files of those received in the previous twelve months indicated all 22 received PREA information at intake. It should be noted that Old Colony Correctional Center is not an intake facility and as such all incarcerated individuals at the facility have also been previously provided PREA information upon intake, through another MA DOC facility.

115.33 (b): 103 DOC 401, page 9 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 Adult Comprehensive Education video and the orientation video, which contains information on PREA, upon admission to the MA DOC. All MA DOC facilities have the same policies, procedure and information, with the exception of the IPS facility specific hotline. As such, incarcerated individuals are not required to be provided additional comprehensive education upon transfer to OCCC unless for some reason they were not provided the comprehensive education upon entry into the MA DOC. A review of the MA DOC orientation video confirmed that the video provides information on ADA accommodations, right to be free from sexual abuse, the PREA hotline number (advises it is not recorded and does not require a pin), BARCC contact information (advises for support services and not a reporting mechanism), the external reporting

entity contact information (MSP address) and information on the policy and that it is located in the library. The video is available in English and has Spanish closed captioning. The PAQ indicated that 228 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is equivalent to over 100% of those that arrived in the last twelve months and stayed longer than 30 days. 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 Wednesday through facility orientation. Incarcerated individuals view the MA DOC orientation video and the PREA video. The video is shown on a 27 inch screen with adequate audio. 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 at the facility and that the orientation includes the MA DOC Orientation Video and the PREA video. He stated they verbally go over facility specific information and they ask the incarcerated individuals if they have any questions related to the PREA information. Interviews with 26 incarcerated individuals indicated 24 were advised of 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. A review of 22 incarcerated individual files of those received in the previous twelve months indicated all 22 had received comprehensive PREA education at OCCC or another MA DOC facility. It should be noted incarcerated individuals were documented with receiving PREA comprehensive education numerous times across different MA DOC facility, which exceeds the requirement as all MA DOC policies and procedures are the same.

115.33 (c): The PAQ indicated that all incarcerated individuals had received comprehensive PREA education within 30 days of arrival. 103 DOC 401, page 8 states that each PREA orientation written procedures to ensure that each incarcerated or civilly committed individual receives an orientation upon admission within twenty-four (24) hours after arrival. Incarcerated and civilly committed individuals shall receive a copy of the institution's Orientation Manual. The incarcerated or civilly committed individual shall sign for the manual when received. Page 10 states the following shall be included in all correctional institution's orientation manuals:103 DOC 401, Attachment #1, Prison Rape Elimination Act (PREA) Sexual Misconduct/Staff Sexual Misconduct. A review of Attachment #1 confirms that it contains information on the zero tolerance policy, information. Page 9 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. 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 at the facility and that the orientation includes the MA DOC Orientation Video and the PREA video. He stated they verbally go over facility specific information and they ask the incarcerated individuals if they have any questions related to the PREA information. A review of 47 total incarcerated individual files indicated 46 had comprehensive PREA education. The one missing education was no longer at the facility.

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 5 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 Orientation Manual and PREA Posters 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 40-41 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 22 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 250 different languages to any non-English speaking incarcerated individual. This service can only be used with a speaker telephone in the following areas whenever an incarcerated individual declares that he does not speak and/or understand English; Internal Perimeter Security, Booking and Admissions, Health Services Unit, Classification Boards and Disciplinary Hearings. A review of the Lionsbridge Users Guide confirms that the facility is able to call the hotline, enter their pin number and select a language for interpretive services. Further a review of the Orientation Video confirms it is available in English, and has Spanish subtitles. A review of seven disabled incarcerated individual records and two LEP incarcerated individual records confirmed all nine received PREA education.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 103 DOC 401, page 14 states that completion of all types of orientation and receipt of all materials shall be documented in the IMS Orientation Checklist screen. A review of incarcerated individual files confirmed education was via entry into the IMS system.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks or other written formats. A review of documentation indicates that the facility has PREA information via the 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 a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in.

Based on a review of the PAQ, 103 DOC 401, 103 DOC 408, 103 DOC 488, the Manual, the MA DOC Orientation Video, PREA Posters, Lionbridge Interactive Voice Response Users Guide, Foreign Language Interpretation and Translation Services Information Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Interpreter/ CART Referral Service Information, a review of incarcerated individual records, observations made during the tour as well as information from interviews with intake staff and incarcerated individuals, this standard appears to be compliant.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 432 378">Documents:</p> <ol data-bbox="256 412 1278 669" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. PREA/Sexual Assault Investigator Training Curriculum</li> <li>4. Investigator Training Records</li> </ol> <p data-bbox="256 770 416 804">Interviews:</p> <ol data-bbox="256 837 799 871" style="list-style-type: none"> <li>1. Interviews with Investigative Staff</li> </ol> <p data-bbox="256 994 576 1028">Findings (By Provision):</p> <p data-bbox="256 1128 1469 1588">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 11 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). Interviews with investigators confirmed they completed specialized training.</p> <p data-bbox="256 1688 1453 2069">115.34 (b): 103 DOC 519, page 11 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</p>

	<p>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 four facility staff 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 six investigators had completed the required training. A review of documentation indicated four facility staff 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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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 650 - Mental Health Services</li> <li>3. 103 DOC 216 - Training and Staff Development</li> <li>4. VitalCore PREA Training</li> <li>5. Prison Rape Elimination Act (PREA) Basic Lesson Plan</li> <li>6. Medical and Mental Health Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> </ol>

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, pages 62-63 state 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. A review of the VitalCore PREA Training and the Wellpath Prison Rape Elimination Act (PREA) training curriculum confirmed that they includes information on the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that 80 (100%) medical and mental health care staff received the specialized training. Interviews with medical and mental health staff confirmed that they received specialized training and the training included the elements under this provision. A review of seven medical and mental health care staff training records indicated all seven had completed the specialized training.

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

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 103 DOC 650, page 63 states that the vendor shall maintain documentation that mental health practitioners have received the training and forward a list of trained staff to the DOC on a quarterly basis. A review of seven medical and mental health care staff training records indicated all seven had completed the specialized training. The auditor confirmed that the specialized training is documented via an acknowledgment form.

115.35 (d): 103 DOC 216, page 11 states that volunteers and contractors who have contact with incarcerated individuals shall be trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies

and procedures. Additionally, 103 DOC 216, page 11 states that all employees shall receive training on PREA. Medical and mental health staff are required to complete the PREA Basic staff training (contractors and employees). A review of the PREA Basic Lesson Plan confirmed that the following topics are included: the agency's zero tolerance policy (pages 9 and 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 26-32), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 19), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 24-25), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 10-16), the common reactions of sexual abuse and sexual harassment victims (page 13), how to detect and respond to signs of threatened and actual sexual abuse (pages 28-29), how to avoid inappropriate relationship with incarcerated individuals (pages 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 42-43) and how to comply with relevant laws related to mandatory reporting laws (page 29). A review of seven medical and mental health care staff training records indicated all seven had completed training as required under 115.31 or 115.32.

Based on a review of the PAQ, 103 DOC 216, 103 DOC 650, 103 DOC 519, VitalCore PREA Training, 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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 650 - Mental Health Services</li> <li>3. Housing Risk Screen Assessment</li> <li>4. Incarcerated Individual Assessment and Reassessment Documents</li> <li>5. Medical and Mental Health Training on the Risk Assessment Process</li> </ol> <p>Interviews:</p>

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

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Incarcerated Individual Files Location

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. 103 DOC 650, page 10 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 the booking area. Booking staff ask questions related to domestic violence, gang affiliation, and prior protective custody. The booking staff indicated most information is already pre-population from the electronic file information, such as age, gender, and criminal history and he is just verifying information. The medical staff complete the second part of the initial risk assessment in a confidential setting. The medical staff member asks about prior sexual victimization, if they feel vulnerable, their gender identity and sexual preference. 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 thirteen incarcerated individuals that arrived within the previous twelve months indicated twelve were asked the risk screening questions upon arrival. Interviews with staff responsible for the risk screening confirmed that incarcerated individuals are screened their risk of victimization and risk of abusiveness during intake.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 103 DOC 650, page 10 states that intake screenings shall ordinarily take place within 72 hours of the arrival at the facility. The PAQ stated that 290 incarcerated individuals, or over 100% of those that arrived in the previous twelve months that stayed longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours. Interviews with thirteen incarcerated individuals that arrived within the previous twelve months indicated twelve were asked the risk screening questions upon arrival. Interviews with 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 22 incarcerated individual files of those that arrived within the previous twelve months indicated all 22 had an initial risk screening completed. Nineteen of the 22 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 10 states that such assessments shall be conducted using an objective screening tool. A review of the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions related to sexual victimization factors and five questions related to sexual abusive factors. Directions are attached for staff to reference when completing the questions. The directions provide information on when to mark yes and when to mark no, as well as what it meant by the questions. The directions further explain what factor are self-reported and which factors are to be checked against other documentation. At the bottom of the form the directions outline how to score the responses. If the response to question one is "yes", which is the question related to being a victim of institutional sexual assault (as documented - not self-reported), the incarcerated individual is classified as a victim. If the risk screening has four or more "yes" responses on the victimization identifiers, the incarcerated individual is identified as a potential victim. With regard to abusiveness, if question one is a yes, which is the question related to a history or institutional sexual abuse toward others (as known and documented), the incarcerated individual is classified as an aggressor. If the risk screening has two or more "yes" responses on the abusiveness identifiers, the incarcerated individual is classified as a potential aggressor. All designations include known victim, potential victim, unknown victim, known perpetrator, potential perpetrator and unknown perpetrator.

115.41 (d): 103 DOC 650, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess incarcerated individuals for risk of victimization: whether the incarcerated individual has a mental, physical or developmental disability; the age of the incarcerated individual; the physical build of the incarcerated individual; whether the incarcerated individual has previously been

incarcerated; whether the incarcerated individual's criminal history is exclusively nonviolent; whether the incarcerated individual has prior convictions for sex offenses against an adult or child; whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the incarcerated individual has previously experienced sexual victimization; the incarcerated individual's own perception of vulnerability and whether the incarcerated individual is detained solely for civil immigration purposes. A review of the Housing Risk Screen Assessment indicates that the assessment includes fifteen questions related to sexual victimization factors including prior victimization, physical disability, mental disability, developmental disability, perception of vulnerability, LGBTI/Gender Dysphoria/gender non-conforming, age, physical stature, prior incarcerations, non-violent history, effeminate presentation and history of protective custody. Interviews with the staff who conduct the risk screening indicated the initial risk screening is completed by booking staff and medical staff. Staff noted the risk screening includes questions as well as documentation review. Staff confirmed the required elements under this provision are part of the risk screening tool.

115.41 (e): A review of the Housing Risk Screen Assessment confirms that the screening tool considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence and/or sexual abuse, as known to the agency, in assessing incarcerated individuals for risk of being sexually abusive. Interviews with the staff who conduct the risk screening indicated the initial risk screening is completed by booking staff and medical staff. Staff noted the risk screening includes questions as well as documentation review. Staff confirmed the required elements under this provision are part of the risk screening tool.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 103 DOC 650, page 11 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 228 or over 100% of incarcerated individuals entering the facility that stayed longer than 30 days 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 in in the center of the house unit and ask them if they feel vulnerable, if

they have ever been sexually victimized, gender identity and sexual preference. The auditor observed that this area is not private. The mental health staff noted she asks incarcerated individuals if they want to fill out the risk screening form and provide it back to her or if they want her to ask the questions. She noted that most fill out the form and give it back to her. The auditor advised this process did not meet the standard. Interviews with staff responsible for the risk screening indicated that incarcerated individuals are reassessed within 30 days. Interviews with thirteen incarcerated individuals that arrived in the previous twelve months indicated eight were asked the risk screening questions on more than one occasion. A review of 22 incarcerated individual files of those that arrived in the previous twelve months indicated all 22 incarcerated individuals had a reassessment completed. 21 of the 22 were completed within 30 days. Immediately following the on-site the facility conducted training with medical and mental health staff related to risk assessment process. Mental health staff were trained that risk screenings are to be completed in a confidential setting, and specifically not in the center of a housing unit. Further, the training went over that staff are required to verbally ask the questions, and not allow the incarcerated person to fill out the paper with their responses. The auditor received confirmation that the medical and mental health staff completed and understood the training.

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 11 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 thirteen incarcerated individuals that arrived in the previous twelve months indicated eight were asked the risk screening questions on more than one occasion. A review of 22 incarcerated individual files of those that arrived in the previous twelve months indicated all 22 incarcerated individuals had a reassessment completed. A review of nine sexual abuse investigations noted that one required a reassessment due to incident of sexual abuse. The victim had a reassessment completed after the investigation was closed.

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 11 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 11 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 Management System (IMS). During the tour the auditor had a security staff member pull up the electronic risk screening information. The auditor observed that the security staff member had access. This issue was immediately corrected by the PC. Agency staff restricted the write and view access to the basic security profile. The auditor confirmed on March 4, 2026 at another MA DOC audit that the access was restricted and security staff could not view the information. The PC stated that the agency has implemented appropriate controls on information from the risk screening to ensure sensitive information is not exploited. He stated there are certain profiles that have access, including medical and mental health care staff. The interview with the PCM 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, staff training, 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 be complaint.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> </ul>

3. 103 DOC 652 – Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria
4. 103 DOC 653 - Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates
5. 103 DOC 750 – Hygiene Standards
6. 103 DOC 401 – Booking and Admission
7. High Risk Victim and High Risk Abuser Lists
8. LGBTI Incarcerated Individual Housing Documents

Interviews:

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

Site Review Observations:

1. Housing Assignments of LGBTI Incarcerated Individuals
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. 103 DOC 519, page 11 states that the Department shall utilize an Internal Housing Risk Assessment (see 103 DOC 401, Booking and Admissions, Attachment #4 and #5) to assess incarcerated or civilly committed 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 used to keep incarcerated individuals safe. She stated they use the information for housing to ensure that incarcerated individuals are compatible. Interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to house incarcerated individuals appropriately. Staff advised they would not house known victims with known abusers. A review of housing and work assignments of high risk victims and high risk abusers confirmed that incarcerated individuals at high risk of victimization and incarcerated individuals at high risk of abusiveness were not celled together. The auditor did note that they were housed in the same housing unit, however all housing units include direct staff supervision with at least two staff. The auditor confirmed that high risk victim and high risk abusers did not work/program together unsupervised.

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, page 11 states that the Department shall utilize an Internal Housing Risk Assessment (see 103 DOC 401, Booking and Admissions, Attachment #4 and #5) to assess incarcerated or civilly committed 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 appropriately. Staff advised they would not house known victims with known abusers.

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, pages 14-15 state at the time of commitment, adjudicated individuals are court ordered into Department of Correction custody and are transported to the reception institution based upon said court order. For all new commitments, an Internal Housing Risk Assessment (see 103 DOC 401, Booking and Admissions, Attachment #4 and #5) is completed in IMS and examines issues of risk of victimization and risk of violence/predatory behavior and/or abusiveness. Should an individual identify as Gender Dysphoric 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 discipline history, medical and mental health assessment of needs, vulnerability to sexual victimization and potential of perpetrating abuse based on prior history. A Gender Dysphoric incarcerated or civilly committed individual's own views with respect to their own safety shall be given serious consideration. In addition, consideration of specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal of testicles, etc. shall be evaluated on a case-by-case basis by the Program Medical Director and reported to the Assistant Deputy Commissioner of Classification for consideration of any safety, security and/or operational concerns presented. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues. Final determination as to the most appropriate housing, however, is the responsibility of the Department. Further information from the agency indicates that 103 DOC 653 outlines housing related to gender non-conforming incarcerated individuals. Page 7 states if an incarcerated individual self-identifies as gender non-conforming (transgender), a facility based medical provider or qualified mental health professional assigned to the incarcerated individual, shall review the incarcerated individual's gender non-conforming status to determine whether the incarcerated individual's gender is sincerely held as part of the incarcerated individual's core identity. Page 9 further states that a gender non-confirming incarcerated individual may request to be housed in a facility of the gender with which the incarcerated individual identifies. Upon receipt of the request, the site administrator shall notify the Department's Director of Behavioral Health. In the event that a request may potentially present security, safety, or operational difficulties within the correctional

environment, the Director of Behavioral Health shall refer the request to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Reentry for a security review. The security review shall take into account the incarcerated individual's individual history of incarceration and present circumstances. The agency provided sample documentation related to case-by-case housing determinations. Examples were provided of transgender female incarcerated 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 are based on the risk assessment. She advised male/female housing is reviewed on a case by case basis by the agency level committee. 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 none of the five were asked how they felt about their safety regarding housing and programming assignments.

115.42 (d): 103 DOC 519, page 13 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 15 states an Internal Housing Risk Assessment (see 103 DOC 401, Booking and Admissions, Attachment #4 and #5) will be completed in IMS at least every six (6) months in collaboration with medical, mental health and correctional professionals to assess ongoing placement for each Gender Dysphoric incarcerated or civilly committed individual. This bi-annual review will include a review of any threats to safety experienced by the incarcerated or civilly committed 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 biannually. A review of documentation for four transgender incarcerated individuals indicated one had a biannual assessment, one had one assessment and had not been at the facility for over six months and two did not have appropriate biannual assessments.

115.42 (e): 103 DOC 652, page 14 states that a GD/gender non-conforming incarcerated individual's own views with respect to his or her own safety will be given serious consideration. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' view with respect to their safety are given serious consideration. Interviews with transgender incarcerated individuals indicated none of the five were asked how they felt about their safety regarding housing and programming assignments.

115.42 (f): 103 DOC 652, page 15 states that incarcerated individuals diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other

incarcerated individuals per 103 DOC 750 – Hygiene Standards. 103 DOC 750, page 7 states that Superintendents shall develop procedures to ensure incarcerated individuals identified as Gender Non-Conforming shall be given the opportunity to shower separately from other incarcerated individuals. During the tour the auditor confirmed that showers were single person with curtains or metal doors. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are given the opportunity to shower separately. The PCM stated transgender and intersex incarcerated individuals have a separate shower time. Interviews with transgender incarcerated individuals indicated two of the five were afforded the opportunity to shower separately (separate time).

115.42 (g): 103 DOC 519, page 11 states that the Department shall utilize an Internal Housing Risk Assessment (see 103 DOC 401, Booking and Admissions, Attachment #4 and #5) to assess incarcerated or civilly committed 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 seven LGBTI incarcerated individual confirmed the facility does not place LGBTI individuals in 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 LGB incarcerated individuals known to staff for interview purposes and documentation purposes. A review of housing assignments for LGB incarcerated individual illustrated that LGBTI incarcerated individuals were not housed solely based on their gender identity or sexual preference.

Based on a review of the PAQ, 103 DOC 519, 103 DOC 652, 103 DOC 653, 103 DOC 401, 103 DOC 750, high risk victim and high risk abuser lists, transgender housing determinations, LGBTI incarcerated individual housing assignments and information from interviews with the PC, PCM, staff responsible for the risk screenings and the LGBTI incarcerated individuals, this standard appears to be compliant.

**115.43 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
4. High Risk Victim Housing Assignments

Documents:

1. Interview with the Superintendent
2. Interview with the Staff who Supervise Segregated Housing

Site Review Observations:

1. Observation of Housing Units

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency prohibit placing incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separation from likely abusers. 103 DOC 519, page 12 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 Superintendent 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. He stated they would not place someone in the behavior assessment unit (BAU) as they have other options. The Superintendent advised they would not punish someone at high risk of victimization. A review of documentation for incarcerated individuals at high risk of victimization noted that none were placed in the BAU.

115.43 (b): 103 DOC 519, page 12 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 (Behavioral Assessment Unit). The unit was two tiered and included a hearing room and a separate outdoor recreation area. Incarcerated individuals have out of cell time via recreation (daily), showers (five days a week), programs (once a week) and mental health appointments. Phone access is daily.

Additionally, incarcerated individuals have tablets, which are able to make phone calls as well from in the cells. Incarcerated individuals in the segregated housing unit provide grievances and mail to staff. The interview with the staff who supervise segregated housing confirmed that incarcerated individuals at high risk of victimization that are placed in involuntary segregated housing would still have access to programs, privileges, education and work opportunities to the extent possible. He confirmed any restrictions would be documented.

115.43 (c): 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 Superintendent confirmed that incarcerated individuals would be placed involuntary segregated housing only until alternative means of separation from likely abusers can be arranged. He stated they would find housing within a couple of hours. The interview with the staff who supervise segregated housing confirmed that incarcerated individuals would be placed involuntary segregated housing only until alternative means of separation from likely abusers can be arranged. He advised that they generally do not place a high risk victim in the Behavioral Adjustment Unit (BAU), as they would typically place them in the health services unit.

115.43 (d): 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.

115.43 (e): The PAQ indicated if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 103 CMR 423, page 8 states that such incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. Additionally, it states that all incarcerated individuals in Restrictive Housing for 30 days or more shall be provided a review of his or her Restrictive Housing placement. The interview with the staff who supervise segregated housing confirmed that any incarcerated individual housed in segregated housing would be reviewed at least every 30 days for their continued need for separation.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, high risk victim housing assignments, observations from the facility tour as well as information from the interview with the Superintendent and the staff who supervise segregated housing, this standard appears to be compliant.

	<p>Recommendation</p> <p>The auditor highly recommends the facility install a mail/grievance box in the segregated housing unit to allow incarcerated individuals to place mail/grievances in the box without the assistance of staff.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Incarcerated Individual Orientation Video (MA DOC Orientation Video)</li> <li>4. Incarcerated Individual Orientation Manual (Manual)</li> <li>5. PREA Posters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Random Incarcerated Individuals</li> <li>3. Interview with the PREA Compliance Manager</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of Posted PREA Information</li> </ol> <p>Findings (By Provision):</p> <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</p>

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, pages 8-9 states that the Department shall maintain for incarcerated individuals, multiple internal mechanisms for privately reporting sexual harassment/abuse, retaliation by other incarcerated individuals or staff members for reporting sexual harassment abuse, and/or staff member neglect or violation of responsibilities that may have contributed to incidents of sexual harassment/abuse and retaliation. A Department hotline (508-422-3486) shall be designated within the incarcerated individual telephone system. The Department shall allow for universal and unimpeded access by all incarcerated individuals within the Department to the hotline number and it shall be listed in all institutional incarcerated individual orientation manuals. It is recorded and is available to all incarcerated individuals without using their PIN number. Additionally, methods to report sexual harassment/abuse or retaliation include, but are not limited to, the incarcerated individual grievance system, staff access periods, the institution's PREA Compliance Manager, inner perimeter security staff (IPS), and third party reporting. A review of the MA DOC orientation video confirmed that the video provides information on 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 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 a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in. The auditor tested the PREA hotline during the tour from a housing unit phone. An incarcerated individual assisted the auditor with the call. The call required the incarcerated individual to enter his pin. 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. The auditor also tested the written reporting mechanism. The auditor submitted a kite on March 2, 2026 via the locked grievance box in the hallway. The auditor was provided confirmation on March 3, 2026 that the grievance officer received the kite. He advised if it involved sexual abuse or sexual harassment it would be provided to the Shift Commander. Interviews with 26 incarcerated individuals confirmed that all 26 were aware of at least one method to report sexual abuse and sexual harassment.

Incarcerated individuals advised they would report to staff, through the hotline, through a slip or via a grievance. Interviews with random staff confirmed that incarcerated individuals have multiple ways to report including to staff and through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ indicated that incarcerated individuals are not detained solely for civil immigration purpose. 103 DOC 519, pages 9-10 state incarcerated individuals may also report sexual harassment/abuse to external public or private agencies via correspondence or via the use of the incarcerated individual telephone systems. Calls to “privileged” numbers, including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, a foreign national’s pre-authorized telephone number to his/her/their consulate office or diplomat, pre-authorized clergy telephone numbers, and pre-authorized licensed psychologist, social worker and/or mental health professional telephone numbers, are not subject to telephone monitoring and are not recorded. The Department also provides a way for incarcerated individuals to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward incarcerated individual reports of sexual abuse and sexual harassment to agency officials, allowing the incarcerated individual to remain anonymous upon request. Incarcerated individuals can write to the Massachusetts State Police at 470 Worcester Road, Framingham, MA 01702. A review of the MA DOC orientation video confirmed that the video provides information on the external reporting entity contact information (MSP address) and information on the policy and that it is located in the library. Page 27 of the Manual includes the mailing address for MSP and states that inmates may write to the below address to file a report of sexual abuse or harassment and may also include in the body of the letter whether they wish to remain anonymous if they choose. Outgoing inmate correspondence to the below address will follow standard mail procedures pursuant to 103 CMR 481, Inmate Mail. During the tour the auditor did not observe information posted related to MSP. The auditor had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. During the tour the auditor observed the mail process. Incarcerated individuals are able to place outgoing mail in the locked boxes in the common areas around the facility. The mailroom staff indicated that incoming mail is sorted. Regular incoming mail is opened and copied, with the exception of legal mail. Incarcerated individuals are provided the copy. Legal mail is provided to IPS. IPS call the incarcerated individual down and have the incarcerated individual open the legal mail in front of the them. Outgoing mail is received sealed. 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 would be handled like legal mail. Due to outgoing mail not being reviewed, the auditor confirmed there was not an issue with treatment of mail to MSP. The auditor tested the outside reporting mechanism by sending a letter on

March 3, 2026 to the MSP (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 March 10, 2026 the auditor received an email and phone call from a Captain at the MSP. He confirmed receipt of the letter and advised if it a report of sexual abuse or sexual harassment was reported it would be forwarded back to the MA DOC for investigation. He stated the MA DOC is able to perform administrative and criminal investigation. He further confirmed that incarcerated individuals may remain anonymous upon request. The interview with the PCM indicated that incarcerated individuals can report externally to the State Police, BARCC or to anyone they want outside the facility. She stated she has not experienced a report to the State Police, but that she believed the State Police would communicate the information to the Duty Station or the PC, who would forward the information to the facility for investigation. Interviews with 26 incarcerated individuals indicated seven were aware that they could report to the MSP as an outside reporting mechanism, while six stated they knew they could report anonymously. While less than half of the incarcerated individual advised they were aware of MSP and the ability to remain anonymous, this information is provided during orientation (via the MA DOC orientation video) and is also contained in the Manual (provided upon arrival and available on the tablet).

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 8 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. 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. Staff further illustrated that the incident report would be marked confidential, which means the incident report bypasses the chain of command and goes directly to the Superintendent. Staff confirmed all verbal reports of sexual abuse and sexual harassment would be documented in a confidential incident report. Interviews with 26 incarcerated individuals indicated 25 knew they could report allegations of sexual abuse verbally or in writing to staff and eleven 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 incident report) immediately. A

	<p>review of twelve allegations indicated four were reported verbally to staff. In all four instances staff completed a written 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 training and policy review. 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 random staff noted nine knew they could privately report sexual abuse and sexual harassment of incarcerated individuals. The staff advised they could report outside their chain of command.</p> <p>Based on a review of the PAQ, 103 DOC 519, the Manual, PREA Posters, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to be compliant.</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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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 CMR 491 - Inmate Grievances</li> <li>3. Sexual Abuse Grievances</li> <li>4. Grievance Log</li> <li>5. Incarcerated Individual Orientation Manual (Manual)</li> </ol>

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 requires that incarcerated individual use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PCM indicated this was incorrect and they do not require incarcerated individuals to utilize the informal grievance process. 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 pages 12-13 outline the grievance process, including 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 pages 12-13 outline the grievance process, including 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 two grievances of sexual abuse in the previous twelve months and both had a response within 90 days. Interviews with incarcerated individuals who reported sexual abuse noted none reported via a grievance. A review of the two sexual abuse grievances indicated both had a response within 30 days. Both were forwarded for investigation.

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 two grievances filed by incarcerated individuals in the previous twelve months in which the incarcerated individual declined third-party assistance. Further communication with the PCM and grievance coordinator noted that there were two sexual abuse grievances, but neither were reported via a third party. A review of the grievance log noted there were zero sexual abuse grievances filed by a third party during the previous twelve months.

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

grievance appeals shall be responded to within five calendar days of receipt. The PAQ stated there were two grievances alleging imminent risk of sexual abuse over the previous twelve months and both had a response within 48 hours. Further communication with the PCM and grievance officer indicated that there were two sexual abuse grievances in the previous twelve months. One was deemed an emergency by the Superintendent. The grievance did not report imminent risk of sexual abuse, but rather was a report of sexual abuse that already occurred. A review of the grievance log noted there were zero grievances of imminent risk of sexual abuse filed during the previous twelve months.

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

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

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

Interviews:

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 MA DOC's two intake facilities, Souza-Baranowski Correctional Center and MCI Framingham about support resources available to sexual assault survivors. The Manual, page 27 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. A review of the MA DOC orientation video confirmed that the video provides BARCC contact information (advises for support services and not a reporting mechanism) and information on the policy and that it is located in the library. The Manual 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 a PREA Poster as well as the PREA hotline, Inter Perimeter Security (IPS) hotline and BARCC number painted near the phones. The PREA Posters were observed in English and Spanish on legal size paper. The painted numbers were oversized font and were on a wall in the housing unit. Additionally, the PREA hotline and BARCC hotline were observed on the back of each incarcerated individual's ID card. The auditor also had an incarcerated person illustrate information found on their tablet. The auditor observed the incarcerated individual Orientation Manual (Manual) in English and Spanish. The auditor also observed that incarcerated individuals can make the font larger by zooming in. 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. Interviews with 26 incarcerated individuals indicated 21 were familiar with BARCC and nineteen 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 anytime, services were free and information was 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 27 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. Pages 16-18 of the Manual outline the mail procedures. During the tour the auditor observed the mail process. Incarcerated individuals are able to place outgoing mail in the locked boxes in the common areas around the facility. The mailroom staff indicated that incoming mail is sorted. Regular incoming mail is opened and copied, with the exception of legal mail. Incarcerated individuals are provided the copy. Legal mail is provided to IPS. IPS call the incarcerated individual down and have the incarcerated individual open the legal mail in front of the them. Outgoing mail is received sealed. The staff do not open any outgoing mail, however IPS may review outgoing mail for those incarcerated individuals on mail monitor. The staff advised that mail to/from BARCC would be copied and treated like regular mail. Due to outgoing mail not being reviewed, the auditor confirmed there was not an issue with treatment of mail to BARCC. Interviews with 26 incarcerated individuals indicated 21 were familiar with BARCC and nineteen 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 anytime, services were free and information was 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 agreement with BARCC, observations from the tour and interviews with random incarcerated individuals and

	<p>incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the agency treat mail from BARCC as privileged/legal.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. PREA Poster</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Third Party Reporting Information</li> </ol> <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, page 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 <a href="http://www.mass.gov/doc">www.mass.gov/doc</a>. 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</p>

	<p>Station at 508-422-3486. These reports shall be immediately forwarded to the appropriate Superintendent or Division Head. A review of the agency’s website confirms that third parties can report by calling the PREA Division or by completing an online form. The third party reporting information is found at <a href="https://www.mass.gov/how-to/report-a-prea-allegation">https://www.mass.gov/how-to/report-a-prea-allegation</a>. The auditor viewed the agency PREA website and confirmed that the agency has an online form that the public can complete related to sexual abuse and sexual harassment. The PREA Poster further advises that third parties can immediately contact the facility Superintendent or call the Department hotline at 508-422-3486. Third party reporting information was observed in visitation and the front entrance. The information was posted via the PREA Poster. The PREA Poster was in English and Spanish on legal size paper. The auditor tested the third party reporting mechanism via the agency website. The auditor submitted the online form on March 2, 2026. The auditor received email confirmation on the same date that the online form was received. The MA DOC staff advised that any allegation reported by a third party via the online form would be forwarded to appropriate MA DOC authorities for investigation.</p> <p>Based on a review of the PAQ, 103 DOC 519, the PREA Poster, observations made 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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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Log</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Medical and Mental Health Staff</li> <li>3. Interview with the Superintendent</li> </ol>

#### 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, pages 7-8 state 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 8 states that apart from reporting to designated supervisors and/or officials, staff members shall not reveal any information related to an allegation of sexual harassment/abuse or anyone other than to the extent necessary to provide treatment, to conduct an investigation, and/or to make other security and management decision. Interviews with twelve random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated that they would immediately report the information to their supervisor.

115.61 (c): 103 DOC 650, page 61 states that unless precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (A) of this section (per 103 DOC 519) and to inform

incarcerated individuals of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirmed that at the initiation of services with an incarcerated individual they disclose their limitation of confidentiality and their duty to report. Both stated they are required to report any allegation, incident or information related to sexual abuse that occurred within an institutional setting. Both also indicated that they had not had an incarcerated individual report institutional sexual abuse to them. A review of the twelve allegations indicated four were reported to medical and/or mental health care staff. In all four instances the medical or mental health staff member notified security and completed an incident report.

115.61 (d): 103 DOC 650, page 61 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 Superintendent indicated that they do not house incarcerated individuals under eighteen. He stated any incidents reported by a vulnerable adults would be investigated. He stated that medical and mental health are required to contact certain agencies related to elder abuse and things like that. It should be noted that all mandatory reporting would be completed through the agency investigators or the State Police.

115.61 (e): 103 DOC 519, page 8 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 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 15 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 Superintendent confirmed that all allegations of sexual abuse and sexual harassment are reported to designated facility investigators. A review of twelve allegations noted four were reported verbally, two were reported via the hotline, one was reported anonymously, three were reported in writing and two were reported via a Superintendent to Superintendent notification. All twelve were forwarded to IPS or the SSI for investigation.

Based on a review of the PAQ, 103 DOC 519, investigative log, investigative reports and interviews with random staff, medical and mental health care staff, the PREA

	Coordinator and the Superintendent, this standard appears to be compliant.
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Log</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Superintendent</li> <li>3. Interviews with Random Staff</li> </ol> <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 11 states that if the Department learns that an incarcerated individual is subject to a substantial risk of imminent sexual harassment/abuse, it shall take immediate action to protect that incarcerated individual. The PAQ stated that there have been zero incarcerated individuals who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The Agency Head Designee stated that if an incarcerated individual was at imminent risk they would reassess the person and then determine if they need to change their housing. He advised they would do what needs to be done to take away the potential threat or possible vulnerability. The Superintendent stated that if there was an incarcerated individual deemed at imminent risk of sexual abuse they would remove the incarcerated individual from the housing unit and conduct an investigation. He advised they would ensure the incarcerated individual is in a safe area and that they have options for housing,</p>

	<p>including in the health services unit. Interviews with twelve random staff confirmed that they would take immediate action by removing the incarcerated individual from the area or threat and reporting the information to the supervisor. A review of documentation indicated there were zero incarcerated individuals identified at imminent risk of sexual abuse. The three sexual harassment allegations reviewed noted staff took immediate action, including separating the individuals through housing changes, when appropriate.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative log, investigative reports, and interviews with the Agency Head Designee, Superintendent and random staff, this standard appears to be compliant.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Incarcerated Individual Risk Assessments</li> <li>4. Outside Agency Notification Letter - Attachment #6</li> <li>5. Investigative Reports</li> <li>6. Investigative Log</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Superintendent</li> </ol> <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</p>

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 9 states that upon a Superintendent's receipt of an allegation that an incarcerated individual was sexually harassed/abused while confined at another institution or agency, the Superintendent shall notify the appropriate Superintendent or Chief Administrative Officer of the agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, not no later than 72 hours after receiving the allegation, and shall be documented in writing. A review of Attachment #6 notes that it is a template letter for facilities to utilize and send when an allegation is reported to have occurred at another facility. The PAQ indicated that during the previous twelve months the facility had zero incarcerated individuals report that they were sexually abused while confined at another facility. A review of documentation confirmed there were zero allegations reported to the facility that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 103 DOC 519, page 9 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 9 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. The PAQ stated that there were three allegations received from another Superintendent/Agency Head within the previous twelve months. 103 DOC 519, page 9 states the Superintendent or agency office receiving such notifications shall ensure the allegation is investigated, and shall provide periodic updates and a copy of the final investigation report to the notifying institutions which currently houses the alleged incarcerated individual victim. The Agency Head Designee stated that the Superintendent at each facility would be the designated point of contact for receiving

allegations from other facilities/agencies. He stated that the Superintendent would ensure an investigation is completed for any allegation that was provided to the Superintendent. The Agency Head Designee 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 Superintendent confirmed that if they received an allegation that an incarcerated individual was abused while housed at OCCC they would conduct an investigation. He advised they had not received any notifications during the previous twelve months. A review of twelve allegations indicated two were reported via Superintendent to Superintendent notification and both were investigated.

Based on a review of the PAQ, 103 DOC 519, incarcerated individual risk assessments, investigative log, investigative reports, and interviews with the Agency Head Designee and Superintendent, this standard appears to be compliant.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Log</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with First Responders</li> <li>2. Interviews with Random Staff</li> <li>3. Interviews with Incarcerated Individuls who Reported Sexual Abuse</li> </ol>

Findings (By Provision):

115.64 (a). The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 103 DOC 519, pages 16-17 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 six allegations of sexual abuse during the previous twelve months. Two involved the separation of the alleged victim and abuser. The security first responder indicated first responder duties include; separating the individuals, securing the scene, not allowing individuals to take action to destroy evidence, taking the victim to health services, contacting the supervisor and completing an incident report. The non-security first responder advised she would notify security and complete a confidential incident report. Interviews with incarcerated individuals who reported sexual abuse noted none involved any first responder duties. All advised they reported via the hotline. A review of twelve investigations noted 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 16-17 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.). If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify

	<p>security staff. The PAQ indicated that during the previous twelve months there were zero allegations of sexual abuse. The security first responder indicated first responder duties include; separating the individuals, securing the scene, not allowing individuals to take action to destroy evidence, taking the victim to health services, contacting the supervisor and completing an incident report. The non-security first responder advised she would notify security and complete a confidential incident report. Interviews with twelve random staff confirmed eleven were aware of first responder duties. A review of twelve investigations noted five were reported to mental health. Mental health staff immediately reported the information and completed a confidential incident report.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative log, investigative report, and interviews with random staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Old Colony Correctional Center PREA Response Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Superintendent</li> </ol> <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 Old Colony Correctional Center PREA Response Plan notes that it includes first responder duties and steps to take after an allegation of sexual abuse, Shift Commander duties, medical and mental health practitioner duties and investigator duties. The document also includes the sexual assault notification list and the Shift Commander checklist. The interview with the Superintendent indicated</p>

	<p>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, Old Colony Correctional Center PREA Response Plan, and the interview with the Superintendent, this standard appears to be compliant.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Sample of Collective Bargaining Agreements</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol> <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 a sample of collecting bargaining agreements confirmed they did not prohibit the agency from removing alleged staff sexual abusers from contact with any incarcerated individuals pending the outcome of an investigation or of determining whether and to what extent discipline is warranted. AFSCME-SEIU Local Units 8 &amp; 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. 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</p>

	<p>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 and the agreement does not prohibit the facility/ agency's 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, sample collective bargaining agreements, as well as information from the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Log</li> <li>4. Investigative Reports</li> <li>5. Sexual Abuse Retaliation Monitoring Log – Attachment #5</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Superintendent</li> <li>3. Interview with Designated Staff Member Charged with Monitoring Retaliation</li> <li>4. Interviews with Incarcerated Individuals who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</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 22 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 (IPS) to monitor for retaliation.

115.67 (b): 103 DOC 519, pages 22-23 state that the Department employs multiple protective measures including, but not limited to, housing changes or transfers for incarcerated individual victims or incarcerated individual abusers from contact with victims. The Department also provides emotional support services for incarcerated individuals or staff members who fear retaliation for reporting sexual harassment/abuse or for cooperating with an investigation. The interview with the Agency Head Designee indicated that they monitor individuals for retaliation through a review of phone calls, a review of mail and in-person status checks. The Agency Head Designee confirmed that they can take protective measure including, housing changes, facility transfers, removal of staff from contact with victim and emotional support services. The interview with the Superintendent indicated that they conduct monitoring for retaliation for 90 days. He confirmed that protective measures could include housing changes, facility transfers, removal of alleged staff abusers and emotional support services. The staff responsible for monitoring for retaliation indicated his role is to review everything to make sure nothing is going on, including mail and phone calls. He advised they talk to the individual and make sure they are fine. The staff advised if they need to make housing changes or transfer facilities, they can do that to protect the individual. He confirmed they can also remove staff from contact with the incarcerated individual and provide emotional support services. Interviews with incarcerated individuals who reported sexual abuse noted one felt safe at the facility and none felt protected against retaliation. The incarcerated individuals noted that they did not feel protected because staff are constantly retaliating against incarcerated individuals for all types of issues. A review of investigative reports and monitoring documents noted zero allegations of retaliation were reported.

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, page 23 states 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. A review of Attachment #5 notes that basic information is included at the top and the remainder of the document includes weekly boxes to check related to monitoring, including face to face contact and the elements under this provision. A section for comments is also included. The Superintendent stated that if they suspect retaliation they would conduct an investigation and if it was found to have occurred, discipline would ensue. The staff responsible for monitoring indicated he monitors for 90 days. He advised if there was a concern for retaliation he would continue monitoring until needed. He further stated that during monitoring he reviews phone calls and mail. He further confirmed that he would review discipline, housing changes, program changes, job changes, education changes, staff reassignments and post changes to determine if there is any retaliation. A review of twelve investigations indicated nine were sexual abuse and required monitoring. All nine included monitoring for 90 days or until the investigation was unfounded or the incarcerated individual was transferred. The monitoring included the necessary checks under this provision and periodic in-person status checks. It should be noted that one incarcerated individual was not at the facility, but monitoring was still completed at the MA DOC he initially reported the incident (Superintendent to Superintendent). Also, monitoring for retaliation was completed for all sexual harassment allegations, illustrating the facility exceeds the requirements of this standard.

115.67 (d): 103 DOC 519, page 23 indicates that in the case of incarcerated individuals, such monitoring shall also include periodic status checks. The staff responsible for monitoring for retaliation stated he conducts periodic in-person status checks at least weekly. A review of twelve investigations indicated nine were sexual abuse and required monitoring. All nine included monitoring for 90 days or until the investigation was unfounded or the incarcerated individual was transferred. The monitoring included periodic in-person status checks.

115.67 (e): 103 DOC 519, page 23 states that if any other individual who cooperates

	<p>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 Superintendent 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 log, investigative reports, Attachment #5, and information from interviews with the Agency Head Designee, Superintendent, staff charged with monitoring for retaliation and incarcerated individuals who reported sexual abuse, this standards appears to be compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. 103 CMR 423 - Restrictive Housing</li> <li>4. Investigative Log</li> <li>5. Investigative Reports</li> </ol> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Interview with the Superintendent</li> </ol> <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated the agency has a policy prohibiting the placement of</p>

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 12 states that incarcerated individuals at high risk for sexual harassment/abuse victimization, and those who have reported being a victim of sexual abuse/harassment in the past either while housed in a prison setting or in the community shall not be placed in involuntary segregated housing unless an assessment has been made, and there has been a determination that there is no available alternative means of separating the incarcerated individual from likely abusers. If such institution cannot conduct such an assessment immediately, the institution may hold the incarcerated individual in segregated housing for less than 24 hours while completing the assessment. Additionally, page 8 of 103 CMR 423 states that upon verification that an incarcerated individual requires separation from general population to protect the incarcerated individual from harm by others, the incarcerated individual shall not be placed in Restrictive Housing, but shall be placed in a housing unit that provides approximately the same conditions, privileges, amenities and opportunities as in general population; provided however, that the incarcerated individual may be placed in Restrictive Housing for no more than 72 hours while suitable housing is located. An incarcerated individual shall not be held in Restrictive Housing to protect the incarcerated individual from harm by others for more than 72 hours, unless the Commissioner or a designee certify in writing; the reason why the incarcerated individual may not be safely held in the general population; that there is no available placement in a unit comparable to general population; that efforts are being undertaken to find appropriate housing and the status of the efforts; and the anticipated time frame for resolution. Such incarcerated individuals will be reviewed thereafter by the Placement Review Committee every Monday, Wednesday and Friday. The PAQ indicated that zero incarcerated individuals who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the auditor observed the segregated housing unit (BAU). The unit was two tiered and included a hearing room and a separate outdoor recreation area. Incarcerated individuals have out of cell time via recreation (daily), showers (five days a week), programs (once a week) and mental health appointments. Phone access is daily. Additionally, incarcerated individuals have tablets, which are able to make phone calls as well from in the cells. Incarcerated individuals in the segregated housing unit provide grievances and mail to staff. The interview with the Superintendent 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. He stated they would not place someone in the behavior assessment unit (BAU) as they have other options. The Superintendent advised they would not punish someone who reported sexual abuse. The interview with the Superintendent confirmed that incarcerated individuals would be placed involuntary segregated housing only until alternative means of separation from likely abusers can be arranged. He stated they would find housing within a couple of hours. The Superintendent advised they have not had to involuntarily segregated an incarcerated individual who reported sexual abuse in the previous twelve months. The interview with the staff who supervise segregated housing confirmed that incarcerated

individuals who reported sexual abuse that are placed in involuntary segregated housing would still have access to programs, privileges, education and work opportunities to the extent possible. He confirmed any restrictions would be documented. The staff who supervise segregated housing confirmed that incarcerated individuals would be placed involuntary segregated housing only until alternative means of separation from likely abusers can be arranged. He advised that they generally do not place incarcerated individuals who report sexual abuse in the Behavioral Adjustment Unit (BAU), as they would typically place them in the health services unit. He further confirmed that any incarcerated individual housed in segregated housing would be reviewed at least every 30 days for their continued need for separation. There were no incarcerated individuals in segregated housing who reported sexual abuse and as such no interviews were conducted. A review of twelve investigations noted eight victims remained in the same housing status as when they reported, one was placed in health services, two were not at the facility when the allegation was reported (Superintendent to Superintendent) and one was placed in segregated housing. The incarcerated individual placed in segregated housing was placed there for disciplinary purposes, not because they reported sexual abuse.

Based on a review of the PAQ, 103 DOC 519, 103 CMR 423, investigative log, investigative reports, victim housing documentation, observations during the tour and information from interviews with the Superintendent and staff who supervise in segregated housing, this standard appears to be compliant.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 518 - Inner Perimeter Security Team (IPS)</li> <li>3. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>4. Investigator Training Records</li> <li>5. Massachusetts Statewide Records Retention Schedule</li> <li>6. Investigative Log</li> <li>7. Investigative Reports</li> </ol>

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Superintendent
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 20 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 21 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, in conjunction with an investigator from OIS. The investigator assigned is responsible for producing an investigative report and completing the PREA database case file within 30 days. Interviews with investigators indicated an investigation is initiated immediately following an allegation/incident of sexual abuse or sexual harassment. Investigators advised that allegations reported anonymously or through a third party would be investigated under the same investigative process. A review of twelve investigations indicated eleven were prompt and all twelve were thorough and objective.

115.71 (b): 103 DOC 519, page 20 states the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those staff members who have received specialized training as it relates to a PREA investigation. 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 twelve investigations noted they were completed by four investigators, all with specialized

investigator training.

115.71 (c): 103 DOC 519, page 20 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 investigators advised first steps would include ensuring first responder duties were taken and then interview the victim. Investigators stated the investigative process includes evidence preservation and collection, interviews of the victim, witness(es) and the perpetrator and complete an investigative report. Investigators indicated they would be responsible for collecting evidence, including: statements, DNA, video, phone calls, mail, and prior complaints. A review of twelve investigations indicated all twelve included necessary interviews, ten had some type of evidence review and ten had a review or prior complaints of the alleged perpetrator.

115.71 (d): 103 DOC 519, page 20 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS, 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 investigators stated they do not consult with prosecutors before conducting any compelled interviews. A review of twelve investigations noted they did not involve any compelled interviews.

115.71 (e): 103 DOC 519, page 21 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 investigators noted that credibility is on past interactions, history and what they can corroborate. Interviews with incarcerated individuals who reported sexual abuse indicated none were required to take a polygraph or truth telling device test.

115.71 (f): 103 DOC 519, page 21 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 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 10 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 interviews, evidence, a summary and findings. The investigators stated they review video and other evidence to determine if staff were doing rounds properly and if they were following policy and procedure. A review of twelve investigations confirmed they were documented in a written report that included the initial allegation and steps taken by the investigator, including a summary of interviews, a description of evidence reviewed, a credibility assessment and a conclusion with findings.

115.71 (g): 103 DOC 519, page 22 states that the Chiefs of OIS and PSU 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 10 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 interviews, evidence, a summary and findings. There were zero criminal investigations completed and as such no reports were reviewed.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 103 DOC 519, page 20 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS, 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 there is criminal activity. A review twelve investigation indicated one was substantiated, however it was a sexual harassment incident and as such it was not 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 136 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 investigators stated that the departure of the alleged abuser or victim does not provide a basis for terminating an investigation. The investigators stated the investigation would continue.

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

115.71 (l): 103 DOC 519, page 20 states that if the Superintendent believes a felony may have been committed, he/she, in consultation with the Chief of OIS, 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 Superintendent indicated that the facility remains informed of the progress of outside investigations through OIS. The interview with the PC indicated that leadership or the PREA Division would stay informed through emails, phone calls and written correspondence. The PCM stated they would remain informed of the progress of outside investigations through the agency investigators. Investigative staff stated that when an outside agency conducts an investigation they serve as a liaison and assist 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, investigative log, investigative reports, and information from interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, investigative staff, and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

	<ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 518 - Inner Perimeter Security Team (IPS)</li> <li>3. Investigative Log</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 103 DOC 518, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the investigators confirmed that the level of evidence required to substantiate an administrative investigation is a preponderance of evidence. A review of twelve investigations confirmed the investigators utilized a standard no higher than a preponderance of evidence.</p> <p>Based on a review of the PAQ, 103 DOC 518, investigative log, investigative report and information from the interviews with investigative staff, this standard appears to be compliant.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Attachments #1, #2 and #3 (Notification Letters)</li> </ol>

4. Investigative Log

5. Investigative Reports

Interviews:

1. Interview with the Superintendent

2. Interviews with Investigative Staff

3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 103 DOC 519, page 23 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 #1. A review of Attachment #1 notes that is a letter template that includes checkboxes of investigative outcomes. The PAQ indicated that there were 23 investigations completed within the previous twelve months and all 23 incarcerated individual were notified verbally or in writing. Interviews with the Superintendent and investigators confirmed that incarcerated individual victims are notified whether the investigation is substantiated, unsubstantiated or unfounded. Interviews with incarcerated individuals who reported sexual abuse indicated all three were aware they were to be informed of the outcome of the investigation. All three advised they were provided notification in writing. A review of twelve investigations indicated nine were sexual abuse. All nine included a victim notification, including one incident that was reported via Superintendent to Superintendent notification at another MA DOC facility. Further, the victims of sexual harassment were also provided notification of the outcome of the investigation, which exceeds the requirements of this provision.

115.73 (b): The PAQ indicated this provision is not applicable as the agency conducts both administrative and criminal investigations. 103 DOC 519, pages 23-24 state 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 twelve investigations indicated they were completed by agency/facility investigators 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 has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an incarcerated individual in the previous twelve months. 103 DOC 519, page 24 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 #2. A review of Attachment #2 confirms that it includes checkboxes for each of the elements under this provision. Interviews with incarcerated individuals who reported sexual abuse noted two were against a staff member but neither involved notification under this provision. A review of the twelve investigations indicated five were staff sexual abuse, however none were substantiated and as such notification under this provision was not required.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 103 DOC 519, page 24 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 #3. A review of Attachment #3 confirms that it contains checkboxes for the elements under this provision. Interviews with incarcerated individuals who reported sexual abuse noted one was against another incarcerated individual but it did not involve notification under this provision. A review of the twelve investigations indicated four were incarcerated individual-on-incarcerated individual sexual abuse, however none were substantiated and as such notification under this provision was not required.

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 23 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 #1. 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 #2. 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 #3. The PAQ stated that there were 23 notifications to incarcerated individuals under this standard. A review of twelve investigations indicated nine were sexual abuse. All nine included a victim notification, including the one incident that was reported via Superintendent to Superintendent notification at another MA DOC facility. Further, the victims of sexual harassment were also provided notification of the outcome of the investigation, which exceeds the requirements of this provision. Notifications were documented in writing via Attachments #1.

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

Based on a review of the PAQ, 103 DOC 519, Attachments #1, #2 and #3 (notification letters), investigative log, investigative report and information from interviews with the Superintendent, investigative staff, and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 1563 544 1597"><b>Auditor Discussion</b></p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 932 1957" style="list-style-type: none"> <li data-bbox="256 1711 660 1744">1. Pre-Audit Questionnaire</li> <li data-bbox="256 1785 932 1818">2. 103 DOC 230 - Discipline and Terminations</li> <li data-bbox="256 1859 624 1892">3. Investigative Reports</li> <li data-bbox="256 1933 564 1966">4. Investigative Log</li> </ol>

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 9 states that staff shall be subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. 103 DOC 230, page 9 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There were zero substantiated sexual abuse and/or sexual harassment allegations and as such no discipline was necessary.

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 9 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. There were zero substantiated sexual abuse and/or sexual harassment allegations and as such no discipline was necessary.

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 9 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 and/or sexual harassment allegations and as such no

	<p>discipline was necessary.</p> <p>Based on a review of the PAQ, 103 DOC 230, investigative report and the investigative log, this standard appears to be compliant.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Investigative Reports</li> <li>4. Investigative Log</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Superintendent</li> </ol> <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, page 22 states 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 and sexual harassment allegations against a contractor or volunteer and as such no discipline was necessary.</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, page 22 states 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 Superintendent indicated that any violation of the sexual abuse or sexual harassment policies by contractors or volunteers would result in an investigation. He stated they be banned from any MA DOC facility pending the investigation.

Based on a review of the PAQ, 103 DOC 519, investigative report, investigative log, and information from the interview with the Superintendent, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. 103 CMR 430 - Inmate Discipline</li> <li>4. 103 DOC 650 - Mental Health Services</li> <li>5. Investigative Reports</li> <li>6. Investigative Log</li> <li>7. Incarcerated Individual Discipline</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Superintendent</li> </ol>

## 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 two administrative findings of guilt for incarcerated individual-on-incarcerated individual sexual abuse and zero criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse within the previous twelve months. There were zero substantiated sexual abuse allegation during the previous twelve months. There was one substantiated sexual harassment allegation. The victim went through the administrative disciplinary process and received a loss of canteen as sanction.

115.78 (b): 103 DOC 430, page 15 states that if the incarcerated individual is found guilty, the Hearing Officer may recommend one or more of the sanctions listed in 103 CMR 430.25. The incarcerated individual's disciplinary chronology shall not be consider by the Hearing Officer in determining the guilt or innocence of the incarcerated individual, but may be considered in deciding appropriate sanctions. Specifically 103 CMR 430.25 outline the sanctions that can be imposed based on the category and offense. The interview with the Superintendent indicated that the agency has a disciplinary process and an incarcerated individual perpetrator would be charged with a category one offense. He stated the perpetrator would be removed from the facility and be returned to higher custody. The Superintendent 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 99 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 Superintendent indicated that the incarcerated individuals' mental illness or mental disability would not be considered in the disciplinary process. It should be noted that this was incorrect. Mental health/disability is part of the process and is outlined in policy.

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 63 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 care staff indicated they offer therapy, counseling and other services designed to address and correct underlying reasons or motivations for sexual abuse. Staff advised incarcerated individuals are not required to participate 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. A review of documentation noted once incarcerated individual was disciplined for filing a false report.

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, pages 6-7 state that all intentional acts of sexual harassment/sexually abusive behavior or intimacy between an incarcerated individual and a staff member, or between incarcerated

	<p>individuals, regardless of consensual status, are prohibited. It further states that the Department resolves to prohibit all forms of sexual harassment and sexual activity involving incarcerated individuals.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 650, 103 DOC 430, investigative reports, investigative log, disciplinary documents, and information from interviews with the Superintendent and medical and mental health care staff, this standard appears to be compliant.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 650 - Mental Health Services</li> <li>3. Housing Risk Screen Assessments</li> <li>4. Medical/Mental Health Documents (Secondary Documents)</li> <li>5. Medical and Mental Health Staff Training on the Risk Assessment Process</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Staff Responsible for Risk Screening</li> <li>2. Interviews with Medical and Mental Health Staff</li> <li>3. Interviews with Incarcerated Individuals who Disclosed Victimization During the Risk Screening</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> </ol> <p>Findings (By Provision):</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 11 states that if the screening indicates that an incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated that incarcerated individual who disclose prior victimization would be offered a follow-up with mental health. The staff stated services would be provided within 48 hours. Interviews with two incarcerated individual who disclosed prior victimization indicated both were offered a follow-up with mental health. Both advised they were seen within a few days. A review of documentation for four incarcerated individuals that disclosed prior sexual victimization during the risk screening noted two were provided a follow-up with mental health within fourteen days. 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. Mental health staff ask incarcerated individuals about prior sexual victimization during their initial risk screening and offer follow-up services. All incarcerated individuals that arrive at the facility meet with mental health prior to being housed. All incarcerated individuals are provided the opportunity to disclose prior sexual victimization to mental health care staff during this assessment. Additionally, the risk screenings do not differentiate from prior sexual victimization that was 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 MA DOC facilities. Immediately following the on-site portion of the audit the facility conducted training with medical and mental health staff related to the mental health follow-up process for those who disclose prior sexual victimization during the risk screening. The training went over the requirement to offer the mental health follow-up and to document the follow-up within fourteen days. Staff signature were provided confirming completion of the training. Because all incarcerated people have an intake screening with medical and mental health and are able to disclose information and request mental health services during this time, the auditor noted that this standard is being met and is corrected with training. Further, the facility provided four examples of incarcerated people who disclosed prior sexual victimization or were identified with prior sexual abusiveness that arrived immediately following the on-site portion of the audit who were provided mental health services within fourteen day.

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 11 states that if the screening indicates that an incarcerated individual has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the incarcerated individual is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated that incarcerated individual who are identified with prior sexual abusiveness would be offered a follow-up with mental health. The staff stated services would be provided with 48 hours. A review of documentation for ten incarcerated individual identified with prior sexual abusiveness during the risk screening noted eight were provided a follow-up with mental health. Five of the eight were provided services within fourteen days. It should be noted that in addition to the housing risk assessment screening, mental health staff also conduct an initial screening with incarcerated individuals on the first day of arrival. All incarcerated individuals that arrive at the facility meet with mental health prior to being housed. All incarcerated individuals are provided the opportunity to discuss any issues or concerns with mental health at that time. Additionally, the risk screenings do not differentiate from prior sexual abusiveness that was already addressed/referred to mental health during a prior risk screening. As such, many incarcerated individuals may have already had the opportunity to meet with mental health for a follow-up at prior MA DOC facilities. Immediately following the on-site portion of the audit the facility conducted training with medical and mental health staff related to the mental health follow-up process for those who are identified with prior sexual abusiveness during the risk screening. The training went over the requirement to offer the mental health follow-up and to document the follow-up within fourteen days. Staff signature were provided confirming completion of the training. Because all incarcerated people have an intake screening with medical and mental health and are able to disclose information and request mental health services during this time, the auditor noted that this standard is being met and is corrected with training. Further, the facility provided four examples of incarcerated people who disclosed prior sexual victimization or were identified with prior sexual abusiveness that arrived immediately following the on-site portion of the audit who were provided mental health services within fourteen day.

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, pages 11-12 state 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 records are maintained in medical records, which is staffed Monday through Friday, 8am-5pm. The area is secured after-hours and only medical and mental health staff have access. 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 Inmate Management System (IMS). During the tour the auditor had a security staff member pull up the electronic risk screening information. The auditor observed that the security staff member had access. This issue was immediately corrected by the PC. Agency staff restricted the write and view access to the basic security profile. The auditor confirmed on March 4, 2026 at another MA DOC audit that the access was restricted and security staff could not view the information. Investigative files are maintained in the IPS or SSI office and the agency investigative database. Paper files are located in a locked office. Access to the office is IPS staff or the SSI only. The investigative database is only accessible to agency 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 12 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 care 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, staff training, and information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening, this standard appears to be compliant.

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention
3. 103 DOC 650 - Mental Health Services
4. Investigative Reports
5. Medical/Mental Health Documents (Secondary Documents)

### Interviews:

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

### Site Review Observations:

1. Observations of Medical and Mental Health Areas

### Findings (By Provision):

115.82 (a): The PAQ indicated that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of services are determined by medical and mental health practitioners according to their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. 103 DOC 519, page 17 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 61 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 63 further states that incarcerated individual victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope which are determined by medical and mental health practitioners according to their

professional judgment. During the tour the auditor noted that the health services area consisted of treatment rooms, exam rooms, an ancillary area, x-ray, optometry, mental health, an infirmary and observation cells. A mobile barrier was observed to provide additional privacy in exam rooms, treatment rooms and the ancillary area, when applicable. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Both staff stated that incarcerated individuals are provided services immediately. The staff confirmed services are based on their professional judgement as well as policy and procedure. Interviews with incarcerated individuals who reported sexual abuse noted all three were provided medical and mental health services. A review of documentation for nine sexual abuse allegations confirmed all nine were provided medical and/or mental health services, including the victim that reported at another MA DOC facility.

115.82 (b): 103 DOC 519, pages 16-17 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 63 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 security first responder indicated first responder duties include; separating the individuals, securing the scene, not allowing individuals to take action to destroy evidence, taking the victim to health services, contacting the supervisor and completing an incident report. The non-security first responder advised she would notify security and complete a confidential incident 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, pages 17-18 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

	<p>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 all three were provided medical and mental health services, however none required sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that incarcerated individual victims receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. A review of documentation for nine sexual abuse allegations confirmed all nine were provided medical and/or mental health services, including the victim that reported at another MA DOC facility. None involved an incident that required sexually transmitted infection prophylaxis.</p> <p>115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. 103 DOC 519, page 19 states that rape crisis services shall be provided at no cost to the alleged victim unless the claim of being sexually assaulted was knowingly false.</p> <p>Based on a review of the PAQ, 103 DOC 519, 103 DOC 650, investigative reports, a review of medical and mental health documents, and information from interviews with medical and mental health care staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. 103 DOC 650 - Mental Health Services</li> <li>4. Investigative Reports</li> </ol>

## 5. Medical/Mental Health Documents (Secondary Documents)

### Interviews:

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

### Site Review Observations:

1. Observations of Medical Treatment Areas

### Findings (By Provision):

115.83 (a): The PAQ and further communication with the PC indicated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 103 DOC 650, page 61 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 63 further states that mental health shall offer a mental health evaluation, and as appropriate, follow-up treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison. The evaluation and treatment of such victims shall include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. A review of documentation for nine sexual abuse allegations confirmed all nine were provided medical and/or mental health services, including the victim that reported at another MA DOC facility. A review of documentation for four incarcerated individuals that disclosed prior sexual victimization during the risk screening noted two were provided a follow-up with mental health. It should be noted mental health complete this risk assessment and as such incarcerated people meet with mental health and request additional services.

115.83 (b): 103 DOC 650, page 63 states that mental health shall offer a mental health evaluation, and as appropriate, follow-up treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison. The evaluation

and treatment of such victims shall include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer or placement in, other facilities, or their release from DOC custody. During the tour the auditor noted that the health services area consisted of treatment rooms, exam rooms, an ancillary area, x-ray, optometry, mental health, an infirmary and observation cells. A mobile barrier was observed to provide additional privacy in exam rooms, treatment rooms and the ancillary area, when applicable. Interviews with incarcerated individuals who reported sexual abuse noted one of the three was offered follow-up services with medical and/or mental health. 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 nine sexual abuse allegations confirmed all nine were provided medical and/or mental health services, including the victim that reported at another MA DOC facility.

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, pages 17-18 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 all three were provided medical and mental health services, however none required test for sexually transmitted infections. A review of documentation for nine sexual abuse allegations confirmed all nine were provided medical and/or mental health services, including the victim that

reported at another MA DOC facility. None involved an incident 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 19 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 noted none were required to pay for the medical or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 103 DOC 650, page 63 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 care staff indicated that mental health would attempt to conduct an evaluation with known perpetrators. The mental health staff advised they attempt to provide mental health services to all perpetrators, immediately after an incident is reported. There were zero substantiated allegations of sexual abuse reported and as such there were no known incarcerated individual-on-incarcerated individual abusers.

Based on a review of the PAQ, 103 DOC 650, investigative reports, a review of medical and mental health documents, and information from interviews with medical and mental health care staff and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

<b>115.86 Sexual abuse incident reviews</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:  1. Pre-Audit Questionnaire  2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention

3. Investigative Reports
4. Investigative Log
5. Sexual Abuse Incident Review Form
6. Staff Training

Interviews:

1. Interview with the Superintendent
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 103 DOC 519, page 24 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 twelve allegations noted nine were sexual abuse. Of the nine, three required a sexual abuse incident review (six were unfounded investigations). All three included a sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 103 DOC 519, page 24 states that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated there were eight sexual abuse incident reviews completed by the facility within 30 days of the conclusion of the investigation. A review of twelve allegations noted nine were sexual abuse. Of the nine, three required a sexual abuse incident review (six were unfounded investigations). All three included a sexual abuse incident review, two were within the 30 day timeframe.

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 24 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 Superintendent confirmed that the facility has a sexual abuse incident review team and the team consists of upper level management, line supervisors, investigators medical staff and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 103 DOC 519, pages 24-25 state that the review team shall; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine where the incident where allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process by using the PREA database. Interviews with the Superintendent, PCM and sexual abuse incident review team member confirmed that sexual abuse incident reviews are being completed and they include all the required elements under this provision. The sexual abuse incident review team member advised they review the information from the investigation and they go to the site where the incident occurred. He advised they would go through the incident, watch any video and review the entire investigation. The Superintendent stated they use information from the sexual abuse incident reviews to be proactive on modifications, such as requesting additional cameras. The PCM stated that she is part of the sexual abuse incident review team and she has not noticed any trends. The PCM stated that after the report is submitted they would implement any changes. A review of twelve allegations noted nine were sexual abuse. Of the nine, three required a sexual abuse incident review (six were unfounded investigations). All three included a sexual abuse incident review completed via the electronic Sexual Abuse Incident Review Form. The auditor noted that while the reviews included a review of the elements under this provision, they were a checklist and did not contain any narrative. As such, the facility conducted training with the sexual abuse incident review team, specifically the PCM (chair of the committee) related to including incident specific narrative for the elements under this provision. The facility then provided three sexual abuse incident reviews that were completed on investigations closed prior to the on-site portion of the audit. All three included narrative for each element under this provision.

	<p>115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 103 DOC 519, page 25 states 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.</p> <p>Based on a review of the PAQ, 103 DOC 519, investigative log, investigative reports, sexual abuse incident review form, staff training and information from interviews with the Superintendent, the PCM and member of the sexual abuse incident review team, this standard appears to be compliant.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. PREA Annual Reports</li> <li>4. Survey of Sexual Victimization</li> </ol> <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ and further communication with the PC indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 103 DOC 519, pages 25 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. Page 26 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 26 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 25 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. Page 26 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 26 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. Other states hold incarcerated individuals under interstate compact only. 103 DOC 519, page 26 states that the Department shall also attempt to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its incarcerated individuals. A review of the PREA Annual Report indicates that the facility does not contract with private facilities and as such this provision is not applicable.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 103 DOC 519, page 26 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 Survey of Sexual Victimization in 2024.

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

**115.88 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

Interviews:

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

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 103 DOC 519, page 25 states the Department shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual harassment/abuse response prevention policy and all such efforts related to the prevention, detection and response to any and all sexual harassment/abuse allegations. Additionally, the collection and review of such

data serves to give the Department the ability to continually enhance and improve its practices and training including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action for each facility, as well as the Department as a whole. The interview with the Agency Head Designee indicated that the agency collects accurate uniform data for every allegation of sexual abuse and sexual harassment through the PREA database. He stated the data is used to focus on areas that involve a higher volume of incidents in order to identify any issues that may require corrective action, including training, education, staffing, etc. He confirmed that they take corrective action on an on-going basis. He stated they review each incident after the investigation and is completed (via the sexual abuse incident review) and take any necessary corrective action identified from the review. The interview with the PC confirmed that the agency takes corrective action on an ongoing basis. He advised they utilize the aggregated data to 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 utilized to determine if any changes are needed at the facility level or the agency level. 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 26 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 26 states that the Department's report shall be approved by the Commissioner and made readily available to the public through the Department's website. The interview with the Agency Head Designee confirmed that the PREA Coordinator compiles all information and data and drafts the annual report. He stated it is submitted to the Deputy Commissioner and Commissioner to review and approve. A review of the website confirmed that the current PREA Annual Report as well as historical PREA Annual

	<p>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, pages 26-27 state 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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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 103 DOC 519 - Sexual Harassment/Abuse Response and Prevention</li> <li>3. Massachusetts Statewide Record Retention Schedule</li> <li>4. PREA Annual Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</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 27 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.

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 27 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.

115.89 (c): 103 DOC 519, page 27 and the PAQ indicate that before making aggregated sexual harassment/abuse data publicly available, the Department shall remove all personal identifiers. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 103 DOC 519, page 27 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 136 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.

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.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <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 first 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 an assurance memorandum that outlined that the audit announcement was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the audit, the auditor observed the audit announcement in housing units and common areas. The audit announcement was on bright letter size paper in English and Spanish. The audit announcements advised incarcerated individuals that information sent to the auditor would remain confidential, with limited exceptions. Additionally, the Manual states that incarcerated individuals are permitted to send confidential information or correspondence to the DOJ PREA auditor in the same manner as if they were communicating with legal counsel.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Findings (By Provision):</p> <p>115.403 (f): MADOC facilities were audited during the three year audit cycle and</p>

	<p>reports are available online at <a href="https://www.mass.gov/lists/prea-reports">https://www.mass.gov/lists/prea-reports</a>. A list of all MADOC facilities is available online and a cross reference of facilities with the audit reports confirms compliance with this standard.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	na
	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	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 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
	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	yes

	U.S.C. 1997)?	
	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
<b>115.17 (b) Hiring and promotion decisions</b>		
	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
<b>115.17 (c) Hiring and promotion decisions</b>		
	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
<b>115.17 (d) Hiring and promotion decisions</b>		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e) Hiring and promotion decisions</b>		
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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,	na

	whichever is later.)	
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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	yes

	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)?	
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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 Garrity warnings? (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 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	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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 suspicions 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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	

	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
<b>115.41 (g) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (h) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (i) Screening for risk of victimization and abusiveness</b>		
	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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a) Use of screening information</b>		
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.43 (a)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (b) Protective Custody</b>		
	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
<b>115.43 (c) Protective Custody</b>		
	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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 this standard.)	yes
	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	yes

	is exempt from this standard.)	
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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, 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.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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 response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities	yes

	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?	
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations 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).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.73 (c) Reporting to inmates</b>		
	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
<b>115.73 (d) Reporting to inmates</b>		
	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 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?	yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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 evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	

	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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	yes

	has been determined to be unfounded?	
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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 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?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	

	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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401</b>	<b>Frequency and scope of audits</b>	

<b>(b)</b>		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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	yes

	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.)	
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