

Email: [REDACTED]	Telephone: [REDACTED]
PREA Coordinator Reports to: Special Sheriff	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility:	Suffolk County House of Corrections & Nashua Street Jail		
Physical Address:	200 Bradston Street & 20 Nashua Street		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	(617) 635-1000		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission:	see agency mission Policy S100 describes the mission in detail		
Facility Website with PREA Information:	www.scsdma.org/prison-rape-elimination-act-prea/		

Warden/Superintendent

Name: Yolanda Smith	Title: Superintendent
Email: [REDACTED]	Telephone: [REDACTED]

Facility PREA Compliance Manager

Name: Sheila Atkins/Lisa Enos	Title: Asst. Deputy Sup./Custody Assessment Mgr.
Email: [REDACTED]	Telephone: [REDACTED]

Facility Health Service Administrator

Name: Eileen McCabe	Title: Interim Health Administrator
Email: [REDACTED]	Telephone: [REDACTED]

Facility Characteristics

Designated Facility Capacity: HOC:1400 / NSJ:685	Current Population of Facility: HOC: 894/ NSJ:557
Number of inmates admitted to facility during the past 12 months	HOC:4804 / NSJ:5715

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		HOC: 570/ NSJ:1595	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		HOC:671 / NSJ: 3736	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		HOC:0 / NSJ:0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-62	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		HOC:113 days / NSJ: 30 days	
Facility security level/inmate custody levels:		HOC: Minimum to Maximum/ NSJ: Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		665	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		75	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		HOC:44 / NSJ:33	
Physical Plant			
Number of Buildings: HOC:8 / NSJ:1		Number of Single Cell Housing Units: HOC: 4/ NSJ:1	
Number of Multiple Occupancy Cell Housing Units:		HOC: 26/ NSJ:12	
Number of Open Bay/Dorm Housing Units:		HOC:1 / NSJ:0	
Number of Segregation Cells (Administrative and Disciplinary):		HOC:102 / NSJ:32	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are over 800 cameras that monitor operations at the Jail and House of Corrections.			
Medical			
Type of Medical Facility:		Outpatient care with Medical Units	
Forensic sexual assault medical exams are conducted at:		Massachusetts General Hospital or Beth Israel Deaconess	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		HOC:548 / NSJ:83	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		8	

Audit Findings

Audit Narrative

On December 10-12, 2018, an audit was conducted at the Suffolk County Sheriff's Department – Nashua Street Jail and House of Correction to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 8:00am to 6:00pm Monday, 8:00am to 5:00pm Tuesday and 8:00am to 4:00pm Wednesday. The facility was previously audited in December 2015 and found to be in compliance with all standards.

Documents reviewed for this audit received five weeks prior to the audit included the Pre-audit questionnaire, policies, contracts, accreditation reports, internal audits, external audits, training curriculums, staff training records, contract/volunteer training records, logbooks, meeting minutes, Memorandum of Understanding (MOU)s, contracts, and sexual abuse & harassment data. While on-site, additional random documents were requested or reviewed and are noted throughout the report. Camera monitoring operations were also examined.

A tentative schedule was sent to the facility five days prior to the audit. On the first day of the audit, rosters of inmates and staff were provided to the auditor.

A brief informal meeting was held with executive team members and the auditor individual for the jail and then the house of correction. Plans for conducting the tour and inmate and staff interviews were developed. It was noted that interviews need to be in a private setting. In addition, a list of inmates who required interviews based on the targeted areas was provided.

A complete tour of the Nashua Street Jail facility was conducted on December 10, 2018. Interviews of inmates/detainees were conducted during the tour. One inmate from each housing unit was interviewed. The following areas and operations were visited and observed: inmate living areas, medical operations, booking operations/holding cells, laundry services, food service operations, chapels, and visiting room.

A complete tour of the House of Correction was conducted on December 11, 2018. Interviews of inmates/detainees were conducted during the tour. One inmate from each housing unit (including special housing, restricted housing and ICE detention) was interviewed. The following areas and operations were visited and observed: inmate living areas, medical operations to include the infirmary, booking operations/holding cells, laundry services, commissary, food service operations, chapels, educational areas, recreational areas and visiting room.

Formal interviews conducted with the following: Sheriff designee/Superintendent/PREA Coordinator, PREA compliance managers, (Health Services Administrator, Mental Health Director, mental health clinician - contractual), Human Resources Manager, ten randomly selected corrections officers from all areas of the jails and each shift (7-3 shift, 3-11 shift, 11-7 shift – to include booking staff, restrictive housing staff and two new staff with less than one year of service), supervisors from each shift (two lieutenants, captain), two investigators, one case manager (who completes risk assessments), one food service staff (contractual), Education Administrator and one special education teacher (contractual). No volunteers were present during the audit times that could be interviewed.

A total of 42 inmates were selected to be interviewed. No youthful offenders are housed at this facility. No inmates who were blind or hard of hearing inmates were housed at the facility at the time of the audit. Targeted inmate interviews included the following:

(3) Three inmates self-identified as transgender.

(3) Limited English proficient (one with use of Language Line services, one with staff interpreter, one with no interpreter assistance).

(2) Two self-admitted homosexual/bi-sexual inmates

(1) Two who initiated a sexual abuse complaint

(2) Two who self-reported as having prior victimization

(1) One who wrote a letter in response to the posters announcing the audit

(3) Three mentally ill inmates

(1) One with cognitive disability

(2) Two with physical disabilities.

One inmate declined the interview.

Inmate interviews were held in the private program conference room. One to two random inmates as well as targeted inmates were interviewed from each housing area.

Investigations are conducted by the Sheriff's Investigative Division (SID). Once they appear criminal, they are turned over to the Boston Police Department for investigation, referral to the prosecuting attorney. The auditor was provided statistical information including identification numbers for all investigations from 12/8/2017 to 12/7/2018. There are 99 total. Statistics for the 12 month period from indicate the following:

- Thirty six (36) were referred to other agencies regarding information that the inmate reported typically upon intake.
- Four (4) investigations regarding abusive sexual contact, two are still open, referred to Boston Police Department.
- Five (5) involved consensual sexual activity and therefore not concluded to be a PREA investigation.
- Fifteen (15) Non-consensual Sexual Acts (five unfounded, 10 unsubstantiated).
- Seventeen (17) inmate on inmate sexual harassment (ten (10) unsubstantiated, five (5) unfounded, two (2) substantiated.
- Sixteen (16) staff sexual misconduct (ten (10) unfounded, six (6) unsubstantiated).
- Four (4) were investigations initiated due to information received from other facilities.

Thirty five investigations were reviewed. Two were initiated due to a grievance, one was initiated due to the hotline, two were initiated due to reports by mental health staff, two were written allegations and the majority of the others were reported verbally by the inmate to the Lieutenant. Investigations were notified immediately; information was provided to the investigators immediately. Investigations are completed within 30 days unless there are extenuating circumstances in which this is approved by the Superintendent.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit. Staff reported that they were posted on October 22, 2018. Most were located in the window inside an office in the housing area where it could not be

tampered with or removed. Four randomly questioned inmates confirmed that posters announcing the audit were in their unit and visible to the inmate. An email was sent to Prison Legal Services notifying them of the audit on November 2, 2018.

Facility Characteristics

The Suffolk County Sheriff's Department operates the Nashua Street Jail located on Nashua Street in Boston and the House of Corrections located on Bradston Street in Boston. Nashua Street Jail mainly serves as the intake and confinement area for pre-trial inmates. This operation processes over 8,000 intakes annually. There is one housing unit that holds sentenced inmates who provide the workforce to this operation. It was opened in 1990. There are 8 levels that maintain 12 separated housing areas with six adjacent outdoor recreation decks, a gymnasium, and central kitchen. Inmates are fed in the housing area allowing for control over inmates who require separation. There is intake/booking operations. One side is divided to house female offenders before being transferred to the House of Correction. There are 453 cells with 654 beds. The majority of the inmate housing areas are comprised of cells; two tiers, one officer is posted in the controlled area with view of all cells, the other officers work in the main area. There are sinks and toilets in the room; showers are located in the unit; they are separated by concrete and have adequate curtains to provide privacy yet maintain security. Tables are available for dayroom use; inmate/detainees are fed in the unit. There is a unit for intake processing (inmates are held in this unit typically 24 hours to complete processing), restrictive housing, special management housing (eight cells, 12 beds) and an infirmary with 22 beds, 7 of which are used for observation/mental health needs and are separated from the other cells. Count on the day of the audit was 565. Programming at the Jail is basically provided by volunteers. There are 62 volunteers that currently provide such services as religious meetings and studies, alcoholics anonymous, narcotics anonymous, committee for public counsel services, social services provided by Harvard students, Youth Connect, and Smart Team.

The House of Correction is comprised of seven housing buildings. Females sentenced and awaiting trial are housed at this facility. There are also ICE detainees housed in this facility. There is a housing unit with a newly designed mission to house inmates 18 years to 25 years old with three older inmates who serve as mentors. There is a community work program unit. There are 32 separate housing units, 1892 beds. The House of Correction intakes and releases 300-500 inmates/detainees monthly. Building one is 11 stories. Buildings 3 & 4 have an additional six housing areas that are interconnected with common courtyards. Building eight houses ICE detainees and the younger offender program. The majority of the housing is single or double occupancy cell. There are some dormitory style units. Toilets and showers are positioned to afford privacy and allow officers to view enough for security needs.

There are programs available that include the following: recreation indoor (gymnasium), and outdoor, chapel, a variety of programs which includes: English for Speakers of Other Languages (ESOL); Adult Secondary Education/High School Equivalency Testing; Literacy one; Literacy two; Post-Secondary Education (PSED); Life Writing College Prep; Special Education in Institutional Settings (SEIS); Creative Writing; Freedom From Violence" Parenting; Civics; Financial Literacy; Education and Career Counseling/Advising; Tutoring (Boston College and Harvard). Vocational programming opportunities offer Keyboarding/Computer Literacy, Graphic Arts, Common Ground Institute (CGI) which offers

specific instruction in Carpentry, Landscape, Building Maintenance and a ten hour Occupational, Safety, and Health Education (OSHA) Class. CGI also features the Urban Farming Program. Development Attitude Training (PDAT) course encourages and motivates individuals to pursue and achieve their aspirations. The Culinary Arts and Hospitality Program has designed and built a large food preparation area adjacent to the regular facility kitchen. The Golden Scissors Training Program is an alterations and repair course. There are over 300 volunteers who help provide these programs.

The following services are provided through contracts: medical and mental health (██████████), food service (██████████), Commissary (██████████) and teachers (individual contracts). Health care services are available 24/7 and also has an infirmary with 19 beds.

For policy purposes and for this report, as noted in policy, employees include all vendors, contractors and volunteers. Inmate includes detainees and pre-arraignment arrestees.

Summary of Audit Findings

Practice and culture at these facilities definitely supported a high commitment to preventing, as well as, detecting and responding to sexual abuse and sexual harassment allegations. This was evidenced by staff and inmate interviews, review of documentation and investigations. Numerous adjustments to policies are needed to ensure that the same level of success continued. Unsolicited feedback received during inmate interviews from different areas of the facilities support that staff are approachable, listen, they are responsive and even that the inmate culture does not condone sexually abusive activity in the confinement setting.

Number of Standards Exceeded: 1

§115.31 – Employee Training

Number of Standards Met: 44

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator §115.12 - Contracting with other entities for the confinement of inmates §115.13 – Supervision and Monitoring §115.14 – Youthful Inmates §115.15 – Limits to Cross-Gender Viewing and Searches §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient §115.17 – Hiring and Promotion Decisions §115.18 – Upgrades to Facilities and Technology §115.21 – Evidence Protocol and Forensic Medical Examinations §115.22 – Policies to Ensure Referrals of Allegations for Investigations §115.31 – Employee Training §115.32 – Volunteer and Contractor Training §115.33 – Inmate Education §115.34 – Specialized Training: Investigations §115.35 – Specialized training: Medical and mental health care §115.41 – Screening for Risk of Victimization and Abusiveness §115.42 – Use of Screening Information §115.43 – Protective Custody §115.51 – Inmate Reporting §115.52 – Exhaustion of Administrative Remedies §115.53 – Inmate Access to Outside Confidential Support Services §115.54 – Third-Party Reporting §115.61 – Staff and Agency Reporting Duties §115.62 – Agency Protection Duties §115.63 – Reporting to Other Confinement Facilities §115.64 – Staff First Responder Duties §115.65 – Coordinated Response §115.66 – Preservation of ability to protect inmates from contact with abusers §115.67 – Agency protection against retaliation §115.68 – Post-Allegation Protective Custody §115.71 – Criminal and Administrative Agency Investigations §115.72 – Evidentiary Standard for Administrative Investigations §115.73 – Reporting to Inmate §115.76 – Disciplinary sanctions for staff

§115.77 – Corrective action for contractors and volunteers §115.78 – Disciplinary sanctions for inmates
§115.81 – Medical and mental health screenings; history of sexual abuse §115.82 – Access to
emergency medical and mental health services §115.83 – Ongoing medical and mental health care for
sexual abuse victims and abusers §115.86 – Sexual abuse incident reviews §115.87 – Data Collection
§115.88 – Data Review for Corrective Action §115.89 – Data Storage, Publication, and Destruction
§115.401 – Frequency & Scope of Audits §115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Observations of practice and culture clearly supported a high commitment to preventing, detecting and responding to sexual abuse and sexual harassment allegations. This was evidenced by staff and inmate interviews, review of documentation and investigations. Numerous adjustments to policies were needed to ensure that the same level of success continued. Policy was revised with required changes and provided to the auditor. Specific notations regarding this are noted in the narrative specific to each standard.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, supports the department's zero tolerance for any sexual conduct in accordance with the Prison Rape Elimination Act (PREA) of 2003. The policy further defines General Procedures, Prevention, Public Education, Data Collection, Intervention, Investigation/Evidenced and Training of staff.

(b) (c) As noted in the policy, the PREA Coordinator's contact information is provided in addition to the PREA Manager for the House of Correction, and the PREA Manager for the Jail. Interviews with the PREA Coordinator and PREA Managers support that this is a high commitment at this facility to prevent, detect and respond to PREA incidents. The PREA Coordinator is the Superintendent who reports directly to the Special Sheriff. Inherent to his position is the time and authority to address agency efforts to comply with the standards. The PREA Managers have other responsibilities that help coordinate communication and continuity with the compliance of the standards. The PREA Manager at the House of Correction is a Custody Assessment supervisor. The PREA Manager at the Jail is ADA Coordinator in addition to the Assistant Superintendent.

Finding of compliance based on the following:

The agency has designated the Superintendent and two PREA Managers who are highly involved in the day to day operations of this operation, all of which have the authority to make changes. Both PREA Managers were present during all aspect of the PREA audit, addressing questions and noting areas where improvement can be made. All are open to improving and implementing changes needed to improve the program. They demonstrated, what the auditor concluded to be, a strong culture that encourages prevention, by being accessible and attentive to the inmate/detainees individualized needs. The interviews with the PREA Coordinator and Sheriff designee, PREA Managers and investigators support they are highly involved in all aspects of the PREA requirements.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- 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 No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) Currently, the only entity which the Suffolk County Sheriff's Department contracts for the confinement of inmates is with the Brooke House. At the time of the audit there were five residents contracted to live there. A monthly visit occurs by the classification staff. PREA requirements are included in the contract. They were certified as compliant with PREA August 2015 and again in 2018 (report pending).

Finding of compliance based on the following:

Interviews with the PREA Managers, classification staff and review of the PREA report.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (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.)
 Yes No NA

115.13 (c)

- 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 No

- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) TS201 Assignments and Transfers require an annual assessment of staff. In addition, S206 Position Control and Staffing Review requires that staffing levels be maintained with established requirements. It requires that staff levels be reviewed annually to ensure inmates have sufficient access to staff, programs and services. Annual staffing reviews are to be conducted by the Superintendents. There is a staffing plan which addresses placement of correctional staff as well as video monitoring. The auditor requested and received staff assignment rosters for the 5th of the month for the past six months for both the jail and House of Correction which demonstrated compliance with staffing. The facility has been accredited by the American Correctional Association in 2016. They are also audited by Homeland Security (ICE Detention standards), Public Health, and the Policy Development and Compliance Unit of the Massachusetts Department of Corrections twice a year. All reports were provided to the auditor for reviewed. There are no judicial findings of inadequacy nor inadequacies based on federal investigations. External and internal audits are reviewed and specified deficiencies corrected. Video monitoring is examined; 26 additional cameras have been installed.

(b) The Superintendent reports that there have been no deviations in the past twelve months. Overtime has been issue to ensure staff positions are filled on each shift. The auditor interviewed two staff who were working overtime. Based on review of the randomly requested rosters, staff interviews and staffing levels, the auditor found no reason to dispute this.

(c) As the PREA Coordinator is the Superintendent, there is direct involvement regarding staffing plans. Documentation was provided showing the results of the annual review for positions requirements for the Jail and House of Correction.

(d) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, the command staff, captains, lieutenants, and sergeants shall make unannounced rounds to identify and deter sexual abuse/harassment on every shift and document in unit log book. S112 Facility Inspections under Daily Inspections states, Shift Commanders, Building Supervisors, and duty officers of all shifts shall conduct and document unannounced rounds to identify and deter sexual abuse/harassment by staff. Staff members are prohibited from alerting other staff members that such rounds are occurring unless such announcement is required by operation procedures. The auditor requested and received documentation showing unannounced rounds on all three shifts on October 1, 2018.

Finding of compliance based on the following:

As noted above, this agency is audited often by numerous entities to ensure compliance with sound correctional practices and conditions of confinement. Union presence helps ensure compliance (consultation with the union was mentioned in various conversations during the audit process to support this statement). As stated, randomly selected documentation supported a finding of compliance. Random questions staff were asked if they knew when the supervisor conducts rounds; all stated they do not. Interviews with the supervisors support that they are made irregularly from day to day. There was no reason discovered during the audit process to suspect that this isn't true. Staff commented that the supervisors, especially the Captains were very approachable whenever they had a question or a suspicion.

Standard 115.14: Youthful inmates

115.14 (a)

- 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].) Yes No NA

115.14 (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].) Yes No 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].) Yes No NA

115.14 (c)

- 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].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services; this is referred to as the Raise the Age Bill. S420H Inmate Classification Plan confinement of juveniles under the age of eighteen (18) is prohibited. During the audit process, the auditor found no evidence to believe that anyone under the age of 18 is housed at this facility.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall not conduct cross-gender strip searches or cross-gender body cavity searches except in exigent circumstances or when performed by medical practitioners.

(b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall not conduct cross-gender pat down searches except in exigent circumstances.

(c) Exigent circumstances would be documented in an Unusual Report. The agency reports that no exigent circumstances have occurred in the past 12 months, and even in the past three years.

(d) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states 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. In addition it states, Unit Officers when granting access to a staff member of the opposite sex from the inmates in that unit will announce “female (or male) on the unit” loud enough to be heard by unit occupants. Copies of logbook pages were gathered that demonstrate that this announcement occurred. In addition, 80% of inmate interviews support that the announcement is occurring. Others stated they think so, sometimes. The auditor was announced in the appropriate male units, the auditor’s escorts were announced in the female units.

(e) Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall not physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status unless it is done as a part of a broader medical examination conducted, in private, by a medical practitioner.

(f) S507 Inmate Searches, September 2018, describes in detail how to conduct professional pat searches, strip searches and body cavity searches. It further states, cross-gender pat searches, and searches of transgender and intersex inmates, shall be conducted in a relative privacy with as much dignity as possible when staffing does not allow for searches by security personnel of the same gender as the inmate. S220 Code of Conduct requires all employees to abide by policy, procedure and post orders. . . . It is the responsibility of each employee to have a working knowledge of the policies contained within the employee policy manual and to understand and comply with the rules and procedures detailed therein.

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states that the department shall refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status. Interviews with all custody/security staff confirmed they are aware of this policy.

Finding of compliance based on the following:

Approximately 25% of the inmate/detainees were randomly asked if they had been searched by the opposite gender, all indicated they had not. Approximately five staff was asked if they had any knowledge of a cross-gender pat or frisk search. All indicated they had not. There are sufficient males and female officers at this agency to support that a cross-gender pat search or strip search would have to occur. As noted, policy supports that transgender and all searches will be conducted with dignity. No interview with staff or inmate/detainee disputed this. All staff and all inmates interviews indicated they are able 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. Observations of the housing units during the tour support that this is true based on locations of toilets, sinks and showers as well as areas where inmates can change clothes. The finding of compliance is strongly supported by policy, interviews and observations.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse/harassment. Blind inmates are able to hear the video. Hard of hearing inmates are able to read the pamphlet and the posters in the unit. Sign language interpreters could be provided and have been in the past, according to the interview with the PREA Manager, who is also the ADA coordinator.

(b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse/harassment of inmates who are limited English proficient. This agency uses a Language line or staffs who are able to speak the language proficiently. The auditor utilized the Language line service for one interview and used a staff member for another.

(c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall not rely on inmate interpreters except where an extended delay could compromise inmate safety, the performance of first-responder duties, or the investigation of the inmate's allegations.

Finding of compliance based on the following:

Inmate/detainees are assessed for medical and mental health needs immediately upon arrival. Individual needs based on findings are determined at that time. The video used was put together by Just Detention International; the auditor observed the video. It provides information in a clear, simple format. Inmate/detainees are given educational tests within the first week upon arrival. There is a special education contractual teacher available to provide individualized assistance based on the findings. There is a person assigned to the duties of American's with Disabilities Act (ADA) Coordinator; one of the PREA Managers also serves in that capacity. The PAQ indicated that there have been no instances of using another inmate to interpret for any part of the efforts to prevent, detect and respond to PREA allegations. Interviews with staff all supported that they have not relied on an inmate to interpret for them regarding PREA and they are provided this information in training (as observed in the training curriculum). The auditor found no evidence to dispute this statement during the audit process. Inmate interviews support that individual needs are being addressed with regards to day to day living as well as participation in the prevention, detection, and response to sexual abuse/harassment.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) (d) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, requires the Department to conduct thorough background investigations on all potential staff and shall not hire anyone who had engaged in sexual abuse/harassment in a correctional environment, who had been convicted of engaging in or attempting to engage in sexual activity facilitated by force, or who had been civilly or administratively adjudicated in these types of activities (Form 241-3). S229 Personnel Recruitment, Probation, Retention, and Termination states, Background investigations, including a criminal record check and contact of prior employers will be conducted on all qualified candidates for employment.

Criminal background checks are conducted by the Sheriff's Investigation Division (SID). This includes a national criminal check, CORI, reference checks. This is for potential employees, contractual staff and volunteers. The electronic employee application addresses all questions of potential employees as required by the standard. The electronic employee application addresses all questions of potential employees as required by the standard. Interview with the Human Resource Manager and Superintendent support that candidates will not be hired if they have 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 refused. S132 Contract Services ensures that all contractors have submitted appropriate applications, signed written agreements to abide by the policies and procedures including confidentiality, successfully undergo a SID background investigation, including criminal offender record information check and complete a Department orientation.

(e) Background checks are conducted every year by SID.

(f) (g) S220 Code of Conduct requires all employees to abide by policy, procedure and post orders. In addition, all employees must report in writing any involvement with law enforcement officials regarding an arrest, investigation and allegations of potential criminal acts. . . Failure to report, false reporting, incomplete reporting or inappropriately collaborating or interfering with another employee in the preparation of a report may result in discipline and/or criminal prosecution.

(h) Interview with the Human Resource Director indicates that information would be provided to a potential employer regarding work history with a signed release.

Finding of compliance based on the following:

Interviews with the investigators who conduct the background checks, and the Human Resource Director, who explained the process and policy supports that this agency is compliance with the due

diligence required in hiring staff. The investigators showed the auditor documents supporting compliance with conducting background checks for potential hires and current employees annually.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (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, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Finding of compliance based on the following:

The agency has not made any additions, expansions or modifications to the Jail or House of Correction; this is substantiated by the prior PREA audit conducted by this auditor and review of the ACA accreditation reports. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, Facility Technology shall be used to review all allegations of sexual abuse/sexual harassment. As facility technology is enhanced, PREA is considered regarding placement and priority of needs as based on the interview with the Superintendent/PREA coordinator. PREA incident review committee meeting minutes demonstrate that this is considered when evaluating the occurrence.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- 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 No NA

115.21 (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 No NA
- 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 No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S134 Department Investigations notes that the Sheriff's Investigation Division (S.I.D.) is responsible for investigating allegations of criminal activity, staff misconduct and sexual misconduct in the facility. It states that SID shall be notified by phone of all serious incidents.

(b) Investigators were trained in conjunction with the Massachusetts Department of Corrections Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based from the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee.

(c) MOUs have been signed with the Israel Deaconess Medical Center and the Boston Medical Center to provide Sexual Assault Nurse Examiners (SANE) staff 24 hours a day in the emergency department. There is no charge for any medical services (as concluded by review of policy and inmate handbook).

(d) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, notes that if the inmate needs to be sent to an outside hospital, and he/she consents, the inmate will be sent to one with a SANE program.

(e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, A victim advocate will meet with the inmate at the request of the compliance manager. The victim advocate shall keep the inmate informed of his/her status, the progress of any disciplinary actions, and the status of any criminal prosecution of perpetrator(s). The victim advocate will apprise the inmate of short- and long-term services.

Two staff are trained by the Boston Area Rape Crisis Center (certificates provided) to function as the inmate/detainee's advocate.

(f) This agency is responsible for conducting allegations of sexual abuse initially then it is referred to the BPD if it appears to be criminal. A MOU is in place with the BPD to follow the requirements of paragraphs (a) through (e) of this standard. These referrals are documented in the investigation folder maintained by SID.

Finding of compliance based on the following:

Departmental policy and MOUs support compliance with the requirement of this standard. The auditor reviewed investigations which support that transport to a hospital to conduct an exam by a SANE occurred immediately. In addition, it documented that a victim advocate was offered for these exams. Review of the training curriculum supports that the investigators are trained for evidence collection by comprehensive and authoritative protocols. Finally, interviews with the inmate/detainees who have made PREA allegations, investigators, PREA Manager and PREA coordinator all support a finding of compliance with all requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S134 Department Investigations notes that the Sheriff's Investigation Division (S.I.D.) is responsible for investigating allegations of criminal activity, staff misconduct and sexual misconduct in the facility. It states that SID shall be notified by phone of all serious incidents.

(b) S241 Prevention of Inmate Sexual Abuse/Harassment is posted on the website for the Suffolk County Sheriff's Department (SCSD). The policy states, "All reports of alleged violations of this policy will be investigated pursuant to Department policy". It further states that all allegations and incidents of sexual abuse/harassment of inmates shall be immediately reported by staff to a member of the command staff.

(c) An MOU between the Suffolk County Sheriff's Department and the Boston Police Department is in place that describes the various roles and responsibilities of the each entity. It was recently updated December 2018. There is a Memorandum of Understanding with the Suffolk County District Attorney's Office to serve at the outside entity that can receive and transmit third party reports of allegations of sexual abuse and sexual harassment.

Finding of compliance based on the following:

All 99 investigation folders were made available to the auditor for review. The policy and the MOU support that all investigations will be conducted. Overall observations made during the audit process which include review of policies, interview with staff and inmate/detainees, and observations support that all are aware that all allegations must be referred. The auditor did not find any suspicion or reason to dispute this is not occurring.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, All staff with inmate contact shall be trained in the following:

- Zero tolerance for sexual abuse/harassment
- Detection, prevention, reporting and response to sexual abuse/harassment
- Inmates' rights to be free from sexual abuse/harassment
- Rights of staff and inmates to be free from retaliation from reporting sexual abuse/harassment in confinement
- Common reactions of victims of sexual abuse/harassment
- How to detect and respond to signs of threatened and actual sexual abuse/harassment
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professional with inmates include LGBTI inmates
- How to comply with laws related to mandatory reporting of sexual abuse/harassment to outside authorities.

It further states in S241 that the Department shall document staff training on this policy.

A review of the training curriculum supports that the following is being addressed:
 Training Curriculum Power Point addresses PREA, Mas General Law, Policy S241 and S220
 Emphasizes employee, contractor, vendor or visitor against the law

Zero tolerance

Definitions of sexual abuse, harassment and misconduct

Intervention

No cross-gender strip searches or cross gender body cavity as well as no cross gender pat down searches

Opposite Gender announcement

Transgender searches conducted in professional, respectful manner, least intrusive manner
Not physically examine a transgender or intersex for sole purpose of determining genital status
Inmates cannot consent to sexual relations

All acts of retaliation are prohibited

Disciplinary action will occur against any inmate or staff who make false allegations or material statements not given in good faith

Detection

Victims respond differently

Potential signs

Physical signs

Psychological signs

Indicators of sexual victimization

Prevention

Risk screens

No time limit on institutional grievances

Inmates can call SID hotline

Third party complaints are available to inmates

Avoiding set ups by inmates

S220 Code of Conduct requires all employees to abide by policy, procedure and post orders . . . It is the responsibility of each employee to have a working knowledge of the policies contained within the employee policy manual and to understand and comply with the rules and procedures detailed therein. In addition, it states that employees shall maintain professional and proper boundaries with inmates and must consult with their supervisor if they are unclear about boundary issues.

(b) Both males and females are housed at this facility. Training addresses both.

(c) S216 Training requires the training staff to prepare annual reports indicating that staff has been provided the required training. 103 CMR 915.00 County Correctional Facilities Training & Staff Development Direct Inmate Contact stipulates that PREA training will be conducted at new correctional officer training and at training required annually. Training occurs annually therefore exceeding the requirements of the standard.

(d) Employees must pass a quiz in order to be given credit for the training and therefore demonstrate an understanding of the training.

Finding of compliance based on the following:

Policies, training curriculum and required training support a finding of compliance with the standard. All interviews with randomly selected security staff verify they are being trained annually and are knowledgeable regarding the ten required areas for training. Training records provided

Standard 115.32: Volunteer and contractor training

115.32 (a)

- 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 No

115.32 (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 to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S275 Volunteer Services supports that all volunteers will undergo orientation before entering the facility which includes a review of S241 Prevention of Inmate Sexual Abuse/Harassment.

(b), (c) Volunteers attend orientation in which several policies, including Prevention of Inmate Sexual Abuse/Harassment is addressed. Volunteers sign that they understand their responsibilities for abiding by the policies. Volunteers are asked during the application process if they have 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 refused or if they have been civilly committed. In addition, background checks are conducted, including reference checks.

Finding of compliance based on the following:

Documentation was provided to the auditor demonstrating compliance. Documentation was provided demonstrating that all volunteers are reviewed annually, to include a criminal back ground check. The auditor reviewed documentation showing annual background check for 62 volunteers at the Jail, and over 500 volunteers at the House of Correction. Contract Riders are signed by entities providing contractual services that indicate the mandate for zero tolerance, definitions of sexual abuse and sexual harassment and the requirement for training to include informing all contractors and volunteers of their obligations regarding PREA requirements. Contractors providing services full time receive the same training as employees. Contractors providing limited services attend orientation in the same manner as volunteers. They sign the Suffolk County Sheriff Department Policy Orientation Form which addresses S241 Prevention of Inmate Sexual Abuse/Harassment in addition to other policies.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states The PREA Coordinator shall work with the command staff and the Training Division to develop a plan to educate and inform inmates about sexual abuse/harassment. The plan will include oral and written information regarding prevention, intervention, self-protection, reporting sexual abuse/harassment and treatment and counseling. All inmates shall receive PREA information during intake, at orientation, and from the inmate guide. S428 Inmate Orientation stipulates that information shall be provided to inmates upon arrival at the facility, both orally and in writing, and in a language clearly understood by the inmate on sexual abuse/assault regarding prevention/intervention, self-protection, reporting procedure and treatment and counseling. A PREA pamphlet is provided to inmates immediately upon arrival. It states that sexual abuse and harassment are not tolerated. There is a Zero Tolerance; inmate/detainees have the right to be free from sexual abuse and sexual harassment, free from retaliation from reporting an incident and to be educated about the policies and procedures. Reporting numbers are provided as well as reporting methods (SCSD hotline, Chief Family Protection and Sexual Assault Bureau. Information on resources available (i.e. BARCC)) are noted as well. No less than a week later, they are shown the video produced by Just Detention International which addresses the following:

- Zero-tolerance
- Ability to report private and safely
- Right to medical treatment, mental health treatment and rape crisis counselors even if you do not pursue
- Facility should build a culture of safety
- All report should be made safely, those held accountable
- Free medical treatment
- Defines harassment and abuse
- Educations on possible traps
- Reporting, multiple private, without retaliation, third party medical treatment medications to prevent and follow up including outside treatment at no cost

(d) Audio, written materials, and a special education teacher ensure that all inmates have education in a format that is accessible to them. The Language Line is available as well as assistance from medical and mental health staff.

(e) Documentation of participation in orientation is maintained.

(f) Posters were visible throughout the facility providing the following information: Zero tolerance, Department hotline number, BARCC number, address to write for outside third party reporting, all investigations are confidential, Victim Advocate available, staff sexual misconduct is against the law among other details. Information regarding PREA is also reinforced in the Inmate Handbook provided to each inmate at orientation.

Finding of compliance based on the following: The auditor requested and received first 15 intakes for month of August from both the House of Correction and Jail which demonstrated compliance with orientation and documentation of inmate participation. All inmate/detainee interviews support that they are compliant with providing education; inmates expressed that they remember the video.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- 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 have received 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 No NA

115.34 (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 No NA
- 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 No NA
- 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 No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Department investigators shall be trained to properly investigate sexual abuse/harassment complaints, to properly use *Miranda* and *Garrity* warnings, to gather and preserve direct, circumstantial, and DNA evidence, and how to properly interview alleged victims, suspected perpetrators(s) and witnesses. Currently there are 8 trained investigators. Training is conducted with the Massachusetts Department of Correction investigator training.

(b) The training curriculum addressed the following topics over a course of three days:

- Introduction to Sexual Assault Investigation
- Defining PREA
- Evidence Protocol
- Interviewing, including Miranda and Garrity
- Investigative Outcomes
- Documentation
- Post Allegation

(c) Training certificates were reviewed for the investigators.

Finding of compliance is based on the following: Policy supports the requirements of the standards. Review of the investigations with corresponding certificates of training supported compliance. Interview with the investigators demonstrated knowledge regarding Miranda and Garrity warnings, interviewing victims, dynamics of abuse in a confinement setting and evidence collection. Investigators are on call if needed, based on a duty schedule. They indicated they are being notified and investigations are initiated immediately. Review of the 35 investigations supported this conclusion. Both PREA Managers have received the Investigator training specific to PREA.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- 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? Yes No

- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (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.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) NaphCare Health Care Policy and Procedure – Sexual Abuse and Assault requires that all health care staff members be trained in sexual abuse prevention, detection, assessment and evidence preservation, how to respond effectively, and on reporting procedures for suspicions of sexual abuse. In addition, all health care staff will be trained in the standards of PREA and the institutions policies and procedures for sexual assault.

(b) not applicable.

(c) (d) The auditor was provided documentation that staff have attended training through the training division at SCSD and additional training required by NaphCare for all staff.

Finding of compliance is based on the following: Review of the policy, training certificates and interview with the Health Services Administrator, Mental Health Director, an additional mental health counselor and the investigations which revealed that on two occasions, sexual abuse/harassment reports were generated by mental health staff support that the facility is aware of the added requirements. NaphCare staff attend the same required training provided to all facility staff in addition to training provided regarding PREA by their company.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- 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 No
- 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 No
- 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 No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- 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 No

115.41 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a), (b), (c), (d), (e) S241 Prevention of Inmate Sexual Abuse/Harassment The Department shall perform intake screening to obtain and use information about the inmate's history to reduce the risk of sexual abuse/harassment of the inmate within seventy two (72) hours of his/her being booked. The Risk Screening is completed by medical staff and classification staff.

The Risk Screening considers the following for males:

Vulnerable/Victim Identifiers

Victim of institutional sexual assault (mental health referral addressed)

First incarceration

Effeminate presentation

History of protective custody

Does inmate perceive self as vulnerable

Non-violent history

History of institutional sexual activity

Youthful age (21 or younger)

Is or perceived to be transgender, intersex, gay, bi-sexual, gender non-conforming
Elderly (65 yrs or older)
History of sexual victimization
Physical stature (5'6" or less/less than 140 lbs.)
Physical disability
Developmental disability
Mental disability
Any convictions for sex offense against child or adult including current offense
Violence/Predator Identifiers
Predator of institutional sexual assault
History of physical or sexual abuse on others
History of domestic violence on others
STG
History of extortion or assaults on others in prison
History of institutional sexual activity
Any convictionism for violent offenses

The Risk Screening considers the following for females:

Vulnerable/Victim Identifiers
Victim of institutional sexual assault (mental health referral addressed)
First incarceration
History of protective custody
Does inmate perceive self as vulnerable
Non-violent history
History of institutional sexual activity
Youthful age (25 or younger)
Is or perceived to be transgender, intersex, gay, bi-sexual, gender non-conforming
Elderly (60 yrs or older)
History of sexual victimization
Physical stature (less than 110 lbs.)
Physical disability
Developmental disability
Mental disability
Any convictions for sex offense against child or adult including current offense
Violence/Predator Identifiers
History of institutional sexual aggressor
Current or prior sexual assault conviction
History of physical or sexual abuse on others
History of domestic violence on others
STG affiliation
Prior institutional violence

Intake staff are provided a reference guide for completing the risk assessments. Intake staff are provided the ability to override the results with written justification which is reviewed by the PREA Manager

(f) (g) S241 Prevention of Inmate Sexual Abuse/Harassment The Department shall perform intake screening to obtain and use information about the inmate's history to reduce the risk of sexual abuse/harassment of the inmate within seventy two hours of his/her being booked. An inmate's risk level shall be reassessed within a set time period, not to exceed thirty (30) days from the inmate's

arrival, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually abused or harassed. The PREA Manager coordinators all referrals for new screening, requests for new screenings, when warranted (after the PREA Incident Review) and when based upon any additional, relevant information received by the facility since the intake screening.

(h) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Inmates may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked during the assessment. In such instances, the inmate will be treated as if s/he answered in the negative.

(i) Risk assessments are maintained in paper format in the inmate's record which is stored in the Record office with appropriate controls on who can access the information. The information is also entered into an inmate management system which has access again controlled by who is granted access to the computerized information. This system provides alerts to staff who attempt to make cell or housing unit changes but does not provide the information as to why. Classification staff and booking staff can access the information. Booking staff ultimately control all inmate moves.

Finding of compliance is based on the following:

The PAQ notes that the Jail had 3736 intakes past the 72 hours timeframe, and the House of Correction had 671 in the previous 12 months. The auditor requested and received the first 15 intakes in the month of August from Jail and HOC. They demonstrated compliance with the standards. The auditor asked half of the inmates interviewed if they felt they would be disciplined, all answered no. The Case manager interviewed said the inmate/detainees would not be disciplined but he has not had an experience where an inmate/detainee has refused.

Standard 115.42: Use of screening information

115.42 (a)

- 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 No
- 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 No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall use all relevant information to make classification (housing and cell assignments) and programming decision with the goal of keeping all inmates safe and free from sexual abuse/harassment.

(b) S420H Inmate Classification Plan states that inmates are assessed by health serves as having special needs (mentally or medically ill, disabled, emotionally disturbed or chronically ill), shall be managed and, where necessary housed separately. . . . Prevention of sexual abuse/harassment is the goal to keep those inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. It further states, all inmates shall be assessed during the intake screening process for the risk of being sexually abuse/harassed. It is the goal to keep those inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive.

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states LGBTI inmates shall not be classified based solely on such identification or status. Vulnerable inmates shall be classified to the least restrictive environment that is operationally feasible to ensure their safety. Upon learning that an inmate has been identified as either a victim or a predator, or is at risk for such, the ADS/CAD shall be notified so that appropriate housing decisions can be made.

(c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states LGBTI inmates shall not be classified based solely on such identification or status.

(d) S420H Inmate Classification Plan All transgender/intersex inmates shall be re-assessed at least twice each year to review any threats to their safety and the inmate's own views shall be given serious consideration.

(e) S420H Inmate Classification Plan supports that all inmates are given an opportunity to express their views regarding safety, housing and programming. This is documented on the OMS Classification Board Summary screen.

(f) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

(g) S420H Inmate Classification Plan The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status unless such placement is in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Upon learning that an inmate has been identified as a victim, predator or risk for such, the ADS, CAD shall be notified so that appropriate housing decision can be made. LGBTI inmates shall not be classified based solely on such identification or status. LGBTI status shall not be an indicator of the likelihood of being sexually abusive, Vulnerable inmates shall be classified in the least restrictive environment that is operationally feasible to ensure their safety. S420 Once a risk is identified the screening tool shall be utilized to assign housing, bed, work education or programming. The classification plan is used to separate inmates into groups that reduce the probability of assault and disruptive behavior.

Finding of compliance is based on the following:

Classification staff is very proactive, and demonstrate good communication regarding decisions regarding inmate safety and programming. Documentation was provided demonstrating a detailed review of transgender placement, with the consideration of health, safety and programming.

Standard 115.43: Protective Custody

115.43 (a)

- 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 No
- 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 No

115.43 (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 No
- 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 No
- 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 No
- 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 No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states inmates shall be segregated from others only as a last resort when less restrictive measures are inadequate to keep them and others safe. This segregation shall only last until alternative measures to keep inmates safe can be arranged. Inmates so segregated shall receive the opportunity to exercise daily and shall receive legally-required education programming. Segregated inmates shall also receive

daily visits from a medical or mental health clinician, shall have access to the other programs and work details to the extent that is operationally possible.

(d) S420H Inmate Classification Plan assignment to involuntary segregated housing as an alternative means of separation from likely abusers shall not exceed a period of thirty (30) days. The basis for the segregated housing must be documented, as well as the reason why no alternative means of separation can be arranged, and must be approved by the Superintendent or his/her designee.

(e) S420H Inmate Classification Plan Every thirty (30) days the inmate shall be afforded a review to determine whether there is a continuing need for separation from the general population.

Finding of compliance is based on the following:

Facility policy supports a finding of compliance. However, it was stated in the interviews that an inmate has not been placed in involuntary confinement due to an allegation of sexual harassment or abuse. The auditor finds this credible due to the numerous housing options afforded to this agency to separate the inmate from alleged abusers without placing them in a restrictive setting. Review of the completed investigations reviewed supports that the alleged victim was not placed in restricted housing.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) Inmates are provided numerous examples on how to report. They are informed via the pamphlet at intake, orientation video, and posters in the unit. They are told they can file in writing or tell a staff person. The facility has an MOU with the Suffolk County District Attorney's office to accept third party complaints. ICE detainees have a poster in the unit providing information on who to conduct regarding PREA. In addition, information regarding consular officials and relevant officials at the Department of Homeland Security is available in the case manager's office.

(c) Staff are trained in annual training to accept any and all allegations which are immediately reported to the shift supervisor verbally and in writing.

(d) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, Inmates are advised on the SID hotline which they can call. Staff indicated in interviews they too can call this number, talk to their union, or utilize EAP services should be feel the need to report allegations privately. The auditor tested the hotline form an inmate phone, left a code word on the voice mail which was relayed to the PREA Manager is less than 12 hours.

Finding of compliance is based on the following: Inmate interviews, staff interviews, review of the policy, testing of the phone lines, information provided to the inmates and posters visible throughout the facilities support a finding of compliance.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- 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. Yes No NA

115.52 (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 No NA
- 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 No NA

115.52 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (e)

- 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 No NA

- 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 No NA
- 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 No NA

115.52 (f)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.52 (g)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

(a) This agency is not exempt from this standard.

(b) (c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states an inmate who alleges sexual abuse/harassment may file a grievance without submitting it to any staff member who is the subject of the complaint. The grievance will also not be referred to any staff member who is the subject of the complaints. The Department does not impose a time limit on when an inmate may submit an institutional grievance regarding allegations of sexual abuse/harassment.

(d) S491 Inmate Grievances The responsible staff member shall provide a written response within ten (10) working days, who returns it to the Grievance Coordinator who has fifteen (15) working days to respond. If the inmate appeals, he has ten (10) working days to appeal to the Superintendent who has thirty (30) working day to respond. The agency does not request an extension of 70 days. This is a total of 55 working days, 11 weeks, 70 days and therefore is compliant with the requirement to respond within 90 days.

(e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Third parties, including staff members, attorneys, and outside advocated, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse/harassment. If such third parties file a request on behalf of the inmate, the Department requires that the inmate certify, in writing, his/her agreement or refusal to the filing of a request on his/her behalf. If the inmate certifies his/her agreement, then s/he must personally pursue any subsequent steps in the administrative remedy process.

(f) S491 Inmate Grievances allows for emergency grievances if the inmate believes he/she is in substantial risk of personal injury. A place to mark "Emergency" is on the grievance form. It is to be hand delivered to the Shift commander. By the end of the shift, the shift commander forwards it to the grievance coordinator. This policy affords a response within three (3) working days and therefore did not meet the requirements of the standard.

(g) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states The Department will take appropriate disciplinary action against any inmate or staff who make false allegations or materials statements that s/he could not have believed in good faith were true.

Finding of compliance is based on the following:

Two grievances resulted in a PREA investigation. Review of these grievances, investigations revealed compliance with the standard. There were no third party grievances or emergency grievances.

Corrective action completed: Policy was changed to reflect that an initial response will be completed within 48 hours.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- 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 No
- 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? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (c) A contract is maintained with BARCC who provides confidential emotional support through the mail and via the telephone. A number is posted near the phones on how to access the service. There is no cost to the inmate to make this call. The toll free number and address for immigrants to call regarding national immigrant services is posted on the walls in the ICE units and is also available from the case manager should the information be removed. ICE officials also visit the units frequently to talk to the detainees.

(b) The PREA Informational Pamphlet, provided to all inmates at booking, provides information about the Boston Area Rape Crisis Center (BARCC) indicating that the information is confidential and it is a non-reporting counseling line, providing an advocate to provide the inmate/detainee with emotional support and information. Sufficient telephones are provided to the inmate population to afford reasonable communication in the event an inmate wants to make a call to this service. The auditor

tested the line in the facility and was able to call directly to the BARCC hotline. Inmates are given information on these services when they arrive. Two phone calls were made to this number in the past 12 months; no letters were received by BARCC or sent to an inmate by BARCC. An interview was conducted with the BARCC Project Coordinator in September 2018 in person while conducting another PREA audit which demonstrated commitment on this organization's part to be accessible to the inmate population and meet the needs that the service is designed to provide. Records provided by BARCC indicate the following for the time period from October 1, 2017 to September 30, 2018:

Five telephone calls
One medical advocacy service
Seven letters

Finding of compliance is based on the following: Review of the contract with BARCC, interview with the BARCC representative, and the pamphlet provided all support a finding of compliance. Most inmates are aware of the service; many indicated they vaguely knew but since they had not need for this type of service, didn't pay attention.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

There is a Memorandum of Understanding with the Suffolk County District Attorney's Office to serve at the outside entity that can receive and transmit third party reports of allegations of sexual abuse and sexual harassment. This information is noted on the PREA posters located throughout the facilities. Information is provided to family and friends to contact staff on the webpage at <http://www.scsdma.org/prison-rape-elimination-act-prea/>.

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall investigate third party reports of sexual abuse/harassment.

Finding of compliance is based on the following: Policy noted above, review of the agency webpage, interviews with randomly selected staff, inmate/detainees and the investigators support compliance. Review of the 35 investigations did not reveal a third party allegation.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- 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 No
- 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 No
- 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 No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Shift Commander shall immediately be notified in the event of a sexual abuse/harassment allegation.

(b) S220 Code of Conduct requires all employees maintain confidentiality regarding the Department and inmates and limited to that which is necessary in the performance of an employee's duties and shall only be shared with persons authorized to receive such information. It further states that details of any Department investigation are confidential. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, Staff is prohibited from revealing any information related to sexual abuse/harassment to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states upon initiation of services, medical providers shall inform the inmates of their duty to report and the limitations of confidentiality unless otherwise precluded by law.

(d) The Elder Abuse <https://www.mass.gov/reporting-elder-abuse-neglect> Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community. No one under the age of 18 years of age is confined at this agency.

(e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states all allegations and incidents of sexual abuse/harassment of inmates shall be immediately reported by the staff to either the Shift Commander, member of the command staff or Duty officer. The Shift Commander will immediately notify the Superintendent and Asst. Superintendent of operations who shall advise SID and the PREA Coordinator. All investigations shall be conducted in accordance with policy S134, Department Investigations and relevant collective bargaining agreements, and completed even if the alleged abuser or victim has left the control of the Department.

Finding of compliance is based on the following: Staff interviews all supported a finding of compliance. Staff are all aware of the seriousness of any information received understanding it requires immediate notification to the shift supervisor. Review of the investigations supported that immediate notification is occurring.

Standard 115.62: Agency protection duties

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall take immediate action when an inmate is at substantial risk of imminent sexual abuse/harassment.

Finding of compliance is based on the following: The PAQ indicates this has not occurred in the previous 12 months. After interviews with staff and inmates and review of the investigations as well as other information observed during the audit process, the auditor found no evidence to dispute this statement.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states If an inmate from Suffolk County is being housed at another facility and is sexually abuse or harassed, the Department will work with that agency to ensure that their investigation conforms to PREA standards.

(b), (c), (d) Corrective Action Completed: This policy was revise and now reflects that the Sheriff or designee shall notify the head of the agency in writing of any allegations of sexual abuse that occurred at that agency received at SCSD.

Finding of compliance is based on the following: Policy, interviews with the investigators and review of the investigations supported that numerous allegations were received and forwarded to the appropriate agency, including many to the Boston Police Department regarding allegations of abuse made during transport. Corrective Action was required of the facility to formalize the process in the policy which has been completed.

Standard 115.64: Staff first responder duties

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a), (b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states that the Shift Commander will be immediately notified in the event of a sexual abuse/harassment allegation. Response requirements include the following: The Victim and perpetrator shall be separated immediately. The scene will be secure for possible crime-scene processing. First-responders and non-first responders are trained 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 and 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. Staff carry first responder cards to reinforce this. The victim shall be taken to the infirmary for emergency medical care and mental health treatment. Medical staff shall evaluate and document while making a referral to an outside hospital with a SANE program. NaphCare Health Care Policy Sexual Abuse and Assault also reinforces the preservation of evidence by not allowing the victim or perpetrator to shower or was in any manner and clothing and bed linens should be treated as evidence.

Finding of compliance is based on the following: Review of the policy, first responder cards staffs carry, interviews with all staff and the shift supervisor and review of investigations (which support that the first responder duties were properly addressed) all support a finding of compliance.

Standard 115.65: Coordinated response

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy addresses the specific plan for the coordinated response for intervention. Staff is issued PREA First Responder Cards to carry on their person while working.

Finding of compliance is based on the following: Policy as noted, staff first responder cards, all staff interviews with potential first responders, non-first responders, medical and mental health staff, investigators and review of the investigations.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall not enter a collective bargaining agreement that limits its ability to remove any staff member alleged to have committed sexual abuse/harassment from contract with inmates during the investigation, or limits the level of discipline it may impose. Nothing in this policy precludes the application of progressive discipline in an appropriate case. It also states, any staff accused of sexual abuse/harassment may be placed on "no inmate contact" status or administrative leave with pay pending an investigation.

Finding of compliance is based on the following: The PAQ notes that no staff have been disciplined or terminated regarding sexual abuse/harassment allegations that were substantiated. Based on all observations made during the auditor process as well as interviews and review of documentation, the auditor found no evidence to dispute this statement.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (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 No

115.67 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- 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 No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- 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 No
- 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 No
- 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 No

- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states steps shall be taken to prevent any retaliatory actions, such as changing housing units or accelerated classification for possible transfer. . . . If the investigation determines that any staff member retaliate against other staff or an inmate for reporting sexual abuse/harassment, s/he will be disciplined up to and including termination.

Unless unfounded, the Department shall monitor the conduct and/or treatment of all staff and inmates for ninety (90) days following a report of sexual abuse/harassment to see if there are changes that suggests possible retaliation, and take prompt action to remedy the situation. This monitoring shall include a review of negative staff performance reviews, reassignments, inmate disciplinary reports, housing changes, and program changes.

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states all acts of retaliation against inmates who refuse, report, or cooperate in an investigation of sexual abuse/harassment are prohibited.

(d), (e) Policy was revised to specifically address these requirements. Corrective action complete. Monitoring is documented in the electronic inmate file with limited access to staff. Monitoring is conducted by SID, PREA Managers, and Victim Advocates and case workers.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Finding of compliance is based on the following:
See 115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- 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 No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states all allegations and incidents of sexual abuse/harassment of inmates shall be immediately reported by the staff to either the Shift Commander, member of the command staff or Duty officer. The Shift Commander will immediately notify the Superintendent and Asst. Superintendent of operations who shall advise SID and the PREA Coordinator. All investigations shall be conducted in accordance with policy S134, Department Investigations and relevant collective bargaining agreements, and completed even if the alleged abuser or victim has left the control of the Department. When evidence is collected at an outside hospital, the transporting officer(s) shall retrieve it and coordinate with SID to transport it either to the facility for refrigerated storage or to the BPD crime lab. If the alleged perpetrator is a staff member, the hospital will retain the evidence. SID will produce an investigative report within thirty (30) days of the incident unless the deadline is extended by the Superintendent.

(b) See 115.34

(c) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Any potential witness shall be interviewed to corroborate the victim's statement or identify suspect(s). Steps shall be taken to prevent any retaliatory actions, such as changing housing units or accelerated classification for possible transfer. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states SID shall investigate sexual abuse/harassment complaints, gather and preserve evidence, interview alleged victims, perpetrator(s) witnesses and review any prior complaints involving the suspected perpetrator(s).

(d) When a case appears to be criminal, the investigators turn it over to the Boston Police Department for handling. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states When the quality of the evidence appears to support criminal prosecution, compelled interviews will not be conducted without first consulting with the DA, AG or BPD.

(e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, credibility of an alleged victim shall be assessed on an individual basis and not solely determined by the person's status as an inmate or staff member. Investigator interviews support that polygraphs or truth-telling devices will not be used in an investigation.

(f) Department investigations shall address whether staff actions/inactions contributed to the abuse/harassment.

(g) Department investigation reports shall include the physical testimonial and documentary evidence, the reasoning behind the credibility assessment, and the investigative findings.

(h) When a case appears to be criminal, the investigators turn it over to the Boston Police Department for handling. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states When the quality of the evidence appears to support criminal prosecution, compelled interviews will not be conducted without first consulting with the DA, AG or BPD

(i) Investigative reports are retained for at least 10 years in accordance with J07-19 Inmate Investigation Records.

(j) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states All investigations shall be conducted in accordance with policy S134, Department Investigations and relevant collective bargaining agreements, and completed even if the alleged abuser or victim has left the control of the Department.

(l) Based on the interview with the investigators, they are the main contact when a case is investigated by the Boston Police Department. The investigator shared emails that he sends regular to check on the status of pending investigations.

Finding of compliance is based on the following: Review of 33 investigations, interviews with investigator as well as policy excerpts noted all support a finding of compliance.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall use a preponderance of evidence standard when determining whether allegations of sexual abuse/harassment contributed to the abuse/harassment.

Finding of compliance is based on the following:

Review of the 33 completed investigations supports that the agency does adhere to using a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

115.73 (a)

- 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 No

115.73 (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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- 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 posted within the inmate's unit? Yes No
- 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 No
- 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 No
- 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 No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a), (b) (c) (d)(e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, Upon completing his/her investigation, the designated investigator shall prepare an investigative report for submission to the Superintendent, who shall forward copies, as appropriate to the Sheriff, superintendent in Chief, and/or General Counsel, Notice of the investigation's results shall be made to the subject of the investigation once the report is accepted and the Superintendent approves. It further states, following an investigation into an inmate's allegation that s/he suffered sexual abuse/harassment in a Department facility, the Department shall inform the inmate as to whether the allegation was substantiated, unsubstantiated, or unfounded (Form 241-1). The Department shall also inform the inmate if a substantiated allegation results in an indictment or a conviction (Form 241-2). Any reporting obligation ceases once the inmate has been released from Department custody. Form 241-1 also indicates the following: the staff member involved is no longer assigned to your unit, the staff member involved has been placed on a leave of absence, the staff member involved is no longer employed by the Department, or none. Investigators provide the notifications in writing.

Finding of compliance is based on the following: Policy, departmental forms, and review of completed notifications support a finding of compliance.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states violations of this policy by staff will result in disciplinary action up to and including termination as well as any other appropriate action necessary to ensure that such activity does not recur. Termination will be the presumptive disciplinary sanction for staff involved in sexual abuse of inmates.

(c) S220 Employee Code of conduct further supports that staff misconduct will be 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.

(d) If the Superintendent believes that a crime may have been committed s/he will contact the BPD, the DA or the AG. The Department shall immediately report any possible criminal conduct of staff involving sexual abuse to law enforcement agencies for potential prosecution, to any relevant licensing bodies for potential administrative action, and, if relevant, to the head of the agency where the abuse allegedly occurred. If allegations of sexual abuse involve potentially criminal behavior, the matter may be referred to BPD, DA or AG.

Finding of compliance is based on the following: The PAQ notes that no staff have been disciplined or terminated regarding sexual abuse/harassment allegations that were substantiated. Based on all observations made during the auditor process as well as interviews and review of documentation, the auditor found no evidence to dispute this statement. Based on policy noted above and interviews with the Superintendent, as well a review of investigations all support a finding of compliance

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states any staff accused of sexual abuse/harassment may be placed on “no inmate contact” status or administrative leave with pay pending an investigation. Contractors, volunteers or interns shall be barred from the facility until the completion of the investigation.

Finding of compliance is based on the following: The PAQ notes that no contractual staff or volunteers have been disciplined or terminated regarding sexual abuse/harassment allegations that were substantiated. Based on all observations made during the auditor process as well as interviews and review of documentation, the auditor found no evidence to dispute this statement.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- 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 No

115.78 (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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No NA

115.78 (e)

- 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 No

115.78 (f)

- 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 No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse/harassment or following a criminal finding of guilt for inmate on inmate sexual abuse.

(b) S430 Inmate Disciplinary Plan demonstrates a progressive disciplinary system for sanctions based on the severity of the offense.

(c) S241 was updated to clarify that an inmate who is not mentally competent would not be disciplined.

(d) This facility does not offer counseling unless it is requested by the inmate.

(e) Inmates are not disciplined for sexual contact with staff that was consensual by the staff person.

(f) One misconduct was written for making a false allegation. It was provided to the auditor for review and based on video evidence that clearly supported that the incident alleged did not occur.

(g) Review of one investigation revealed that allegations deemed abusive was in fact consensual and not substantiated as sexual abuse.

Finding of compliance is based on the following: Policy excerpts noted, interviews with the investigators and executive staff all support a finding of compliance.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- 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 No NA

115.81 (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 No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) This is not applicable to this facility.

(b) This is not applicable to this facility.

(c) NaphCare Health Care Policy Sexual Abuse and Assault indicates that appropriate screening questions will be asked during the intake process which will include a history victimization and abusiveness. NaphCare General Informed Consent forms addressed at intake states, "If you are a victim or perpetrator of a sexual assault, whether its recent or in the past, mental health staff is

available to help you within 14 days of admission to the facility by simply submitting a request for health care form as described in your inmate handbook provided to you by the facility. If you feel that you need help to keep from sexually assaulting someone else, mental health services are available to help you.” Each inmate then signs acknowledging this. At intake, during the risk screening process, staff ask the appropriate questions. Mental health services are offered if the inmate indicates there has been prior sexual abuse. The inmate signs the form if he declines the offer. If he/she agree, an email is sent by the PREA Manager or designee who reviews all risk screens when putting into the data system. The auditor was provided seven examples of this occurring in the past twelve months with documentation illustrating the mental health visit occurred. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states inmates identified from any source as being at risk of sexual abuse/harassment, and/or who have previously been sexually abused or harassed, shall be referred to a mental health clinician for assessment, monitoring an counseling. Such reports will be kept confidential, but the inmate’s name will be added to the Superintendent’s victim/predator list.

(d) S220 Code of Conduct requires all employees maintain confidentiality regarding the Department and inmates and limited to that which is necessary in the performance of an employee’s duties and shall only be shared with persons authorized to receive such information. It further states that details of any Department investigation are confidential. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, Staff is prohibited from revealing any information related to sexual abuse/harassment to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(e) S604 Inmate Care and Treatment supports that informed consent is received from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting

Finding of compliance is based on the following: Based on interviews with the medical staff and review of policy, the auditor finds the standard in compliance.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- 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 No

115.82 (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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) NaphCare Health Care Policy Sexual Abuse and Assault indicates the victim may be transported to the emergency department for examination and additional treatment. S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, Inmate victims of sexual abuse/harassment shall be 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. Inmates who are the victims of sexual abuse/harassment shall be offered medical and mental health evaluations and treatment services, including follow-up services, treatment plans, and referrals for post-release aftercare.

(b) Health care staff are on site 24 hours a day, 7 days a week.

(c) NaphCare Health Care Policy Sexual Abuse and Assault indicates health care staff will coordinate their activities with all first responders, investigators and the institutional authority as required.

(d) Inmates are not charged for any medical treatment at this facility. This is reinforced in the video inmates are shown at orientation noting that this is true even if the victim does not cooperate with the investigation.

Finding of compliance is based on the following: review of policy, interviews with the PREA Coordinator/Sheriff designee, PREA Managers and Health Care staff support a finding of compliance. Medical documentation was reviewed that supported a finding of compliance. As noted previously, this information is reinforced in the pamphlet given to inmates upon arrival.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- 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 No

115.83 (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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states, inmates who are possible victims of sexual abuse/harassment shall be offered tests for sexually-transmitted diseases as needed, regardless of whether the inmate cooperates with an investigation. Inmate victims of sexual abuse/harassment shall be 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. Inmates who are the victims of sexual abuse/harassment shall be offered medical and mental health evaluations and treatment services, including follow-up services, treatment plans, and referrals for post-release aftercare.

(c) NaphCare Health Care Policy Sexual Abuse and Assault indicates the Medical Director will review all treatment recommendations from the offsite provider and issue appropriate orders. Interview with the medical director supports that recommended treatment will be provided. Both the medical and mental health staff affirm that care is consistent with community level of care. Review of one medical record indicates this has occurred.

(d), (e) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states Inmates who are possible victims of sexually abusive vaginal penetration shall be offered a pregnancy test. If the pregnancy results, inmates shall receive comprehensive information about and timely access to, all lawful medical services.

(f) NaphCare Health Care Policy Sexual Abuse and Assault indicates, for offender victims and perpetrators, medical staff will ensure provisions are made for testing for sexually transmitted diseases, unless already completed by the emergency department personnel. Prophylactic treatment will be offered, as appropriate.

(g) Inmates are not charged for any medical treatment at this facility. This is reinforced in the video inmates are shown at orientation noting that this is true even if the victim does not cooperate with the investigation.

(h) This is not applicable to this facility.

Finding of compliance is based on the following: Review of policy excerpts noted, interview with staff and inmates in addition to medical documentation all support a finding of compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states a PREA Review Committee shall be appointed by the Superintendent after the investigation is complete to conduct a critical assessment of the Department's response. S103 Channels of Communication states that Command staff will meet monthly with PREA Compliance Managers and such other personnel as they shall deem necessary to review investigation results only of substantiated or unsubstantiated allegations of inmate sexual abuse/harassment, and will submit a summary of their conclusions and any recommendation to the PREA Coordinator/Superintendent.

(b), (c), (d), (e). A review form has been developed which addresses the requirements of the review and notes it will be conducted within 30 days of conclusion of the investigation.

Finding of compliance is based on the following: Interviews were conducted regarding the incident review team with the Superintendent/PREA Coordinator, PREA Managers and investigators. At least nine staff attends the review. Reviews are conducted regularly. Corrective action was required and completed to support the requirements of the standard in policy. Practice and a form to ensure these requirements had been developed and was being used to document incident reviews as required by the standard.

Standard 115.87: Data collection

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy S241 Prevention of Inmate Sexual Abuse/Harassment addresses the requirement of this standard, by providing definitions used for data collection and stating that all incidents or allegations of sexual abuse/harassment shall be documented to ensure a source for historic data. Reports are prepared annually. (a, b). The facility also maintains quarterly reports, noting how many abusers and victims and at which operation (Jail or House of Correction). A sample was provided to the auditor for review. Data is collected by utilizing the definitions provided by the PREA standards, to ensure uniformity. An annual report is tallied and posted on the website. The one currently is for the calendar year 2017. This information required by the Survey of Sexual Violence is maintained; this report was provided to the Department of Justice (as confirmed by interview with the PREA managers) in 2016 (c, f). Incidents from the private facility have not occurred in the past 12 months; however it would be included in their report (e).

Finding of compliance is based on the following: Based on the policy, interview with the PREA Managers and PREA Coordinator, review of the standardized definitions and the annual report, the auditor supports a find of compliance.

Standard 115.88: Data review for corrective action

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) S241 Prevention of Inmate Sexual Abuse/Harassment, revised November 2017, states the Department shall collect accurate, uniform data from every allegation of sexual abuse/harassment and will review aggregate data at least annually in order to assess and improve the effectiveness of its sexual abuse/harassment prevention, detection, and response policy, practice, and training. The Department shall maintain, review, and collect data as needed from all available incident base documents, including reports, investigation files, and sexual abuse/harassment incident reviews. The Department shall prepare an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

(b) See notation on corrective action.

(c) The annual report is on the webpage at www.scsdma.org/prison-rape-elimination-act-prea/

(d) There were no personal identifiers that required redaction. However it is noted on the report that they would be removed prior to publishing.

Finding of compliance is based on the following: Corrective action was required to ensure that the final report is approved by the Sheriff, and compares the current year's data with the previous year. This has been added to S241 Prevention of Inmate Sexual Abuse/Harassment.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) All information regarding PREA statistics are securely retained in the investigators office (pass code required to enter) and the PREA Managers' office.

(b) Aggregated sexual abuse data is on the web page showing statistics and narrative information for 2017.

(c) There were no personal identifiers that required redaction. It is noted on the report that they would be removed prior to publishing.

(d) Retention Schedule (not for PREA information, just investigations).

Finding of compliance is based on the following: Corrective action was required to ensure that records are maintained for 10 years and the final report is approved by the Sheriff.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

See comments supporting compliance throughout the report.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The previous PREA Audit report from 2015 is located on the agency website at www.scsdma.org/prison-rape-elimination-act-prea/

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Amy J. Fairbanks

January 25, 2019

Auditor Signature

Date