

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    January 22, 2021

## Auditor Information

Name: Amy J. Fairbanks

Email: [REDACTED]

Company Name: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: October 5-7, 2020

## Agency Information

Name of Agency:

Hampden County

Governing Authority or Parent Agency (If Applicable):

Hampden County Sheriff's Department

Physical Address: 627 Randall Road

City, State, Zip: Ludlow, MA 01056

Mailing Address: same

City, State, Zip:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: hcsdma.org

## Agency Chief Executive Officer

Name: Nicholas Cocchi

Email: [REDACTED]

Telephone: 413 547 8000

## Agency-Wide PREA Coordinator

Name: Matt Roman

Email: [REDACTED]

Telephone: 413 547 8000

<b>PREA Coordinator Reports to:</b> Michael Cobert, Superintendent	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 5
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**Facility Information**

**Name of Facility:** Main Institution and Minimum/Pre-Release Center

**Physical Address:** 625 Randall Road      **City, State, Zip:** Ludlow, MA 01056

**Mailing Address (if different from above):**  
Click or tap here to enter text.      **City, State, Zip:** Click or tap here to enter text.

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Facility Type:**       Prison       Jail

**Facility Website with PREA Information:** : hcsdma.org

**Has the facility been accredited within the past 3 years?**     Yes     No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA  
 NCCHC  
 CALEA  
 Other (please name or describe):  
 N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Department of Public Health, Massachusetts Department of Corrections, Bureau of Prisons, Department of Public Safety, Department of Mental Health, United States Marshals, CJIS, Drug Enforcement Administration

**Warden/Jail Administrator/Sheriff/Director**

**Name:** Nicholas Cocchi

**Email:** [REDACTED]      **Telephone:** 413-547-8000

**Facility PREA Compliance Manager**

**Name:** Anthony Aickelin

**Email:** [REDACTED]      **Telephone:** 413-547-8000

**Facility Health Service Administrator**     N/A

<b>Name:</b> Richard Brathwaite	
<b>Email:</b> Health Services Administrator	<b>Telephone:</b> [REDACTED]

**Facility Characteristics**

<b>Designated Facility Capacity:</b>	1301 MI, 146 PRC
<b>Current Population of Facility:</b>	591 MI, 0 PRC
<b>Average daily population for the past 12 months:</b>	MI - 681.5 PRC 104 (pre-Covid), 78 (post-Covid)
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	18- 77
<b>Average length of stay or time under supervision:</b>	MI-32.25 days, PRC-120 days
<b>Facility security levels/inmate custody levels:</b>	Maximum, Medium, Minimum, Pre-Release, Pre-trial
<b>Number of inmates admitted to facility during the past 12 months:</b>	MI-4535 PRC-234
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	MI-2701 PRC-224
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	MI-1881 PRC-177
<b>Does the facility hold youthful inmates?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</b>	<input checked="" type="checkbox"/> N/A
<b>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility

	<input checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	967
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	309
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	62
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	218
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1231
<b>Physical Plant</b>	
<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	8
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	28 total. 24 MI, 4 PRC
Number of single cell housing units:	3

Number of multiple occupancy cell housing units:	25
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	62
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	11
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	6

**When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other
- N/A

# Audit Findings

## Audit Narrative

On October 5-7, 2020, an on-site audit was conducted at the Hampden County Sheriffs Main Institution (MI) and Pre-Release Center (PRC) to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 8:30am to 7:00pm Monday, 7:00am to 7:00pm Tuesday and 8:00am to 4:00pm Wednesday. The facility was previously audited in September 2017 and found in compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to an informal request for proposal and being awarded the contract.

### **Audit Methodology:**

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire (PAQ); B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2017 was used to guide the audit process. The established 12-month review period is September 1, 2019 to August 31, 2020. Any events relative to the standards occurring beyond that period were discussed during the on-site audit.

### **Pre-audit Phase:**

#### Posters Announcing the Audit

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on August 25, 2020 in English and Spanish. Photographs were also sent to the auditor for further verification in addition to a list of where they were posted. They were observed by the auditor throughout the facility during the onsite review. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letter was received in response to the posters announcing the audit. The post office box was last checked on Friday, October 2, 2020, and again on Thursday October 15, 2020.

#### Pre-Audit Documentation

Documentation was provided to the auditor via an external hard drive received on September 20, 2020. The PAQ and corresponding documentation was reviewed prior to the on-site audit and found to be complete.

#### Research Regarding the Agency

The Agency website was reviewed. Prior PREA Audit reports were available (five total for the agency including the previous report for these operations. Additional information included How to Make a Third-Party Allegation with phone numbers and mailing address available, the policy, a summary of the requirements and information regarding the community advocacy group who provides emotional support services. Annual reports for 2014 to 2018 were accessible for review. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the Commonwealth of Massachusetts prior to the audit.

The auditor researched the Internet and found neither evidence of Department of Justice involvement, nor any concerning information regarding these operations.

### Contact with Outside Relevant Organizations

Contact was made with Prison Legal Services (PLS). Prisoners' Legal Services is a not-for-profit legal services corporation, founded in 1972, that provides civil legal assistance to people who are incarcerated in Massachusetts state prisons and in the county jails and houses of correction. They engage in administrative advocacy, litigation, and public education on behalf of prisoners and their families. They keep tabs on the policies and practices affecting the over 25,000 individuals imprisoned in Massachusetts. No specific information was provided as they had not received any concerns regarding this facility. Additionally, the auditor contacted Just Detention International, Inc. (JDI) to determine if they had any concerns regarding this facility/agency. Contact was made with the Western Massachusetts Regional Coordinator for Sexual Assault Nurse Examiner (SANE) program on October 13, 2020 to discuss the program availability in the area where the jail is located.

Contact was made with the Director for the YWCA who provides emotional support services for victims in addition to function as the outside reporting agency through another department.

### Audit On-site Preparations

A tentative schedule was sent to the facility one week prior to the audit. In addition, the facility was provided specific requests for documentation of a random nature which assisted the auditor in determining compliance. These requested documents are noted in the narrative review of each standard.

### **On-site audit:**

#### Entrance Meeting

A brief formal meeting was held with the Sheriff, nine members of the executive team and the auditor the morning of the first day of the audit. The following items were reviewed: purpose of audit, goals and expectations. After the meeting tentative schedules were developed regarding the tour of operations and review of random documentation. Rosters of staff and inmates were provided; a list of specialized, random, and targeted interviews was developed.

A complete tour of the facility was conducted on October 5 & 6, 2020. The following areas and operations were visited and observed: inmate living areas, medical operations, library/education areas, chapel, programming areas, mailroom operations, visiting room, maintenance, intake, industry operations and food service operations. All areas of the facility were visited that have inmate access. Supervision practices, blind spots, bathroom facilities, visual search areas and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditors entering the living units. Posters announcing the audit were observed throughout the facility.

Documents reviewed for this audit included the PAQ, population reports, policies, contracts, accreditation reports, training curriculums, internal and external audits, camera schematic, mission statement, staff training records, contract/volunteer training records, logbooks, meeting minutes, investigations, inmate education materials, sexual abuse incident review meeting minutes, inmate handbook and sexual abuse and harassment data. While on-site, additional random documents were requested or reviewed and are noted throughout the report.

### Staff Interviews

In accordance with the requirements of the Auditor Handbook, formal staff interviews were conducted with the following:

- Superintendent



- PREA Coordinator
- PREA Compliance Managers (retaliation monitoring)
- Superintendent of Operations
- Medical/mental health staff (Director of Nursing, Office of Mental Health staff)
- Nurse (conducts initial risk assessment)
- Human Resources supervisors
- Twelve corrections officers from all areas of the facility and each shift (one who worked in the restrictive housing unit)
- One shift supervisor who conducts unannounced rounds
- One investigator
- Supervisor of Intake operations
- One counselor
- Grievance Coordinator
- Two agency nurses
- Two staff who acted as a first responder (security and non-security)
- Mailroom staff
- Regional Coordinator for SANE examinations
- Program Manager for YWCA

Informal interviews were conducted during the tour with two maintenance workers, two program supervisors, and two industry workers. They were informally asked if they knew their obligation under the PREA laws, and to whom would they report any concerns, and they confirmed they had received the training regarding PREA. Staff interviews were conducted in offices in the units or a conference room where the auditor was based. After review of documentation and informal questions throughout the on-site audit, it was concluded that no staff had conducted a cross-gender strip search. The volunteer coordinator was not available during the on-site audit to interview.

#### Inmate Interviews

A review of inmate records was conducted with the assistance of the facility PREA staff to identify inmates as required by the Auditor Handbook. A total of thirty-two (32) inmates were selected to be interviewed. One declined to be interviewed. Two inmates requested to talk to the auditor and were additionally interviewed. No youthful offenders are housed at this facility. No inmate was identified as having been placed in segregation for high risk of sexual victimization. No inmates were deaf or legally blind. The auditor selected one inmate to be interviewed in each housing pod while touring the operations. Additionally, the auditor requested to interview the oldest inmate, youngest inmate, inmate housed at this facility the longest, and the inmate newest to arrive to the facility. Sixteen interviews represented the targeted categories, fifteen interviews were random. Targeted inmate interviews represented the following:

- two with limited English (language line used twice).
- two self-identified as transgender/intersex
- two self-identified as homosexual
- two who initiated a sexual harassment/sexual abuse complaint
- three who self-reported as having prior victimization
- four inmate who had a physical disability (hard of hearing, wheelchair/use of cane)
- one cognitively impaired inmate

Inmate interviews were held in the counseling staff offices located in each housing pod. Inmates were interviewed from each housing unit in addition to selecting inmates for targeted reasons (cognitive

and/or physical disability, limited English speaking, prior victimization, initiated an allegation, and identified as lesbian, gay, bi-sexual, transgender or intersex).

#### PREA Investigations

Investigations are conducted by the Critical Incident Unit Commander. Additionally, there are eleven staff who have received specialized training. Investigations from the previous twelve months, including one which occurred after the twelve-month established period, to current were reviewed, there were five total. One was determined to not meet the definition of sexual abuse or sexual harassment in accordance with the definitions established by the Department of Justice. The remaining four occurred as follows:

- Zero staff on inmate sexual abuse allegations
- Zero staff on inmate sexual harassment allegations
- Three inmate on inmate sexual abuse allegations
- One inmate on inmate sexual harassment allegation
- Zero retaliation allegations

One allegation was substantiated, two were deemed unsubstantiated, one was deemed unfounded. The auditor reviewed the appropriate notifications.

Any and all allegations that may appear to meet the definition are investigated until the investigation established that it was not a "PREA" investigation. During the past 12 months, no allegations were referred for criminal prosecution.

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.

#### **Post-Audit Phase:**

A report of areas needing clarification and/or correction was provided to the facility on October 14, 2020. The auditor and the PREA Manager remained in continual communication through email exchange to provide updates, feedback and approval of efforts towards compliance.

## Facility Characteristics

The Hampden County Sheriff's Department (HCSD) and Correctional Center is a multi-mission institution dedicated in 1992, with the Main Institution (MI), Pre-Release Center (PRC) located adjacent to each other on the same compound in Ludlow, Massachusetts. The HCSD also operates the Western Massachusetts Women's Correctional Center(WCC) in Chicopee, MA, and a minimum-security community confinement facility, in Springfield, MA, the Western Massachusetts Recovery and Wellness Center (WMRWC).

The Main Institution is comprised of seven buildings, three of which are housing unit "towers" consisting of twenty- four (24) living units/pods. They house pretrial detainees, sentenced inmates, and civilians committed to substance abuse treatment under "Section 35" in this state. Section 35 residents are maintained separately in all aspects from the pre-trial and sentenced inmates. A fourth housing Tower, Delta, is located on the 2nd Floor of the Health Services Building; it was empty during the audit. It is now an area that would house youthful offenders if it became necessary. Several housing pods have specialized missions: Restrictive Housing Unit (RHU) is used for custodial housing; Special Housing Unit (SHU) is used to house inmates with a variety of special needs-it is non-disciplinary, Orientation units houses all newly arriving inmates (phase I and phase II), Evaluation and Stabilization Unit (ESU) houses inmates with special mental health/cognitive needs, Substance Abuse Treatment pod, Re-entry and Transitional needs pod, and the others are general population sentenced, or pre-trial status.

Other operations inside the perimeter of the facility include programming, an industry operation, food services (including a culinary arts program), gymnasium (Multi-purpose room), intake operations, medical and mental health operations and a medication assistance therapy operation (MAT). There are administrative offices for a variety of security operations located inside as well. Outside the perimeter are additional administrative offices (business/finance operations, personnel operations, training and the Sheriff's office).

Custody levels include minimum, medium, maximum security, and a population of Pre-Release Center residents. General Population consists of Hampden County pre-trial and sentenced inmates, and a smaller number of federal inmates and others held for another authority, e.g. other Massachusetts county jails or Massachusetts DOC. Sentenced inmates can serve up to 2 ½ years per case at the county House of Corrections operations.

The PRC consists of four buildings adjacent to the MI. There are four housing units. Each is a self-contained housing unit, with resident visiting facilities, Food Service Department, recreational/dayroom areas, laundry, program spaces, Control Room and staff offices. Residents housed in PRC can be from Hampden or other counties, MA DOC, FBOP, or HOPE (Hampden County Optional Treatment and Parole Diversion for Effective Supervision), and a parole violator diversion program.

Programming prior to the coronavirus limitations included CHAMP program, victim impact, domestic violence, recovery roadmaps, fathers in trust, Re-Entry programs, Men's leadership, self help groups, hospitality/culinary arts, Arboriculture Apprenticeship, Community Accountability Board, and education classes.

The General Population for both operations consists of a Unit Management/Direct Supervision mode of operation. The MI and PRC buildings are equipped throughout with closed circuit television (CCTV) and a technology system. In the MI, all inmates receive meals on their respective housing units, in unit dayrooms, with exception of the segregated housing units (C-1 and C-2), and inmates housed in the ESU, on Level 3 status.

## Mission Statement:

### Ludlow Jail and House of Correction

1. The Jail & House of Correction is located at 627 Randall Road, Ludlow. There are eleven (11) buildings on the entire compound (this includes the Pre-Release/Minimum Center). Buildings include three (3) housing towers, an intake building, a programs/vocations/inner administration building, a visitation building, a multi-purpose building, a health and food services building, an administration, and a warehouse/storage building.

2. The Jail and House of Correction incarcerates persons sentenced by the courts, and detains persons awaiting trial as prescribed by the courts. The HCSD also provides treatment and stabilization services for the civilly committed men per MGL C123 Section 35 population pursuant to a Memorandum of Understanding (MOU) with the Department of Corrections. Staff provides security, effective classification, treatment, and programming to effect positive lifestyle changes in individuals, incarcerated persons and other offenders.

### Pre-Release/Minimum Center

1. The Pre-Release/Minimum Center is located at 325 Alabama Street, Ludlow, and is co-located on the same property as the Jail and House of Correction. The Pre-Release/Minimum Center incarcerates persons sentenced by the courts, in a minimum-security setting. Staff begins the process of re-integration into the community through Pre-Release and Work Release Programs.

2. The Pre-Release/Minimum Center's operating philosophy is one, which promotes work, education, and treatment programs for residents, second only in importance to the primary mission - the protection of the public. The goal of the program is to provide residents with the necessary skills to allow for a successful reintegration into their communities.

3. The residential program provides a program of incarceration, rehabilitation and reintegration of residents. The programs seek to minimize and/or eradicate social traits and behaviors that cause individuals to become involved in criminal activities. Initial assessment, education classes, family counseling, and participation in in-house and community-based programs, community service and vocational training programs, structured recreational programs, and other rehabilitative services are offered to provide residents the opportunity to achieve support, respect and personal accomplishment. The same programs are designed to successfully return the resident to the community as a socially responsible individual.

Sessions Law Chapter 69, An Act Relative to Criminal Justice Reform, was enacted into law on April 13, 2018 by Governor Charles Baker. It was declared to be an emergency law, necessary for the immediate preservation of the public convenience. Its purpose was to make certain changes in laws relative to the administration of justice in the Commonwealth. This Criminal Justice Legislation represented a bipartisan effort to address modifications to the Criminal Justice System underscoring a strong emphasis on rehabilitation, reintegration, and public safety, creating a more modern, equitable and fair Criminal Justice System in the Commonwealth.

Staffing consists of the Sheriff, Superintendent, Assistant Superintendents, Primary Captain, Lieutenants, Correctional Officers, Counselors, Medical staff, Mental Health staff, Fitness Trainers, Counselors, Programming Specialist, Teachers, Food Service staff, Maintenance staff, and support staff. The facility reports sixty six percent (66%) have higher education. Contractual staff consist of commissary support, consultants, specialized medical staff, including a contract to provide Medication-

Assisted Therapy (MAT), and specialized psychotherapy services (sex offenders). Currently at the Main facility, there are 302 correctional officers and 55 supervisors.

Due to consequences of the coronavirus pandemic, the inmate population has been greatly decreased. This has afforded the MI to single cell inmates. Additionally, this is why there is no one housed at the PRC. However, the audit encompasses both operations as this reduction in population was recent (August 2020).

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: §115.17 – Hiring and Promotion Decisions §115.33 – Inmate Education

### Standards Met

Number of Standards Met: 43

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

## 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*)

The auditor reviewed, gathered, analyzed and retained the following evidence related to this standard:

- PREA Coordinator appointment letter March 5, 2020,
- PREA Manager appointment letter
- 3.5.3 PREA Plan
- Inmate Handbook Main Facility and Pre-Release, Spanish and English
- HCSD Mission Statement
- Interviews with the PREA Coordinator and PREA Managers
- Organization chart
- FAQ

3.5.3 PREA Plan states,

*The Hampden County Sheriff's Department (HCSD) promotes a zero tolerance of sexual abuse and sexual harassment.*

1. *This policy & protocol outlines the Department's approach to preventing, detecting, and responding to such conduct and is published on the facility website.*
2. *The Sheriff has appointed a facility-wide PREA Coordinator with the authority to develop, implement, and oversee the facility compliance with the PREA standards in all of its facilities.*
3. *Each facility has a designated PREA Compliance Manager with the authority to coordinate the facility's compliance with the PREA standards in conjunction with the HCSD PREA Coordinator.*
  - a. *The Sheriff has designated Matthew Roman as the PREA Coordinator.*
  - b. *The Sheriff has designated the following staff as PREA Managers:*  
*Main Institution (MI) Anthony Aickelin*  
*Pre-Release Center (PRC) Ben Mastay*

*Additionally, the following definitions are used.*

**DEFINITIONS:**

*Agency:*

*The unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.*

*Agency Head:*

*The principal official of an agency.*

*Allegation:*

*Substantiated Allegation:*

*An allegation that was investigated and determined to have occurred.*

*Unfounded Allegation:*

*An allegation that was investigated and determined not to have occurred.*

*Unsubstantiated Allegation:*

*An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.*

*Community Confinement Facility:*

*A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.*

*Contractor:*

*A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.*

*Detainee:*

*Any person detained in a lockup, regardless of adjudication status.*

*Direct Staff Supervision:*

*That security staff are in the same room with, and within reasonable hearing distance of, the resident or inmate.*

*Employee:*

*A person who works directly for the agency or facility.*

*Exigent Circumstances:*

*Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.*

*Facility:*

*A place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.*

*Facility Head:*

*The principal official of a facility.*

*Full Compliance:*

*Means compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance.*

*Gender Identity:*

*A person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth (in accordance with M G L c. 4 S 7, Part 59). Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.*

*Gender Nonconforming:*

*A person whose appearance or manner does not conform to traditional societal gender expectations.*

*Inmate:*

*Any person incarcerated or detained in a prison or jail.*

*Intern:*

*An individual/student who works without pay at an occupation in order to gain work experience.*

*Intersex:*

*A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.*

*Jail:*

*A confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.*

*Juvenile:*

*Any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.*

*Juvenile Facility:*

*A facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.*

*Law Enforcement Staff:*

*Employees responsible for the supervision and control of detainees in lockups.*

*Lockup:*

*A facility that contains holding cells, cell blocks, or other secure enclosures that are:*

- (1) Under the control of a law enforcement, court, or custodial officer; and*
- (2) Primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.*

*Medical Practitioner:*

*A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.*

*Mental Health Practitioner:*

*A mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.*

*Pat-Down Search:*

*A running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.*

*Preponderance of the Evidence:*

*The greater weight of the evidence required in a civil (non-criminal) lawsuit for the trier of fact (jury or judge without a jury) to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.*

*Prison:*

*An institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.*



*Qualified Agency Staff Member (Qualified Community-Based Staff Member):*

*An individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.*

*Rape Crisis Center:*

*Refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.*

*Resident:*

*Any person confined or detained in a juvenile facility or in a community confinement facility.*

*Secure Juvenile Facility:*

*A juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows residents access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.*

*Security Staff:*

*Employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.*

*Sexual Abuse:*

*For purposes of this part, Sexual Abuse includes;*

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and*
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern.*

*Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:*

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and*
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.*

*Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern includes any of the following acts, with or without consent of the inmate, detainee, or resident:*

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;*
- (2) Contact between the mouth and the penis, vulva, or anus;*
- (3) Contact between the mouth and any body part where the staff member, contractor, volunteer, or intern has the intent to abuse, arouse, or gratify sexual desire;*
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, volunteer, or intern has the intent to abuse, arouse, or gratify sexual desire;*
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer or intern has the intent to abuse, arouse, or gratify sexual desire;*
- (6) Any attempt, threat, or request by a staff member, contractor, volunteer or intern to engage in the activities described in paragraphs (1)-(5) of this section;*

*(7) Any display by a staff member, contractor, volunteer, or intern of their uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and*

*(8) Voyeurism by a staff member, contractor, volunteer, or intern.*

*Sexual Harassment includes:*

*(1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and*

*(2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, intern, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.*

*Staff:*

*Employees.*

*Strip Search:*

*A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.*

*Transgender:*

*A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.*

*Volunteer:*

*An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.*

*Voyeurism:*

*(by a staff member, contractor, intern, or volunteer) – an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions; requiring an inmate to expose their buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.*

*Youthful Detainee:*

*Any person under the age of eighteen (18) who is under adult court supervision and detained in a lockup.*

*Youthful Inmate:*

*Any person under the age of eighteen (18) who is under adult court supervision and incarcerated or detained in a prison or jail.*

(a) 3.5.3 PREA Plan, dated 4/2013 with the most recent review of March/2020 is a detailed 65 page policy which includes the following: definitions, Prevention and Planning, Responsive Planning, Training and Education, Screening for Risk of Victimization and Abusiveness, Reporting, Official Response Following an Inmate Report, Investigations, Discipline, Medical and Mental Care, and Data Collection and Review. As noted above, definitions are available to ensure consistent application of the standards.

(b) The PREA Coordinator has direct access to the Superintendent as evidenced by the organization chart, and interview with the PREA Coordinator. Per the interview, the PREA Coordinator duties also include standards/ accreditation and training functions. These duties overlap and therefore give him ample time to coordinate the agency's efforts. The PREA Coordinator was able to implement and change the policy as recommended by the auditor during the time of the on-site audit further demonstrating he has sufficient authority. During the audit, the PREA team had direct access to all departments to provide documents requested by the auditor. The PREA Coordinator states he conducts regular meetings with the PREA Managers. A PREA flow charts helps staff coordinate and organize activities required by the standard. The PREA Coordinator maintains an excel spread sheet to ensure timeliness for investigations, notifications, retaliation monitoring, sexual abuse incident reviews

and updates to risks assessments are followed to ensure timely compliance. He verbalized that he has sufficient time and authority to accomplish the goal of compliance with PREA standards.

(c) A PREA Manager is assigned to ensure compliance with the Main Institution while another PREA Manager is assigned to maintain compliance with the PRC. From observations and interviews, the PREA Coordinator and PREA Managers work seamlessly together to ensure compliance with the requirements are met. Both articulated that they have regular meetings and constant communication regarding updates needed to improve the goal of preventing sexual abuse and sexual harassment. The PREA Manager verbalized that he has sufficient time and authority to accomplish the goal of compliance with PREA standards.

Finding of compliance based on the following:

Policy is compliant with the requirements of the PREA standards including specifically giving authority to named individual. It ensures there is a zero tolerance for sexual abuse and sexual harassment. Definitions are provided for specific application. Additionally, the mission statement specifically ensures compliance with the PREA standards. Interviews with the PREA Coordinator and PREA Managers support they have the time and authority as did observations during the on-site audit. The Sheriff demonstrated his support for the requirements during the Entrance Meeting.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Review of contracts in which HCSO holds inmates for other agencies

- Interview with the Sheriff
- Interview with the contract monitor
- Observations during the tour
- 3.5.3 PREA Plan

PREA Plan states,

*Contracting with Other Entities for the Confinement of Inmates*

1. *When the HCSD contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with the PREA standards.*
2. *Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.*

Finding of compliance based on the following:

Policy addresses the requirements of the standard. The HCSD does not contract for housing of inmates/residents outside of the agency. Review of the PAQ, and interview with the PREA Coordinator and PREA Manager confirmed this to the auditor. In the event the circumstances change, as noted above, the policy addresses the requirements of the standard. Therefore, this standard is deemed compliant.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- Post Orders for 48 posts MI, 14 PRC including supervisory post orders
- Unannounced security check documentation for April 2020, February 2019, April 2018
- 3.5.3 PREA Plan
- PAQ
- 1.2.6 Staff Position Control
- Shift minimum calculations for MI and PRC
- Vulnerability assessment
- Additional randomly requested documentation of unannounced rounds.
- Interviews with the twelve randomly selected corrections officers/corporals
- Interview with the PREA Coordinator and PREA Manager
- Interview with the Superintendent
- Interview with a lieutenant who conducts unannounced rounds
- Randomly required documentation of staffing sheets from the 6<sup>th</sup> of each month for the past 6 months which reflected appropriate staffing levels as well as monitoring of those levels/adjustment of positions.
- Observations of staffing levels during the tour
- Documentation of unannounced rounds with video – all shifts
- Staffing Plan Meeting summary, PREA Coordinator and members of executive team

The facility reports on the PAQ that the average daily population for which the plan was predicated is 681 for MI and 104 for the PRC. The PAQ further indicates that the facility does not deviate from the staffing plan. Post orders for general population states, The Pod Officer follows the principles of “Direct Supervision” and “Unit Management”.

3.5.3 PREA Plan states,

### *Supervision and Monitoring*

1. *The HCSD ensures that each facility develops, documents, and makes best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facilities shall take into consideration:*
  - a. *Generally accepted detention and correctional practices;*
  - b. *Any judicial findings of inadequacy;*
  - c. *Any findings of inadequacy from Federal investigative agencies;*
  - d. *Any findings of inadequacy from internal or external oversight bodies;*
  - e. *All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);*
  - f. *The composition of the inmate population;*
  - g. *The number and placement of supervisory staff;*
  - h. *Institutional programs occurring on a particular shift;**Any applicable State or local laws, regulations, or standards;*
  - j. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
  - k. *Any other relevant factors.*
2. *In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.*
3. *Whenever necessary, but no less frequently than once each year, for each facility the Department operates, in consultation with the PREA coordinator, the facility shall assess, determine, and document whether adjustments are needed to:*
  - a. *The staffing plan established pursuant to paragraph (a) of this section;*
  - b. *The facility's deployment of video monitoring systems and other monitoring technologies; and*
  - c. *The resources the facility has available to commit to ensure adherence to the staffing plan*
4. *The HCSD has a policy and practice of having supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment (see Supervisor Post Orders). This policy and practice is implemented for all shifts (see MI/WCC P&P 3.1.1/3.1.3 Pod/Unit Supervision, 3.4.1/3.4.3 Restrictive Housing Unit, and 4.1.8/3.5.6 Inmate Orientation). It is a violation of this policy to for staff to alert other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.*

(a) The Assistant Superintendent of Operations indicated when interviewed that the agency does monitor staffing levels annually to ensure the facility has appropriate staffing. He indicated a staff is assigned full time to monitor for appropriate staffing, including programming assignments to ensure proper supervision. Additionally, the interview with the Superintendent confirmed that the camera system in place has not been upgraded since the last PREA audit, but it has been approved to upgrade the system within the next fiscal year. This would provide for more defined views and storage space. He confirmed that he is content with the ability to capture blind spots in the facility with the addition of concave mirrors in remote areas. He confirmed that the following are considered when reviewing /implementing the staffing plan:

- (1) Generally accepted detention and correctional practices; for this facility, they are accredited by NCCHC and use direct supervision and controlled movement.
- (2) Any judicial findings of inadequacy; none are reported.
- (3) Any findings of inadequacy from Federal investigative agencies; none are reported.
- (4) Any findings of inadequacy from internal or external oversight bodies; internal and external findings were provided to the auditor, no deficiencies relevant to inmate safety were noted.
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); supervisory staff complete a vulnerability assessment annually. A copy was provided to the auditor.

(6) The composition of the inmate population; the auditor was provided a detailed diagram of each housing pods and the population of the inmate housed in that pod.

(7) The number and placement of supervisory staff; this is addressed in the staffing plan and staffing plan review.

(8) Institution programs occurring on a particular shift; this was confirmed by the interview with the Superintendent.

(9) Any applicable State or local laws, regulations, or standards; this state has implemented the Crime Reform Act of 2018. Staffing increased with the addition of an agency that provided Medical Assistance Therapy but did not change staffing levels at the facility.

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; this facility has had very few substantiated and unsubstantiated incidents of sexual abuse. The PREA Coordinator is present at the meeting to ensure this is addressed.

(11) Any other relevant factors. During this review, changes resulting from ensuring health and safety due to the coronavirus pandemic were reviewed.

A copy of the meeting minutes was provided to the auditor which supported this review and included the PREA Coordinator in addition to other members of the executive team.

(b) In accordance with the PAQ and interviews with the Assistant Superintendent of Operations, the facility does not deviate from the staffing plan. A staffing minimum has been established which will result in holding staff over in order to ensure that each position is filled. The auditor found no reason to dispute this during the audit process. This process I documented in the following policy:

1.3.1 Human Resources States,

*L. Staffing Requirements:*

*1. Minimum Staffing Requirements*

*a. The Sheriff/facility administrator systematically determines the workload requirements for all categories of personnel and reviews them on an ongoing basis in order to ensure inmate access to staff, availability of support services and adequate security supervision of the inmates, staff, and the facility. A Security Staff Post Analysis, to include the calculation of a shift relief factor, shall be conducted, reviewed annually and updated as necessary.*

(c) A staffing analysis was completed on August 3, 2020 reviewing the fiscal year July 1, 2019 to June 30, 2020. In attendance were the following: Asst. Superintendent of Operations, Asst. Superintendent of Human Resources, Lieutenant who oversees the daily/weekly review of the staffing levels, Chief of Security and the PREA Coordinator. A vulnerability assessment was also conducted assessing blind spots and camera monitoring. Documentation was provided to the auditor demonstrating the placement of the video surveillance in the facility.

(d) The Supervisors post orders state the following: In order to comply with the PREA Standard 115.13 (3d) Supervision and Monitoring, Supervisors will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment that occur on the night shifts as well as day shifts; and staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The Supervisor enters the Security Check (SP) in the POWS Shift Log and, for comments, notes this as an unannounced security check.

Finding of compliance based on the following:

Policy supports all aspects required by the standard. As summarized above, interviews, video evidence, documentation and observations all provided the auditor with sufficient evidence to support a finding of compliance.



## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 4.1.7 Court Ordered Holding of Juveniles
- MOU with Department of Youth Services (DYS)

- Verification of age of majority
- Interview with the Superintendent
- Observations of the inmate population during the on-site visit
- Request to interview the youngest inmate at the facility
- Observation of the area where a youth would be housed if the event occurred.

The age of majority in this state is 18 years. Confinement of juveniles under the age of 18 is prohibited unless a court finds that it is in the best interest of justice and public safety that a juvenile awaiting trial or other legal process be treated as an adult for the purposes of prosecution, or unless convicted as an adult and required by statute to be confined in an adult facility.

### 3.5.3 PREA Plan states,

*Youthful Inmates (See MI/WCC P&P 4.1.7/3.5.2 Court Ordered Holding of Juveniles)*

1. *The HCSD will not place a youthful inmate in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The HCSD shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision.*
2. *In areas outside of housing units, the HCSD shall either:*
  - a. *Maintain sight and sound separation between youthful inmates and adult inmates, or*
  - b. *Provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.*
3. *Absent exigent circumstances, the HCSD shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.*

### 4.1.7 Court Ordered Holding of Juveniles states,

*The Hampden County Sheriff's Department (HCSD) requires that juveniles (under age 18) who are subject to trial as adults are separated from the adult inmate population within the Intake Area and Delta 4/5 and inhabiting a single occupancy cell. Juveniles, not subject to trial as adults, are not housed in this facility but are transported to the Department of Youth Services (See MGL C 127 S 22)(See Chapter 84 - An Act Expanding Juvenile Jurisdiction of 2013; Raise the Age Bill – H.1432).*

*On 9/18/2013 the Governor signed Chapter 84 - An Act Expanding Juvenile Jurisdiction of 2013 (Raise the Age Bill – H.1432) requiring that seventeen (17) yr. olds be treated as juveniles in the Commonwealth of Massachusetts. In addition, The Prison Rape Elimination Act (PREA) 28 C.F.R Part 115, considers anyone under the age of eighteen (18) to be a Youthful Offender, and as such, the youthful offender shall not be placed in a housing unit in which they may have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.*

*An inmate who has not attained the age of eighteen (18) and is a juvenile tried and adjudicated as an adult shall be managed separately from adult inmates until they reach the age of eighteen (18) and are classified as being suitable for incarceration with adult offenders. Absent exigent circumstances, youthful offenders shall not be denied daily large-muscle exercise and any legally required special education services. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.*

Finding of compliance based on the following:

Policy addresses the requirements of the standard. The auditor reviewed the MOU with Department of Youth Services (DYS) signed by the Sheriff and Commissioner 6/30/2017 that remains in effect. This is to house offenders under the age of 18 being held for murder to sentence a youth to the House of Correction. It specifically addresses compliance with PREA standards. The facility reports in the PAQ that no youths are housed at this facility. The auditor found no reason to dispute this during the audit process. Policy is in place which addresses all provisions of the standard. Should the rare occurrence happen in which there is no other option than to house a youthful offender at the agency, compliance will be required by the policy. Additionally, as stated, the facility has an appropriate area to house youthful offenders.

## 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  NA

### 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 3.1.14 Searches Procedure
- 3.1.8 Searches and Control of Contraband
- Review of curriculum for same gender clothed pat search and cross gender, transgender/Intersex pat search
- Statement of Search Acknowledgement Form
- Placards regarding cross gender announcements
- Example of a pat search alert in the computer system (Jail Management System)
- Examples of gender announcement logs
- Excel spreadsheet demonstrating that staff have been trained on searches
- FAQ December 2, 2016
- PAQ
- Observations of showers, toilets changing areas during the tour.
- Announcement of female in the unit while the auditor toured

The PAQ indicates there have been no cross-gender strip searches conducted, nor any body cavity searches conducted in the previous 12 months. During the audit process, the auditor found no reason to dispute this. Additionally, auditor observed numerous male and female security staff. Present to accommodate appropriate gender searches.

3.1.14 Searches Procedure states,

1. *Except in Exigent Circumstances and with prior approval of the A.S. Special Operations, strip searches are always performed in relative privacy with as much dignity as possible by staff and conducted by staff of the same sex as the resident. If the strip search is of a transgender resident, the resident shall have input into who will conduct the strip search. The resident must be searched by staff of the same gender identity. If a resident has male anatomy, but identifies as a female and the resident chooses to be searched by female staff, a consent form must be signed by the resident indicating such preference. If the resident has female anatomy but identifies as a male and is requesting to be strip searched by male staff, the resident must sign a consent form indicating such preference. If requested, in cases where a transgender person who has male genitalia and breasts, but identifies as a female and requests to be searched by male staff from the waist down and female staff for the waist up, the resident must sign a consent form indicating such preferences. Whenever possible, another staff person of the same gender or gender identity as the person being searched, will be available in the area of the search to assist. If there are valid safety or security concerns regarding the resident's choice of staff to conduct the strip search, the Assistant Superintendent/designee should be contacted prior to the search being conducted. Cross gender pat searches of residents shall be conducted in relative privacy with as much dignity as possible. Strip searches shall be conducted by two staff except in an emergency as determined by the Sheriff/Facility Administrator or Designee (A.S. Special Operations). All residents in the facility are subject to search at any time with the approval of the Shift Supervisor.*
2. *The Staff conduct searches for the purpose of enhancing security, never for the purpose of harassment.*
3. *All staff conducting any type of search wears protective disposable gloves.*
4. *Strip searches and pat searches are always performed with as much dignity as possible by two staff members who are the same gender as the person being searched.*
5. *Strip searches and pat searches may be employed but not limited to:*
  - (a) *Entrance or exit into secure area,*
  - (b) *Transportation to and from court/medical trips/visits,*
  - (c) *Alleged disciplinary infraction,*
  - (d) *Resident believed to be in possession of contraband,*
  - (e) *After escape or attempted escape,*
  - (f) *Placement into isolation or segregation,*
  - (g) *Prior to and following visits, and,*
  - (h) *Return from temporary release (program related activity, work release, etc.);*

**PROCEDURE C: Same Gender/Intersex/Transgender Clothed Pat Search**

1. *Random pat searches are conducted on residents to prevent the possession of contraband. Two staff members of the same gender identity as the resident who is to be searched, escort the resident to a relatively private area. Prior to beginning the search, the staff members must place disposable gloves on their hands. One staff member is to conduct the search while the other witnesses the search and maintains a close watch on the resident. The search will be a thorough and systematic search of all areas in which an item may be concealed. The staff may request that the resident remove any outer layers (i.e. Jackets, hats, shoes, etc.). Each pat search should be systematic starting from the top of the resident's body and proceeding down to the feet.*

*The staff performing the search breaks the resident's body down visually into four quadrants (front/back). The staff will search each quadrant systematically including the neck, arms, hands and*

feet. The staff will pat search from a safe position, preferably the 2 ½ position. The staff may use one or two hands to perform the search utilizing the Pat and Squeeze technique. In the event the resident is wearing a hat, the staff will remove or direct the resident to remove the hat.

The staff will direct the resident to face them with their arms up parallel to the ground. The staff will observe the residents hands ensuring that they are not holding a weapon and/or contraband. The staff will then instruct the resident to turn around keeping their arms parallel to the ground. The staff will begin the search by searching the collar/neck area and then proceeding downward until the search of the arms, hands, feet and all four quadrants (front/back) has been completed.

When pat searching the sensitive areas (i.e. chest/breast, groin, and buttocks) the staff will utilize the back of the hand technique.

2. A Residential Supervisor completes the following if they come across an item that they are not able to identify on the person.

- a. Ask the resident what it is.
- b. Carefully remove the item if you are able to.
- c. Search the article.
- d. If you can't remove the article see the strip search procedure. (Procedure D)

3. The Residential Supervisor conducting the pat search does not let personal embarrassment hinder the search process.

4. If contraband is found, refer to Control of Contraband Policy and Procedure 3.1.10.

5. The Residential Supervisor conducting the search fills out a Search Log and if contraband is found completes a Special Report or Incident Report.

#### **PROCEDURE D: Strip Search**

1. A Supervisor approves or denies the conducting of a strip search on a resident. Two staff members of the same gender identity as the resident who is to be searched, escort the resident to a relatively private area. Prior to beginning the search, the staff members must place disposable gloves on their hands. One staff member is to conduct the search while the other witnesses the search, searches the clothes and maintains a close watch on the resident. The staff person conducting the search is thorough and systematic, never physically touching the resident.

2. The strip search involves two separate functions, a search of the resident and a search of the resident's clothing. The resident is instructed to remove clothing one item at a time and hands it to the staff member who will check each item of clothing. The resident will also remove any jewelry, glasses, wig, hairpiece and/or artificial limbs or other prosthesis.

3. If the resident cannot remove prosthesis, or has any bandages/casts that cannot be removed, the Shift Supervisor will be notified. If the resident has a cast, visually examine the cast closely.

4. The Staff Member conducting the strip search immediately notifies their supervisor if there is evidence of any recent injury, cuts, bruises, needle marks, scars, tattoos or any contraband.

5. If the Staff Member has reason to believe that the resident still has an item concealed or the resident refuses to conform to the search properly, the Shift Supervisor will be notified and the resident may be escorted to the Main Institution where a scanner search will be conducted utilizing either the BOSS II scanner or SOTER RS body scanner.

3.1.8 Searches and Control of Contraband (45 pages) last reviewed March 2020 excerpts are as follows:

In order to detect and prevent the introduction of contraband, recover missing or stolen property and to prevent escapes and other disturbances, it is the policy of the HCSD to conduct and document visual inspections/searches of the physical plant of the facility to include housing units, shops, programs and activity areas, vehicles and deliveries and the inmates confined therein; which are to be thorough and documented.

*Personal (Pat) Searches of inmates/SSTC Clients are conducted ensuring that cross-gender pat searches of inmates shall be conducted in relative privacy with as much dignity as possible. Visual searches of inmates/SSTC Clients are only conducted when there is reasonable belief that the inmate may be in possession of an item of contraband (circumstances warrant the search and following applicable legal restrictions). The least invasive form of search is conducted. Searches of inmates are to be conducted in relative privacy with as much dignity as possible by two security personnel of the same sex as the person to be visual searched except in exigent circumstances as determined by the Sheriff/facility administrator or designee. These searches may be employed in, but not limited to, the following situations and shall be documented thoroughly:*

*Entrance or exit into secure areas, i.e. Visiting Area*

*After any transport outside the secure perimeter, i.e. court, medical*

*Alleged disciplinary infraction*

*Inmate believed to be in possession of contraband*

*After an escape/attempted escape*

*Placement in segregation or isolation*

*Prior to and following visits*

*Return from temporary release*

*Manual or instrument inspection of a person's body cavities shall not be conducted unless all of the following have occurred:*

- a) Probable cause has been determined by staff through reasonable belief that the inmate is carrying contraband or other prohibited material;*
- b) Authorization has been given by the Sheriff/Facility Administrator; and*
- c) Search warrant has been obtained.*

*The body cavity search shall be conducted by qualified health care personnel or correctional personnel thoroughly trained by health care personnel and shall be conducted in private.*

*Note: Protocol 11 (a) – Only qualified health care personnel at a designated hospital will administer the body cavity search.*

*Security Staff are trained in how to conduct same-gender and cross-gender (including transgender and intersex) pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.*

*E. Security staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.*

*If an inmate has male anatomy, but identifies as a female and the inmate chooses to be searched by a female officer, a consent form must be signed by the inmate indicating such preference. If the inmate has female anatomy but identifies as a male and is requesting to be visual searched by a male officer, the inmate must sign a consent form indicating such preference. If requested, in cases where a transgender person who has male genitalia and breasts, but identifies as a female and requests to be searched by a male officer from the waist down and a female officer for the waist up, the inmate must sign a consent form indicating such preferences.*

*An incident report must be written by Uniformed Supervisor indicating said request of being searched by a male officer from the waist down and a female officer for the waist up. Whenever possible, another staff person of the same gender or gender identity as the person being searched, will be available in the area of the search to assist. If there are valid safety or security concerns regarding the inmate's choice of officer to conduct the visual search, the Assistant Superintendent/designee should be contacted prior to the search being conducted. Cross gender pat searches of inmates shall be conducted in relative privacy with as much dignity as possible. Visual searches shall be conducted by*

one security personnel and a second security personnel within ear shot, except in an emergency as determined by the Sheriff/Facility Administrator or Designee (AS Special Operations).

#### *PROTOCOL 9: Body Scanner*

*A. The Soter RS Body Scanner is used to detect foreign objects in an inmate's body. The scanner is only operated by staff that has been properly trained/authorized to operate the body scanner equipment. Transgender and Intersex inmates/detainees shall be scanned by correctional staff in a manner consistent with PREA guidelines and this policy. The Officer assigned as the operator shall be the same sex as the inmate being scanned. Cross-gender scans shall not be conducted except in exigent circumstances as determined by the Facility Administrator/Supervisor and shall be documented on an Incident Report. Any potential further reviews of scanned images, if necessary (i.e. to help identify anomalies/ detect metal, plastic, organic and inorganic contraband) for legitimate penological/safety and security considerations, are conducted by staff of the same sex, except in exigent circumstances as determined by the Facility Administrator/Supervisor. This shall be documented on an Incident Report.*

#### *3.5.3 PREA Plan states, Limits to Inmate Cross-Gender Viewing and Searches.*

- 1. The HCSD does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners (See MI/WCC P&P 3.1.8/3.1.11 Searches)*
- 2. The HCSD does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.*
- 3. All cross-gender strip searches and cross-gender visual body cavity searches of female inmates must be authorized by the appropriate Supervisor and shall be documented.*
- 4. Inmates will be 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.*
- 5. A facility-wide announcement is made by the Central Control Room (CCR) informing inmates that staff of the opposite gender of the inmate population will be entering the inmate housing unit to provide care, custody and services throughout the shift. This announcement is made at the beginning of each shift.*
- 6. In order to be consistent with PREA Standard 115.15 Limits to Cross-Gender Viewing and Searches, that requires staff of the opposite gender to announce their presence when entering an inmate housing unit, staff maintain the following protocol.*
  - a. PREA Standard 115.15 requires staff of the opposite gender to announce their presence when entering an inmate housing unit. This is sometimes referred to as the "cover-up rule" and is intended to put inmates on notice when opposite-gender staff may be viewing them. The announcement is required anytime an opposite-gender staff enters a housing unit and may be fully realized by requiring the announcement only when an opposite-gender staff enters a housing unit where there is not already another cross-gender staff present. For example, at the Main Facility, this means that an announcement is not required if the Pod Floor Officer is female and vice versa for the WCC.*
  - b. This announcement is documented in POWS in the shift log under code "GA" for Gender Announcement. To accomplish this, simply click the icon located in the lower left corner titled "PREA Announcement." This will display a message to scan the employee badge number (or type the 6-digit ID#). Simultaneously, scan the employee badge while activating the pod intercom system. A pre-recorded message of "Female on the Unit" or conversely at the WCC "Male on the Unit" will then play*



and the shift log code of "GA" and synopsis of "Female on the Unit" or conversely at the WCC "Male on the Unit" will automatically be updated in POWS. Females/Males with a visitor pass who enter the housing unit will be announced in the same manner with the exception being the Pod Floor Officer will not scan their employee badge number but will click on the "Female" or "Male" button.

c. Consistent with PREA standard 115.16 the agency shall 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. Accordingly, the Pod Floor Officer will display the female laminated placard to supplement the verbal cross-gender announcement in male units with inmates who are deaf or hard of hearing (and visa versa at the WCC). Any unit housing deaf or hard of hearing inmates shall display the placard whenever a cross gender staff member is present on the unit.

7. The HCSD staff does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

8.. HCSD shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy.

(a) Policy supports the requirements of this standard as noted above. The PAQ Indicates there have been no cross-gender strip or cross-gender visual body cavity searches. The auditor found no reason to dispute this during the audit as all staff indicated they are not aware of any cross-gender strip search (visual search) or visual body cavity searches that have occurred.

(b) There are no females housed at this facility.

(c) It was reported to the auditor that a cross-gender visual body cavity search would be documented in an incident report. This facility does not house female inmates. There have been no cross gender visual body cavity searches. The auditor found no reason to dispute this during the audit process.

(d) Policy requires that inmates will be 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. All inmate interviews confirmed that the announcement regarding a female coming into the unit is conducted. Some inmates further noted that the card is present over the officer's station. All inmate interviews confirmed that they shower, change clothes, and use the toilet without having a female watch. All staff interviews confirmed that inmates can shower, use the toilet, change their clothes without a female observing. The cell doors provided relative privacy. During on-site review, auditor observed all inmate/resident shower areas, and evaluated the showers from the upper tiers, to gauge staff viewing from such elevated vantage points and/or from CCTV angles. Specialized housing areas do have cameras in the cells; however, as the auditor observed, the area over the toilet/sink is pixelated to protect privacy. Strip search, referred to as visual search, areas were examined. The procedure and area where conducted affords privacy as it is separated from view from other inmates/staff. Auditor has concluded that inmates are afforded required privacy without opposite gender viewing, while still providing security personnel with the required supervision necessary, i.e. views of head/upper torso and lower legs/feet.

(e) Policy prohibits staff from searching a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. If further supports that If the inmate's genital status is unknown, it may be determined 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.

(f) The PREA Plan requires security staff to be trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner, and in the least intrusive manner possible, consistent with security needs and policy. This training was provided to all security staff when initiated and is now provided in the Academy training (per the PREA Coordinator and Training Manager). All staff interviews confirmed that they have been appropriately trained on how to conduct cross gender searches as well as searches of transgender/intersex inmates. Many interviews then continued with explaining to the auditor that due to the change in the state law, a transgender is now allowed to request where they want to be housed and which gender, they want to search them. These then are not considered a cross-gender search. A synopsis of the training was provided to the auditor.

Finding of compliance based on the following: Policies support the requirements of the standard and further clarify how the requirements will be accomplished. All staff interviews provided the auditor with confidence that they are appropriately training on how to conduct cross-gender pat searches and how to conduct searches of transgender/intersex inmates ensuring professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff are aware that transgender/intersex inmates are not to be searched just to determine genital status. As stated, throughout the audit it was reported that no cross-gender search has occurred which the auditor found credible.

## **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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- PAQ
- 4.5.9 Special Needs and Services
- Power Point presentation on Americans with Disability Act (ADA) and PREA
- PREA Reporting & Monitoring Retaliation power point
- Inmate Handbooks (MI and PRC, English and Spanish)
- Language Bridge Contract 2019-2021
- ADA and PREA Training (explains physical, cognitive/intellectual, psychiatric and sensory limitations, how it links with PREA requirements and why)
- List of dual language staff (102) Spanish, sign Language, Haitian Creole, Italian, Bosnian, Russian, Portuguese, Cambodian, Polish, French)
- Observations during the tour
- Documentation of Language Line use

3.5.3 PREA Plan states,

*Consistent with PREA standard 115.16 the agency shall 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. Accordingly, the Pod Floor Officer will display the female laminated placard to supplement the verbal cross-gender announcement in male units with inmates who are deaf or hard of hearing (and visa versa at the WCC). Any unit housing deaf or hard of hearing inmates shall display the placard whenever a cross gender staff member is present on the unit.*

*Inmates with Disabilities and Inmates who are Limited English Proficient. (See MI/WCC P&P 4.5.9/4.2.10 Special Needs Inmates)*

1. *The HCSD takes appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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 and sexual harassment. These steps shall include (when necessary to ensure effective communication with inmates who are deaf or hard of hearing) providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the HCSD ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The HCSD is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms*

are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

2. *The HCSD takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.*
3. *The HCSD does not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 Protocol 6D, Staff First Responder Duties of this P&P, or the investigation of the inmate's allegations.*

4.5.9 Special Needs and Services states, *Inmates assessed as having special needs (mentally ill, drug addicts, handicapped, emotionally disturbed, chronically ill) shall be managed, and where necessary, housed separately.*

(a)

All staff receive training on ADA and PREA. This training was designated as mandatory training, therefore requiring all staff to ensure they received it. The PowerPoint presentation, ADA and PREA, addresses physical, cognitive/intellectual, psychiatric and sensory disabilities. As medical staff conduct the initial PREA risk assessment, in addition to numerous other assessments, these needs are immediately identified when the inmate enters the facility. Staff interviews confirmed that appropriate accommodations are addressed. This included the use of a placard to identify when a female is in the unit, closed caption video educating inmates on PREA, assistive devices for inmates who are legally blind, availability of a video relay telephone, and placement in a unit designed to accommodate cognitive/intellectual, and psychiatric needs. Four inmates were interviewed with physical disabilities, two with cognitive/mental illness disabilities. The interviews revealed no concerns with inmates with the needs not being able to 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 and sexual harassment.

(b)

The auditor interviewed two inmates who are limited English proficient (LEP). A staff interpreter was used for these interviews. The posters throughout the facility were available in English and Spanish. Inmate Handbooks are available in English and Spanish. The video shown to inmates has closed captioning in English and subtitles in Spanish and Hmong. Language Bridge contract is current. The auditor received documentation that it has been used twelve times in the past twelve months. As evidenced by the staff dual language list, the agency maintains a current list of qualified staff who can provide interpretation for a variety of languages.

(c)

The PAQ indicates that no inmate has been used to interpret for another inmate in the previous twelve months. This was also supported by interviews with corrections officers. Corrections officer interviews revealed that they were aware that if there were exigent circumstances, they could use another inmate but would be required to document the reason for this. The auditor found no reason to dispute this.

Finding of compliance based on the following: Policies support compliance with the standard. The agency ensures that staff are aware of the requirements of the ADA and how it interrelates with the

PREA requirements through mandatory training. The maintenance of the language contract and list of bi-lingual staff demonstrates that the agency takes extra measures to ensure that inmates are able to effectively communicate with staff and vice versa. The staff interviews demonstrated that they are aware of the requirements for using an inmate interpreter.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 1.3.1 Human Resources, reviewed March 2020, 81-page policy
- Candidate Questionnaire (8 pages, asks the questions required of 115.17 (a))
- PREA Self Evaluation completed during the annual evaluation
- PAQ
- Employee Manual
- Interview with the Human Resources Manager
- Interview with the Assistant Superintendent for Human Resources

The PAQ indicates that the agency has hired 309 staff and 62 contractual staff during the previous 12 months for which a background check was conducted.

3.5.3 PREA Plan states,

*Hiring and Promotion Decisions.*

1. *In reference to the HCSD Human Resources Policy (See P&P 1.3.1 Human Resources Policy Manual), the Department does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—*
  - a. *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);*
  - b. *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; or*
  - c. *Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.*
2. *The HCSD considers 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.*
3. *Before hiring new employees who may have contact with inmates, the HCSD will:*
  - a. *Perform a criminal background records check;*
  - b. *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.*
4. *The HCSD also performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates.*
5. *The HCSD conducts a criminal background records check at least every five (5) years of current Employees, Contractors, Volunteers and Interns who may have contact with inmates.*
6. *The HCSD shall ask all applicants and employees who may have contact with inmates directly about previous sexual abuse misconduct described in paragraph (1) of this section in written applications and/or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The HCSD also imposes upon employees a continuing affirmative duty to disclose any such misconduct.*
7. *Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.*
8. *Unless prohibited by law, the HCSD provides 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.*



1.3.1 Human Services states, *In accordance with M.G.L Chapter 268, Section 21A the HCSD will investigate and prosecute any employee, contractor, or volunteer found to have engaged in any sexual relations with any inmate. In criminal prosecution of such misconduct, the law deems an inmate incapable of consent. Acts of sexual contact or sexual misconduct with an inmate, as well as retaliation against an inmate is prohibited. In addition, invasion of privacy, acts of intimacy, or anything other than purely professional relationships with inmates is prohibited and violators are subject to appropriate discipline.*

**PROTOCOL 3: Personnel File Requirements**

*A. Upon hiring, a personnel file is generated on all new employees and will include, but not limited to, the following information regarding the employee:*

- 1. Initial application*
- 2. Reference letters (optional)*
- 3. Verification of training and experience*
- 4. Wage and salary information*
- 5. Job performance evaluations*
- 6. Birth certificate*
- 7. Incident reports, if any*
- 8. Commendations and disciplinary actions, if any.*
- 9. Results of employment investigations*

(a) To ensure that the agency is not hiring or promoting anyone who has (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section, these questions are asked in the pre hire/promotional questionnaire. An interview with one staff confirmed that he was asked these questions during his promotional interview. During the audit, the auditor requested to review the last two promotional personnel files and the last four personnel files for newly hired staff. The questionnaire was present in the files.

(b) In addition to the policy, the interview with the Human Resources Manager, and the Assistant Superintendent for Human Resources confirmed that if a candidate had indications of incidents of sexual harassment, it would warrant further review and consideration by their office, which may include the Sheriff. Additionally, they would seek more information from the agency where this occurred.

(c) The auditor requested to view the last four new hires and two promotional candidates personnel files. These records included a background check. The methods utilized by the HCSD result in clearance checks conducted with the MA Bureau of Probation (BOP), the III-NCIS, Warrant Management-WMS-MA, and a Driver's History, KQ. The interview with the Human Resources Manager supported that all prior employers including those who have had institutional experience have reference checks completed. Candidates sign a release to ensure that the office can conduct informative background checks.

(d) The auditor requested and viewed the personnel files for two newly hired contractual staff. Documentation reflecting background checks were present. The interview with the Human Resources

Manager confirmed that these are conducted on all contractual staff, interns, volunteers, and summer candidates.

(e) The interview with the Human Resources manager confirmed that the agency has a system for ensuring that background checks are conducted every three years, exceeding the requirements of the standard. The auditor viewed the working documents reflecting completion of these checks for 2014, 2017 and 2020.

(f) (g) Review of the application supports that it asked the questions required of subpart 1, a,b c. The application also requires that the person sign indicating that they have a continuing affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time employed by, contracted with or volunteering for the HCSD. It states failure to do so will result in disciplinary action up to and including discharge. Additionally, all employees sign for an employee handbook. Within this hand book is the following statement: “ Employees are required to report any involvement they may have with law enforcement officials including being taken into custody; being questioned by police; being arrested, being issued a criminal summons or indicted; as well as court appearances or the like regarding any criminal matter involving the employee, at the earliest possible opportunity to their immediate supervisor, Unit Superintendent, Assistant Superintendent of Human Resources, Chief of Security, Deputy Chief of Security, and/or the Assistant Superintendent of Operations. The auditor requested to review the signed acknowledgement or receipt for the first four employees with the last name of D, M and T. These statements were retrieved from the employee file and shown to the auditor as requested.

(h) In addition to policy supporting this requirement, the interview with the Human Resource Manager confirmed that with the appropriate signed release, she would provide information on former employees including those with a pending investigation, to inquiries received regarding these former employees. Additionally, the CIU Commander confirmed that this would occur. It was further confirmed that this department is made aware of all investigations of staff when they begin and would be able to advise of an ongoing PREA investigation as well.

Finding of compliance based on the following:

Policies address all requirements of this standard. The interview with the Human Resource Manager, Assistant Superintendent of Human Resources, and review of the randomly requested documentation all provided the auditor sufficient evidence to find this agency in compliance. Additionally, as noted, the Agency exceeds the standard by ensuring a background check is conducted every three years.

## **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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Schematics for the facility with the pre-audit documentation
- Video monitoring schematics
- Interviews with the Superintendent
- Interview with the Assistant Superintendent
- Observations made during the on-site inspection.
- PAQ

The PAQ indicates there have been no modifications or upgrades to technology since the last PREA audit. During the on-site visit, the auditor found no reason to dispute this. Observations during the tour demonstrated to the auditor that there are several monitoring stations relevant to the operation where it is located.

3.5.3 PREA Plan states,

*Upgrades to Facilities and Technologies.*

1. *When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the HCSD considers the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse.*
2. *When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the HCSD considers how such technology may enhance the Department's ability to protect inmates from sexual abuse.*

Finding of compliance based on the following:

Policy above supports the requirements of the standard. The interviews with the Superintendent and Assistant Superintendent demonstrate that PREA would be considered when making changes to structure and technology in the development process.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- MOU with the YWCA
- PREA Evidence kit
- Interview with the Western MA (WMA) Regional Coordinator, Department of Public Health

- Interview with the YMCA Sexual Assault Coordinator
- Review of the response packet for the SANE exam that occurred during the audit period.
- 3.1.7 Special Teams
- PAQ
- Investigator Training Manual

The PAQ indicates there has been one SANE exam conducted in the last 12 months, two since the last audit.

3.5.3 PREA Plan states, *Evidence Protocol and Forensic Medical Examinations*. (See P&P 4.5.11 *Medical/Legal Issues*)

1. *To the extent the HCSD is responsible for investigating allegations of sexual abuse, the Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.*
2. *The HCSD offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility (Baystate Medical), without financial cost, where evidentiary or medically appropriate. These examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department documents its efforts to provide SAFEs or SANEs.*
3. *The HCSD makes available to the victim a Victim Advocate from the YWCA Rape Crisis Center. If the YWCA Rape Crisis Center is not available to provide victim advocate services, the Department has a qualified staff member. The Department's staff will document the efforts to secure services from the YWCA Rape Crisis Center.*
4. *As requested by the victim, the victim advocate or qualified HCSD staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.*
5. *The requirements of paragraphs (1) through (4) of this section shall also apply to:*
  - a. *Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse in prisons or jails; and b. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.*

3.1.7 Special Teams states, *Potentially Traumatizing Events*

*Response to any work-related event including, but not limited to: suicide attempt, suicide, serious injury to staff or staff responding to serious injury of an inmate, PREA response, Line of death physical plant emergency.*

Additionally, there is a section outlining responses to sexual assault in accordance with National Commission on Correctional Health Care (NCCHC) standards.

(a) In addition to policy, the interview with the Commander of the CIU confirmed that the agency does follow an established uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This is accomplished through the maintenance of PREA kits to ensure evidence is properly collected in the outline provided in the investigator Field Manual (Confidential) which has a section dedicated to sexual abuse response. The auditor reviewed the confidential information in the Field Manual and found that it provides detailed information on ensuring a uniform evidence protocol which maximizes the potential for obtaining usable

physical evidence for administrative proceedings and criminal prosecutions. The Massachusetts State Police handle evidence and process it at the State Police Crime Lab. Additionally, this Kit contains a change of clothing, evidence bags and tags, chain of custody forms, and a sheet to lay upon the floor during evidence collection/changing of clothing. The complete evidence collection procedures to be utilized are detailed within the Special Teams policy, 3.1.7.

The auditor found on the website the following: *The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment.* Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard.

(b) Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. Per the interview with the Western Massachusetts Regional SANE Coordinator, this program is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", most current version.

(c) As noted in policy, inmates are afforded a SANE exam at no cost. The interview with the Western Massachusetts Regional Coordinator revealed the following: SANE examiners are certified through the Massachusetts Public Health. MOUs are in place with the hospital. Within this MOU is the verification that there is no cost for the examination. She confirmed that the MOU indicates specifically that inmates will receive these examinations, therefore they cannot be denied by the hospitals that offer these examinations. This was further demonstrated by the documents provided to the auditor regarding the SANE exam that occurred during the previous 12 months.

(d) As noted in policy and in the MOU with the YWCA, the agency does provide a victim advocate from a rape crisis center. Ongoing services are provided to the inmate in two manners, by calling the hotline and asking to be referred to an appointed counselor (this call is not monitored but occurs in the living unit) or through use of an office phone with the assistance of a staff counselor (this call is monitored but occurs in a private setting). Additionally, this MOU indicates it will provide free, confidential counseling to survivors who are confined by the HSCD. It states that these services are not contingent on cooperating with the investigation. Meetings occur in the attorney room at the facility. Auditor has reviewed the SANE Program Goals document/curriculum, utilized by the Western Massachusetts Regional Coordinator, MA Sexual Assault Nurse Examiners Program, as presented to HSCD personnel during a training workshop. The Auditor interviewed the Department of Public Health (DPH) Regional SANE Coordinator, who has jurisdiction concerning three Western Massachusetts counties, including Hampden County. The Regional Coordinator confirmed that SANEs are on-call at BMC, and that there are several full-time SANEs employed there. The Emergency Room staff would notify the YWCA for Victim Advocate services as necessary, upon admission of a sexual assault victim.

The interview with the Regional SANE Coordinator indicated that the YWCA victim advocate services would be activated by the Emergency Room staff at Baystate Medical Center, upon admittance of an inmate victim, or the YWCA could be contacted directly by the HSCD staff. This YWCA Counselor advised auditor that she has provided counseling services to an inmate housed at the HSCD during the last 12 months due to prior sexual abuse. The Counselor advised that under the MOU agreement, the YWCA will provide up to 12 individual counseling sessions, without financial cost. But the number of sessions could be increased, based upon the counselor's findings and recommendations.

(e) Policy supports the requirements of this provision and was confirmed by the interview with the Regional SANE Coordinator and the YWCA Director.

(f) As noted in policy and the interview with the investigators, the agency may use the Massachusetts State Police to investigate. The MSP does follow the requirements of the standard as confirmed by the statement on their website and the compliance of the MSP lock up facilities with the PREA standards.

(g) Auditor not required to audit this provision.

(h) This provision is not applicable to this agency as they make a victim advocate from a rape crisis center available to victims per 115.21(d)

Finding of compliance based on the following: Polices support compliance with this standard. The MOU, interview with the Executive Director for the YWCA, Regional SANE Coordinator, and documentation regarding the SANE exam which occurred, all provided ample evidence for the auditor to support a finding of compliance.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- CIU Sexual Assault Investigations
- 3.1.7 Special Teams
- PREA Process Map
- PAQ

The PAQ indicates there were zero sexual abuse or sexual harassment criminal investigations completed in the previous 12 months. As stated, the auditor reviewed five administrative investigations.

3.5.3 PREA Plan states,

*Policies to Ensure Referrals of Allegations for Investigations.*

1. *The HCSD ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.*
2. *The HCSD ensures 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. The facility documents all such referrals.*
4. *Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.*
5. *Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.*

3.1.7 Special Teams states, *The Criminal Investigation Unit (CIU) investigates departmental complaints and/or incidents of a serious nature, within the facilities of the Sheriff's Department domain.*

*Criminal Investigative Unit (CIU)*

*A. Investigations are initiated when the alleged serious violation(s) of existing facility rules and regulations and/or the alleged violations of existing local, State and Federal laws is apparent, and possible criminal prosecution is indicated.*

*B. All investigations are conducted in an organized and cooperative manner, including appropriate written documentation and evidence collection.*

*C. By the authority of the Sheriff of Hampden County, the Criminal Investigation Unit (CIU) is authorized to ensure the protection of the legal rights of inmates, staff and/or visitors. The CIU is created to ensure that a thorough and unhampered collection of all pertinent, factual information and the preservation of all necessary evidence is collected in an acceptable and timely manner.*

*D. CIU Investigation Authorization*

- 1. An official, formal inquiry, referred to as an investigation, into an actual or alleged event occurring contrary to Facility, Local, and State or Federal regulations commences upon notification of said event.*
- 2. The Criminal Investigation Unit will investigate alleged inmate infractions of a serious nature directed toward another inmate, staff and/or visitor(s).*
- 3. The intent of an investigation is to gather all facts relevant to the matter and to establish what actually occurred.*
- 4. The CIU staff determines culpability, utilizing the resources of outside law enforcement agencies which may include, but not be limited to, the Massachusetts State Police and/or District Attorney's Office Staff, State Fire Marshall's Office, Drug Task Force, and/or other Law Enforcement Agencies when necessary to proceed with legal action, as required by the Policy and Protocol and/or Law.*
- 5. The CIU staff ensure the continuing thorough and unhampered collection of all information, both factual and physical. Necessary reports are forwarded to the Housing Unit Staff to facilitate the disciplinary/classification process.*
- 6. Evidence is preserved in a safe and secure manner, per the dictates of the CIU and Policy & Protocol 3.1.8 Searches & Control of Contraband.*

*E. Supervision/CIU*

- 1. The CIU-Unit Commander, working within the Special Operations Unit has responsibilities which include, but are not limited to:*
  - a. The CIU-Unit Commander provides information to the Assistant Superintendent of Operations, Assistant Superintendent of Special Operations, the Sheriff, and Facility/Unit Superintendent relative to the progress of the investigation.*
  - b. Notification regarding an investigation and the continuing progress of an investigation is given to the supervisory staff in the appropriate area or a Unit Superintendent whose tower staff/inmate(s) are affected by the CIU-Unit Commander. Responding CIU staff reports to the Housing Unit Supervisor for the coordination of an investigation.*
  - c. The CIU-Unit Commander ensures compliance with specific requirements in regards to any time limits or constraints set forth by policy and/or law, accurate consolidation of all information and documentation obtained by the unit, and retaining said factual information.*
  - d. The CIU-Unit Commander ensures that the final conclusion, as a result of an investigation, is forwarded to the appropriate individual(s) in writing.*

*F. Criminal Investigation Notification*

- 1. At the time of the alleged incident, the Special Operations Supervisor will notify the Criminal Investigation Supervisor of the following:*
  - a. Serious injury to an inmate, employee and/or visitor*
  - b. Death of anyone on facility property*
  - c. Serious assaults to inmate(s), staff and/or visitor(s)*
  - d. Robbery or theft, if substantial*
  - e. Sexual assaults*
  - f. Arson*

*(a) In addition to policies, the interviews with the Superintendent (agency head) and CIU Commander (investigator) confirmed to the auditor that all allegations of sexual abuse and sexual harassment will be investigated administratively and if applicable criminally at this agency. As stated in the narrative, the*

auditor reviewed five administrative investigations which reflected this. A process map has been developed which illustrates how allegations received will be forwarded for investigation.

(b) As documented above, the agency has a policy 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.

(c) The policy describes the resources used (Massachusetts State Police) when the circumstance warrants.

(d) (e) As noted, the auditor is not required to audit these provisions.

Finding of compliance based on the following: Policies support compliance with the standard provisions. The interviews with the Superintendent, Investigators, and review of the process map, coordinated response plan and investigations gave the auditor ample evidence to support a finding of compliance.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Mandatory Training Plan 2020

- 1.4.1 Staff Training and Development Plan
- PREA Training Curriculum
- Acknowledgements of completion
- PAQ
- Interviews with random staff
- Interview with the Director of Training and Wellness

The PAQ indicates that the agency has completed 100% of PREA training in 2019 and are in progress with completing training for 2020. The mandatory training plan for 2020 reflects that PREA training is addressed.

3.5.3 PREA Plan states,

**PROTOCOL 3: TRAINING AND EDUCATION**

**A. Employee Training -**

1. *The HCSD trains all employees who may have contact with inmates on (See P&P 1.4.1 Staff Training and Development Plan):*
  - a. *Its zero-tolerance policy for sexual abuse and sexual harassment;*
  - b. *How to fulfill their responsibilities under Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
  - c. *Inmates' right to be free from sexual abuse and sexual harassment;*
  - d. *The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
  - e. *The dynamics of sexual abuse and sexual harassment in confinement;*
  - f. *The common reactions of sexual abuse and sexual harassment victims;*
  - g. *How to detect and respond to signs of threatened and actual sexual abuse;*
  - h. *How to avoid inappropriate relationships with inmates;*
  - i. *How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and*
  - j. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*
2. *The training is tailored to the gender of the inmates at the employee's facility. The employee receives additional training if they are reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.*
3. *All current employees who have not received such training are trained within one (1) year of the effective date of the PREA standards (August 20, 2012), and the Department provides each employee with refresher training every two (2) years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which employees do not receive refresher training, the Department provides refresher information on current sexual abuse and sexual harassment policies.*
4. *The Department documents via employee signature or electronic verification (Training Database), that employees understand the training they have received.*

(a) The auditor reviewed the PREA training power point presentation. Topics included the following: review of the law and its evolution, review of statistics, definitions of staff on inmate abuse and inmate on inmate abuse, zero tolerance, staffing levels, cross gender viewing and supervision, inmates with disabilities, hiring and promotion processes, employee, volunteer/contractor inmate education, specialized training, review of the standards, zero tolerance policy, staff responsibilities, inmate screening and information use, staff reporting/first responder duties, inmate rights, freedom from retaliation (staff and inmate), the code of silence (common reactions), dynamic of sexual abuse and harassment in confinement, high risk inmates, inmate behaviors indicating sexual abuse, avoiding

inappropriate relationships/warning signs, mandatory reporting law, gender identity/sexual orientation, communication techniques, and confidentiality. This training encompasses all required topics per this provision. All staff interviewed validated they are receiving training in the required topics. All staff indicate they receive the training annually and some further added that it is always available on the computer at their workstation through PodNet, training available through the intranet.

(b) Several slides in the training power point are dedicated to the different experiences and reactions of sexual abuse based on gender. As the agency operates male and female facilities, all staff receive this information on both genders.

(c) Documentation was provided showing all employees, current and newly hired, have received this training. All staff confirmed they receive this training every year. PREA refresher training, as stated to the auditor, is available through PodNet.

(d) Upon completion of the computerized training, it states, "I certify I have completed and comprehend the training material(s) presented to me." (digital certification). Additionally, at individual training the following is noted on the signature sheet,

*Acknowledgment of Completion and Comprehension*

*In signing this training form on this date and time, I certify that I have completed and comprehend the training material(s) presented to me. If I have any questions or need further clarification of the topic(s) presented, I take full responsibility in seeking out the assistance of the noted Instructor and/or the Training Department for this training course/curriculum.*

Finding of compliance based on the following: Policy is compliant with the requirements of this standard. The curriculum addresses all required topics; staff interviews confirmed they are being trained on these topics. Training addresses the differences of the experiences of male and female victims and dynamics. Finally, staff have to acknowledge that they understood the training they received. This provides the auditor with ample evidence to support a finding of compliance.

## **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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 1.7.1 Volunteers/Intern Policy
- Contractor Facility Orientation Brief
- 1.7.2 Volunteer Resource Service Handbook
- Volunteer Handbook
- Summer Staff PREA Training
- List of current Volunteers, Contractors, Mentors
- Vendor Orientation and Education
- Vendor Acknowledgement Form
- PAQ
- Observation of training conducted to interns and other new staff.
- Interviews with two contractual staff
- Examples of applications and signed acknowledgments

The PAQ responses support that the agency is compliant with the standard.

3.5.3 PREA Plan states,

- B. Volunteer, Intern, and Contractor Training – (See MI/WCC P&P 1.4.1 Staff Training and Development Plan, 1.7.1 Volunteers/Interns, and 1.7.2 Volunteer Resource Service Handbook)*
- 1. The HCSD ensures that all volunteers, interns, and contractors who have contact with inmates have been trained on their responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.*
  - 2. The level and type of training provided to volunteers, interns and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers, interns, and contractors who have contact with inmates shall be notified of the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.*
  - 3. The Department maintains documentation confirming that volunteers, interns, and contractors understand the training they have received.*

(a) The process to become a volunteer, intern or contractual employee is thorough. As noted, all have a background check conducted. The auditor received an example of the Volunteer application. As noted earlier, contractual staff complete the same questionnaire as potential employees. Volunteers sign indicating, “I hereby affirm that I have read and understand that the information which I have provided,

on the Volunteer Resource Services Application form is true and complete to the best of my knowledge. I agree that my omission or falsified information shall subject me to disqualification from further consideration for an internship or volunteer and shall be considered justification for immediate termination or my internship, if discovered at a later date. " A PREA acknowledgement form is completed in which the volunteer/intern is informed of the zero tolerance policy, their obligation to report immediately any knowledge, suspicion or information of sexual abuse or sexual harassment, retaliation and/or staff neglect that may have contributed to an incident, in addition to other information.

A PowerPoint specific to contractual staff was provided to the auditor for review. Included is a section on sexual harassment, sexual misconduct, and PREA. It addresses zero tolerance and guidelines for preventing, detecting and responding to sexual abuse and violence in a correctional setting.

(b) It was reported to the auditor that volunteers, interns and contractual staff receive one- and one-half hours of training dedicated to PREA. The auditor observed twenty minutes of this training during the on-site portion of the audit as well as reviewed the training curriculum for this group. Two contractual staff on site were briefly questioned regarding this training. Both confirmed they were trained and aware of the zero-tolerance policy as well as what to do if they saw an incident or one was reported to them.

(c) On the acknowledgement form it states, "I hereby acknowledge that I have reviewed the PREA Policy and I understand that it is my obligation to read, understand and abide by this policy. Seven completed examples were provided to the auditor for review. An excel spreadsheet is made of all specialized staff to help provide credibility to the process that these staff are appropriately screened prior to being allowed contact with inmates and appropriately trained regarding the requirements under this PREA standard. It should be noted that no volunteer was available to interview due to the current state of the pandemic and curtailed services to ensure everyone's health and safety.

Finding of compliance based on the following: Policy supports the requirements of the standard. Additional documentation and volunteer orientation confirm that volunteers/contractors are properly educated regarding their role in preventing, detecting and responding to sexual abuse and sexual harassment. Volunteers/contractual staff confirm that they review and understand the information provided. Therefore, the auditor finds sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 3.3.3 Inmate Handbook
- Inmate Handbooks, MI and PRC
- Orientation Acknowledgement Form
- 4.1.8 Inmate Orientation
- Ending Sexual Abuse Behind the Walls (male and female)
- PREA What You Need To Know, Hmong and Spanish subtitles, Closed Caption (video)
- Gender announcement poster (English and Spanish)
- Inmate Orientation PREA PowerPoint
- Intake flyer regarding PREA (English and Spanish)
- PREA poster four publications, English and Spanish
- PAQ
- Interview with intake staff
- Interview was staff who conduct the initial risk assessment
- Interview with staff who conduct the 30 days follow up assessment
- Interviews with randomly select inmates
- Observations during the tour of the facility

The PAQ indicates that during the last 12 months, 4535 inmates at MI and 234 residents at PRC were given information regarding PREA on intake. Additionally, during the past 12 months, 1881 inmates at MI and 234 residents at PRC were given comprehensive information on their right to be free from sexual abuse/sexual harassment, and retaliation.

3.5.3 PREA Plan states,

- C. *Inmate Education – (See MI/WCC P&P 3.3.3 & WCC Inmate Handbooks & 4.1.8/3.5.6 Inmate Orientation)*
1. *During the intake process, inmates receive information (English & Spanish) explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*
  2. *Within thirty (30) days of intake, the facility provides a comprehensive education program for the inmates regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding HCSD policies and procedures for responding to such incidents.*
  3. *Inmates who were incarcerated when the PREA standards became effective (August 20, 2012), were educated within the year and received 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.*
  4. *The facility provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.*

5. *The facility maintains documentation of inmate participation in these education sessions.*
6. *In addition to providing such education, the Department ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.*

(a) During the intake process, inmates are provided with a pamphlet on PREA which includes zero tolerance, to report immediately to staff they feel comfortable talking to, medical and mental health support, the Rape Crisis Center hotline in addition to other information regarding what can happen to a perpetrator of abuse, and how to avoid sexual abuse. This is given to the inmate with other items he receives at intake. During the inmate interviews, very few inmates confirmed they received this pamphlet. However, when asked about their state of mind, they confirmed they may have been under the influence, or didn't pay attention to the pamphlet. The auditor met with intake staff and asked to see the box of items given to the inmate. PREA pamphlets were included. Additionally, the auditor stopped an inmate with his box who had just been through intake and did find the PREA pamphlet in his box. The facility meets the requirements of the standard, but the auditor was concerned about the effectiveness. The facility provided the auditor post audit documentation demonstrating that a new process has been implemented in which the intake nurse will give the information to the offender when they complete the risk assessment (immediately upon arrival) and document the receipt in the computer. The auditor commends the facility for accepting the challenge to develop a process that will better ensure the inmate is aware he has received this information.

(b) Upon arrival, inmates are assigned to an orientation unit. The orientation counselor conducts orientation and provides inmates a copy of the inmate handbook and shows the video, Ending Sexual Abuse Behind the Walls, to the inmates.

The handbook addresses the following:

*Prison Rape Elimination Act (PREA) Information*

*All inmates possess the right to be free from sexual abuse and sexual harassment. All inmates possess the right to be free from retaliation for reporting sexual abuse and sexual harassment. Staff will conduct investigations into all allegations of sexual abuse and/or sexual harassment. Designated staff will also monitor inmates for any retaliation made against them inmate for reporting sexual abuse and/or sexual harassment.*

*The Hampden County Sheriff's Department has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways:*

*Speak to a Hampden County Sheriff's Dept. Staff member.  
Send an inmate request to any Hampden County Sheriff's Dept. Staff.  
Request to speak with the PREA Manager or PREA Coordinator at your facility.  
Call the Rape Crisis Center Hotline: 1(800) 796-8711; TTY: (413) 733-7100.  
Llámanos Spanish Language 24-hr Helpline: 1 (800) 223-5001  
Contact the National Sexual Assault Hotline Tel: 1(800)656-HOPE  
Report it directly to the State Police (413)-736-8390*

*PREA Coordinator is Matt Roman  
PREA Manager is Sergeant Anthony Aickelin*

*Foreign Nationals may contact their Consular Officer or Diplomat and relevant official at the Dept. of Homeland Security (You may contact Legal Resources for assistance contacting these agencies.)*

*If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling you can contact the following agency:*

*YWCA of Western Mass., 1 Clough Street, Springfield, MA 01118  
(Additional sites in Holyoke, Westfield, Huntington)  
Hotline: (800) 796-8711  
Office: (413) 732-3121  
TTY: (413) 733-7100*

#### *Sexual Misconduct Defined.*

*What is Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature by one inmate, detainee or resident directed toward another.*

*What is Sexual Abuse: sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any sexual act if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse*

*What is Voyeurism by a staff member, contractor, or volunteer: this means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.*

*If you need this information explained to you in a different language or format, please notify staff*

The inmate telephone has an introductory message regarding sexual abuse, sexual harassment and a prompt for outside reporting. All inmates interviewed testified to this message. The auditor listened to the message to confirm this and was provided a written transcript.

(c) The facility reports that all inmates have received education regarding PREA. As this has been in effect at this agency for five years, the auditor finds this credible.

(d) The video is available with closed caption for hearing impaired, Spanish captions and Hmong subtitles. It was reported to the auditor that they had a legally blind inmate who was provided devices to enlarge printed material he was given.

(e) Inmates sign at this orientation acknowledging they have received the inmate handbook. During the audit, the auditor requested to receive these for seven additional inmates (who were randomly interviewed by the auditor) to confirm this process. Inmates at the PRC sign an acknowledgment during orientation which does address their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

(f) Posters with information about PREA, reporting and resources were visible throughout the facility in English and Spanish. In addition, any time an inmate uses the phone, an opening dialogue informs inmates about PREA and instructs them to press 91 to report to the hotline operated by the YWCA. Extra handbooks were visible to the auditor during rounds in a rack at the officers' station.

Finding of compliance based on the following: Policy addresses the requirements of this standard. The pamphlet gives the inmate information when he arrives at the facility within hours. The handbook provides specific information on how and who to report concerns, the telephone message is effective,

and inmate interviews confirmed that they are aware of these rights and know how to report any concerns. Due to the added enhancement of the phone message, the auditor finds that the facility exceeds the requirements of the standard.

## 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*)

The auditor gathered, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Investigator training records
- Review of the training curriculum
- PAQ

The PAQ indicates there are currently eleven staff trained to conduct sexual abuse investigations.

3.5.3 PREA Plan states,

*D. Specialized Training –*

*1. Investigations*

- a. In addition to the general training provided to all employees pursuant to Protocol 3:A, the HCSD ensures that, to the extent the Department itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.*
- b. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*
- c. The Department maintains documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations.*

(a), (c) As indicated, the PAQ indicates that eleven staff are trained to conduct sexual abuse investigations. In addition to documentation demonstrating that they have received the general training provided to all employees, specialized training certificates were provided for all eleven employees who attended the PREA Sexual Assault Investigation Training conducted by the Massachusetts Department of Correction.

Interviews with four trained investigators support that the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(b) The auditor reviewed the training curriculum. The training curriculum addresses 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; and Post Allegation responsibilities. The details of this training does address the requirements of this provision.

(d) Auditor not required to audit this provision.

Finding of compliance is based on the following: Interview with the investigators, documentation of specialized training for investigators, documentation of regular PREA training for the investigators as

well as policy supporting the requirements of the standard provide sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Training curriculum for Annual Nursing Inservice PREA training, 2019, 2020
- Training curriculum for Specialized Training for Mental Health Staff
- New staff orientation Agenda 2019, 2020
- Training codes for MH specialized training and PREA Medical training
- Medical and Mental Health staffing list
- Additional training on SANE, conducted by the WMA Regional Coordinator
- PAQ
- Interviews with medical staff, mental health staff and two contractual medical staff

The PAQ indicates that 100% of medical and mental health staff have received specialized training. The auditor was provided an extensive list of staff who present full time, part time, per diem, and contractual staff who provide a variety of medical and mental health services.

3.5.3 PREA Plans states,

*D. Specialized Training -*

*2. Medical and Mental Health Care -*

*a. The HCSD ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:*

*1. How to detect and assess signs of sexual abuse and sexual harassment;*

*2. How to preserve physical evidence of sexual abuse;*

*3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and*

*4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.*

*b. If medical staff employed by the Department conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.*

*c. The Department shall maintain documentation that medical and mental health practitioners have received the training.*

*d. Medical and mental health care practitioners shall also receive the training mandated for employees under Protocol 3:A or for contractors, interns, and volunteers under Protocol 3:B, depending upon the practitioner's status at the facility.*

(a) The auditor reviewed the training curriculum for the following:

Training curriculum for Medical staff 2019 and 2020.

Training curriculum for Mental Health staff.

Both meet the requirements of the standard ensuring that medical and mental health staff are trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Additionally, medical staff have received training provided by the WMA Regional Coordinator, as confirmed by documentation and the interview with the WMA SANE Coordinator.



(b) The auditor verified that medical staff at this facility do not conduct forensic medical examinations. This is supported with the evidence relied upon for a finding of compliance for standard 115.21.

(c) Documentation was provided showing detailed training records for a sample of three randomly selected medical/mental health staff reflecting they have completed the in-service training.

(d) Medical and mental health staff are employees of the facility and attend regular PREA training – documentation provided, and interviews confirmed this.

Finding of compliance is based on the following: Policy supports the requirements of the standard. Policy meets the requirements of the standard. Interviews with the medical and mental health directors and randomly interviewed medical staff confirmed this process. Documentation supported that training is conducted. The auditor found sufficient evidence to support a finding of compliance.

## **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 This facility does not house inmate is detained solely for civil immigration purposes.

#### 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan

- Completed Risk assessments- initial, reassessment, victim, perpetrator
- Completed 30-day reviews
- Interviews with Intake staff and Medical staff (who conducts the initial risk assessment when the inmate arrives).
- FAQ's regarding this standard
- PAQ

The PAQ indicates that during the last 12 months 4535 inmates at MI and 234 residents at PRC were screened for the risk of sexual vulnerability or sexual abusiveness; there were 1881 inmates at MI and 234 residents at PRC who were reassessed within 30 days.

At the time of the audit, the facility reported they have seven known predators, thirty-three (33) potential predators, nine known victims and fifty-one (51) potential victims.

3.5.3 PREA Plan states,

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION & ABUSIVENESS**

**A. Screening for Risk of Sexual Victimization and Abusiveness**

1. *All inmates shall be assessed during an Intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The assessment is conducted using an objective screening instrument in the PREA Database (See MI/WCC P&P 4.1.1/3.5.1 Inmate Admissions/Booking and 4.2.1/3.6.1 Classification.)*
2. *The Intake screening ordinarily takes place within seventy-two (72) hours of their arrival at the facility.*
3. *The Intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:*
  - a. *Whether the inmate has a mental, physical, or developmental disability;*
  - b. *The age of the inmate;*
  - c. *The physical build of the inmate;*
  - d. *Whether the inmate has previously been incarcerated;*
  - e. *Whether the inmate's criminal history is exclusively nonviolent;*
  - f. *Whether the inmate has prior convictions for sex offenses against an adult or child;*
  - g. *Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;*
  - h. *Whether the inmate has previously experienced sexual victimization;*
  - i. *The inmate's own perception of vulnerability; and*
4. *The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in assessing inmates for risk of being sexually abusive.*
5. *Within a set time period, not to exceed thirty (30) days from the inmate's arrival at the facility (exigent any security or safety concerns, i.e. temporary hospitalization, etc.), the facility reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.*
6. *An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse/harassment, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.*
7. *Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, screening questions asked pursuant to:*
  - a. *Whether the inmate has a mental, physical, or developmental disability;*
  - b. *Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;*

- b. *Whether the inmate has previously experienced sexual victimization;*
- d. *The inmate's own perception of vulnerability.*
- 8. *The HCSD implements 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.*

This standard has the following requirements:

(a) Policy ensures that all inmates are assessed upon intake for their risk of being sexually abused by other inmates or being abusive towards other inmates. Examples of risk assessments were provided with the pre-audit documentation. Additional risk assessments were requested and received by the auditor during the on-site audit. Random inmate interviews generally confirmed that this assessment was done when they arrived, and then again by the counselor in the orientation unit.

(b) Policy ensures that the intake screening shall ordinarily take place within 72 hours of arrival at the facility. However, based on the interview with the nurse who conducts risk assessments, this is completed typically within one hour of arrival by medical staff. Review of assessments confirmed this. Therefore, the agency exceeds the requirements of the standard.

(c) (d) (e)

The facility has created an objective risk assessment tool which addresses all requirements of the provision (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The screening tool does not consider whether the inmate is detained solely for civil immigration purposes as this facility does not house inmates for this purpose. It furthermore assesses prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. It additionally addresses whether the inmate was sexually active while in custody. The intake nurse demonstrated to the auditor what questions are asked and provides a drop-down selection for the determination.

During interviews with intake staff and staff who complete the 30 days follow up, it was not established that the screener should use a subjective assessment when asking whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming in accordance with the FAQ. The computerized intake process does afford the ability for the screener to comment regarding the assessment (noting the inmate said no but the screener believed the perception given by the inmate indicated otherwise). In response to this concern, the facility addressed by contacting the PREA Resource Center and obtaining a video training which has been shown to intake staff in addition to be added to PREA training. Additionally, a memo, "PREA screening of New Intakes" emphasizing this was sent to appropriate staff. The auditor considered this aspect of the provision now compliant.

(f) The counselor in the orientation ensures that the 30 days risk assessment review is completed. As the system is computerized, she reported that she is prompted when these are due to ensure completion within the thirty days as required by the standard.

(g) Policy indicates that an inmate's risk assessment will be updated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. One example of a risk assessment conducted based on new relevant information was provided to the auditor. The PREA coordinator notes this on his excel tracking sheet to ensure that a new assessment is completed due to an incident of substantiated sexual abuse.

(h) Policy supports that inmates may not be 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. All inmates interviewed confirmed that they did not believe they would be disciplined if they did not answer the questions during this assessment. The interview with the intake nurse confirmed that they would not be disciplined if they choose to not answer.

(i) The initial risk assessment is located in a computer system referred to as Health TRAX. The information from the risk assessment auto populates into another system used by the orientation counselor referred to as TRAX. Appropriate controls on this information includes limiting access to who is given access to the information. Only medical staff can access the initial risk assessment. It was reported by the PREA Manager and PREA Coordinator that counselors, supervisors and the PREA team can access the follow up risk assessment information. "Alerts" are incorporated into the system so that other staff that have a need-to-know are thereby notified of some degree of PREA concern.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The updated risk screening process addresses the requirements as set forth by the standard and the FAQ. Inmate interviews support that the process is occurring.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 4.2.1 Classification Plan
- Email demonstrating how information is communicated to ensure safety during work and programming
- Search acknowledgment form
- Gender Housing Request Form
- PAQ
- Inmate interviews
- PREA Coordinator and PREA Manager interviews
- Interviews with risk assessment staff
- Observations

3.5.3 PREA Plan states,

*B. Use of Screening Information and Transgender/Intersex Inmates -*

1. *The HCSD uses the information from the Risk Screening Tool (required by Protocol 4:A) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.*
2. *The Department makes individualized determinations about how to ensure the safety of each inmate.*
3. *In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Department considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.*
4. *Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.*
5. *A transgender or intersex inmate's own views with respect to their own safety will be given serious consideration.*
6. *Transgender and intersex inmates will be given the opportunity to shower separately from other inmates (See MI/WCC P&P 4.4.2/4.3.1 Inmate Personal Hygiene.)*
7. *The Department does 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 a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.*

8. *In regards to the C.J.R. Act, the fact that a prisoner is lesbian, gay, bisexual, transgender, queer or intersex or has a gender identity or expression or sexual orientation uncommon in general population shall not be grounds for placement in Restrictive Housing.*

(a) Risk assessments and Alerts in the system ensure that a known predator and known victim are not placed in the same cell. Efforts are made to ensure they are not in the same pod. The facility uses direct supervision; observed during the tour, the officer's station affords a full view of the housing pod. Additionally, frequent rounds are required by policy; staff use a "ring system" to electronically document these rounds. There is a robust video surveillance system that affords an additional coverage; monitors are located at the officer's station in addition to be accessible to other staff. The list of known predators and victims is confidentially shared with the Programming supervisor to assist in monitoring these inmates.

(b) The intake nurse expressed to the auditor that inmates are asked two hundred questions at intake to ensure that individualized determinations are based on detailed information about the inmate. The Classification Plan addresses custody level, special housing needs, and inmate programming needs.

(c) (d) (e) 4.2.1 Classification Plan states,

*Protocol 3: Housing Plan for Transgender Inmates*

*A. If during the initial Intake process, an inmate is identified as being remanded to a facility which is not consistent with their birth gender, if gender reassignment/affirmation surgery has not been completed, or an inmate requests to be housed in a facility which is not consistent with their birth gender, the inmate will be temporarily housed in a secure unit for up to 72 hours (excluding weekends and holidays) while the Transgender Review Committee assesses subsequent housing options that address the following concerns:*

*Safety;*

*Protecting inmates at high risk for abuse;*

*Minimizing perceived or actual fear of becoming a victim of violence or abuse; and,*

*The inmate's personal preference.*

*B. An inmate request for a Gender-based housing change should be documented on an Inmate Request Form and submitted to the ADS of Classification.*

*C. The Committee, in making its decisions regarding the management plan, shall also consider the following:*

*Preferences and requests made by the inmate. Such requests from the inmate shall be considered as part of the Committee's discussions, but shall not be the only determining factors;*

*The physical and psychological findings provided by medical and behavioral health staff; and,*

*The safety and security issues as they relate to inmate and staff, as well as the operations of the facility.*

*D. Prior to the Committee's meeting, a Shift Supervisor shall meet with the inmate to discuss the purpose of the Transgender Review Committee and to explain the following:*

*Strip search preferences;*

*The housing classification process; and,*

*Any safety concerns regarding the inmate's custody.*

*E. The Transgender Review Committee will apply criteria consistent with existing policies relative to:*

*Behavior (past or current behavior while in custody);*

*Charges (nature of charges ); and,*

*Special needs (characteristics that potentially make the inmate vulnerable in general population housing and physical or psychological needs identified by medical/behavioral health staff).*

*F. The Transgender Review Committee shall discuss the specifics of the transgender inmate's case to determine the most appropriate housing option(s).*

*G. The Transgender Review Committee shall be given access to only the clinical information necessary to make a determination regarding the safe housing of the inmate.*

*H. The Committee will develop a management plan for the inmate which outlines at least the following:*

*Housing assignment;*

*Searches;*

*Showering;*

*Grooming/Clothing;*

*Escorts;*

*Transports;*

*Access to programs and activities; and,*

*Commissary.*

*I. The Committee shall review its findings and conclusions with the Sheriff and the Sheriff will make the final determination regarding placement.*

*J. The inmate will be notified of the Sheriff's decision regarding housing.*

*K. Information discussed by the Committee members shall be kept confidential except as necessary to implement the decisions of the Committee and carry out the management plan.*

*L. The Committee shall conduct reviews every thirty (30) days to ensure transgender inmates remain appropriately housed.*

*M. The inmate's case management plan shall immediately be reassessed due to referral, request, incident of sexual abuse or physical abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abuse.*

(f) Policy supports that a transgender/intersex inmate can shower separately, if requested. Showers are designed as individual stalls with concrete walls and appropriate doors to allow view of lower legs and shoulders and head (depending on height) and are located typically across from the officer's station. At the time of the audit, there was no request to shower separately but it was confirmed to the auditor that, if requested, this would occur.

(g) This agency does not have a housing unit dedicated to the placement those identifying as lesbian, gay, bisexual, transgender or intersex. This was supported by policy and observations during the tour. Targeted inmate interviews demonstrated housing of these inmates in different pods.

Finding of compliance is based on the following: Policy supports the requirements of the standard. Practice ensures the information is used to prevent sexual abuse and sexual harassment when housing, working and programming inmates as supported by the memo and computer system which uses "alerts". Inmate and staff interviews confirm that the facility does ensure that inmates can shower separately, and the views of transgender/intersex inmates are given serious consideration. No dedicated housing unit was observed during the on-site audit. The auditor finds sufficient evidence to support a finding of compliance.

## **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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- PAQ
- Interview with staff who regularly work in the Restricted Housing Unit (RHU)
- Interview with the Assistant Superintendent of Operations

The PAQ indicates that no inmates have been held in involuntary segregated housing in the past 12 months due to being at high risk of high sexual victimization. The auditor found no reason to dispute this during the audit process.

3.5.3 PREA Plan states,

C. *Protective Custody – (See MI/WCC P&P 4.2.1/3.6.1 Classification)*

1. *Inmates at high risk for sexual victimization shall not be placed 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. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.*
2. *Inmates placed in segregated housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document:*
  - a. *The opportunities that have been limited;*
  - b. *The duration of the limitation; and*
  - c. *The reasons for such limitations.*
3. *The facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days.*
4. *If an involuntary segregated housing assignment is made pursuant to paragraph (1) of this section, the facility shall clearly document:*
  - a. *The basis for the facility's concern for the inmate's safety; and*

- b. *The reason why no alternative means of separation can be arranged.*
- 5. *Every thirty (30) days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.*

(a,b,c,d,e)

The interview with the Assistant Superintendent of Operations confirmed that the use of the RHU to place an inmate at high risk for victimization would only be as a last resort. He elaborated about the specialized housing units which afforded a variety of options should an inmate at high risk of sexual victimization need closer supervision to ensure his safety. Additionally, he indicated that the relationship with other county operations in the state is good and they could house an inmate at high risk of sexual victimization at another operation if that would provide a safer option. Although this has not occurred for this reason, he indicated that this is exercised from time to time as needed. The auditor randomly selected and interviewed an officer from the RHU. He confirmed that he cannot recall an inmate being placed in this unit due to a high risk of sexual victimization. During the tour of the operations, the auditor reviewed the twenty-four (24) housing units available to them, in addition to a two smaller units (former Crisis Stabilization area and Delta Tower) that gives the facility numerous options above and beyond the different housing areas available without them. In the rare event that an inmate would be placed in RHU, policy is in place to ensure the requirements of all provisions of the standard are met.

Finding of compliance is based on the following: Policy supports the requirements of the standard. For the information noted above, the auditor finds sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 1.3.1 Personnel Policy Manual
- 3.1.6 Reporting of Incidents
- EAP – Concern Informed Consent Form
- MOU YWCA
- PREA Incident Response Chart
- Interviews with random officers
- Interviews with random inmates
- Interview with mailroom staff
- Observations
- Interview with YWCA counselor
- Inmate Handbook
- Investigations
- Documentation of reports from the hotline

PREA Plan states,

**PROTOCOL 5: REPORTING**

A. *Inmate reporting – (See MI/WCC 3.1.6/3.1.10 Reporting of Incidents and 3.3.3/WCC Inmate Handbooks)*

1. *The HCSD provides multiple internal ways for inmates to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.*
2. *The Department provides toll free calls via the pod/unit phones for inmates to report sexual abuse or sexual harassment to the YWCA Rape Crisis Center (who will work with the inmate to report the sexual abuse/harassment to Department officials).*
3. *Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.*
4. *The Department contracts with Concern/EAP of the River Valley Counseling Center to provide a method for staff to privately report sexual abuse and sexual harassment of inmates (see Form Concern/EAP Informed Consent & Limits of Confidentiality).*

(a) (b)

As stated, interviews were conducted with thirty-one inmates. They indicated they know they could report to any staff, in writing or verbally but most were aware of the hotline on the phone due to the introductory message providing them a prompt.

The inmate handbook states the following:

*8.01.01 Inmate Telephones*

*All housing areas and the Intake area have phones for inmate use, referred to as "Inmate phones". Phone calls may be placed on these phones via inmate debit account, friends & family prepaid account and collect-calls. The person you are calling must positively accept the call.*

*If you have phone privileges, subject to the Pod schedule, (See 5.02 Daily Routine), you may use these phones at any time you are free to use the day room (with exceptions of counts, meals, or other times specified by the Pod Officer).*

*The duration of each call will be limited to thirty (30) minutes, after which the call may be automatically disconnected.*

*Mail 8.02 You must put your correct and complete return address information, including inmate's name and Person Number/DOB and facility address, on each piece of outgoing mail (both privileged and non-privileged mail). You may deposit outgoing mail at the Officer Station and staff are responsible to ensure that mail collected is placed in the mail boxes inside the entrance of each housing tower or you may place it in the mailbox yourself if you are moving to another building such as programs, gym, etc. If you are housed in the Restrictive Housing Unit, outgoing mail is deposited at each Pod Officer's Workstation. An interview with an inmate in RHU confirmed that mail can be sent out sealed and placed into the mailbox.*

*Inmate's Name and Person Number/DOB*

*(as it appears in our records)*

*HCJHOC at Stony Brook*

*629 Randall Road*

*Ludlow, MA 01056-1085*

*The interview with the mailroom staff indicated that mail is sent sealed; mail received is opened and inspected, not read.*

*If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways:*

*Speak to a Hampden County Sheriff's Department Staff member*

*Send an inmate request to any Hampden County Sheriff's Dept. Staff  
Request to speak with the PREA Manager or PREA Coordinator at your facility  
Your PREA Coordinator is Mary Baker  
Your PREA Manager is Corporal Anthony Aickelin  
Call the Rape Crisis Center Hotline: 1(800) 796-8711; TTY (413) 733-7100; or  
Llàmanos Spanish Language 24-hr Helpline: 1(800) 223-5001  
Contact the National Sexual Assault Hotline Tel: 1(800) 656-HOPE  
Report it directly to the State Police (413) 736-8390  
Foreign Nationals may contact their Consular Officer or Diplomat and relevant official at the Dept. of  
Homeland Security (You may complete an Inmate Request Form and submit it to your  
counselor/caseworker for assistance contacting these agencies or contact the Legal Resource Center  
by completing a Legal Access Program Request Form.)*

A call was reported to the hotline while the auditor was on site. The facility demonstrated the process which confirmed that it is immediately transferred to the investigator for initiation of the investigation. Interview with the investigator relayed that there are reports that are anonymous for which he has investigated, in the past.

(c) 3.1.6 Reporting of Incidents states,

*PROTOCOL 2: Initiation of an Incident Report*

- A. Staff must complete Incident Reports as soon after the incident as possible, but before the end of the shift.*
- B. For all inmate related incident reports (and related intelligence reports), staff will utilize the electronic incident report system. For Staff and other non-inmate issues staff will utilize the hardcopy, manual Incident Report form.*
- C. All staff issues will be reported via the manual/hard copy incident report form. All portions will be completed and include all parties involved, what occurred, where it occurred, when it occurred, how it occurred, and if known, why it occurred. The completed form will then be forwarded to the immediate supervisor of the reporting staff member.*

All random staff interviews confirmed the following: Staff will report suspicion and/or knowledge of any sexual abuse, sexual harassment, retaliation for making a report of sexual abuse or sexual harassment and/or staff neglect that may lead to sexual abuse or sexual harassment. They will accept reports verbally, third party, and/or anonymously.

(d) As stated in policy The department contracts with Concern/EAP of the River Valley Counseling Center to provide a method for staff to privately report sexual abuse and sexual harassment of inmates (see Form Concern/EAP Informed Consent & Limits of Confidentiality). Interviews with randomly selected staff confirmed their knowledge regarding this.

Finding of compliance is based on the following: Policy is compliance with standard requirements. Staff and inmate interviews confirmed to the auditor that there are numerous methods for a reporting, an effective method for reporting outside the agency, and a private avenue for staff reporting. Review of the investigations support that appropriate, immediate written reports are submitted when an allegation, or suspicion, of sexual abuse, sexual harassment is reported. The auditor finds there is sufficient evidence to 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 30303 Inmate Handbook
- 3.5.2 Inmate Grievances
- MOU YWCA
- PAQ
- Interview with a grievance coordinator
- Interviews with randomly selected inmates
- Observations

The PAQ indicates there have been no grievances regarding sexual abuse, no emergency grievances, no grievances written in bad faith and no third-party grievances in the previous 12 months. To confirm this the auditor reviewed the grievances quickly for the previous 12 months and interviewed the grievance coordinator who confirmed this.

PREA Plan states,

**B. Exhaustion of Administrative Remedies -**

1. *The Department does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse (See MI/WCC P&P 3.5.2/3.3.3 Inmate Grievance.)*
2. *The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.*
3. *The Department does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.*
4. *Nothing in this section shall restrict the Department's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.*
5. *The Department will ensure that;*
  - a. *An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and*
  - b. *Such grievance is not referred to a staff member who is the subject of the complaint.*
6. *The HCSD shall issue a final facility decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance.*
7. *Computation of the ninety (90) day time period shall not include time consumed by inmates in preparing any administrative appeal.*

8. *The HCSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.*
9. *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, the inmate may consider the absence of a response to be a denial at that level.*
10. *Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, will be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of inmates.*
11. *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 their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.*
12. *If the inmate declines to have the request processed on their behalf, the Department will document the inmate's decision.*
13. *The Department has a procedure for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.*
14. *After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the facility will 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, will provide an initial response within forty-eight (48) hours, and will issue a final Department decision within (5) five calendar days. The initial response and final Department decision shall document the facility's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*
15. *The Department will discipline an inmate for filing a grievance (report) related to alleged sexual abuse where the Department demonstrates that the inmate filed the grievance in bad faith (false allegation). For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*

(a) (b) (c) (d) (e) (f) (g) This facility is not exempt from this standard. Policy mirrors all requirements of the standard as does the inmate handbook. No investigations reviewed were initiated from a grievance for the previous twelve months. An interview with the grievance coordinator confirmed that he has not processed any grievances regarding any sexual abuse or sexual harassment in the previous twelve months. The auditor viewed the grievance forms located at each officer station when touring the unit. All inmate interviews confirmed they have not had a problem filing a grievance nor believe there is a problem. One was waiting for a response and was concerned that he was not able to keep a copy of the carbonated form as his "receipt". The staff indicated he could keep that copy due to upgrades in technology.

Inmate handbook directions:

*11.09.03 Grievance Regarding Sexual Abuse*

*In regards to writing grievances regarding sexual abuse-there is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse (however, normal time limits apply to any portion of a grievance that does not allege an incident of sexual abuse).*

*Regarding allegations of sexual abuse, you are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, nor will such grievance be referred to a staff member who is subject of the complaint.*

*The HCSD shall 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 (Following an investigation into an inmate's allegation that he or she suffered abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded).*

*Computation of the 90-day period shall not include time consumed by the inmate in preparing any administrative appeal.*

*The HCSD may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.*

*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, the inmate may consider the absence of a response to be a denial at that level.*

*Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filling requests for administrative remedies relating to allegations of sexual abuse, and shall also be 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. If the inmate declines to have the request processed on his or her behalf, the HCSD shall document the inmate's decision.*

*If you believe that you are at risk of imminent sexual abuse, you are to inform your Counselor, Correctional Caseworker, or other unit staff and/or Health Services staff and complete a GRIEVENCE/APPEAL FORM showing the emergency. Also, write "Emergency" on this form.*

*After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the HCSD shall 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, shall provide an initial response within 48 hours, and shall issue a final HCSD decision within five (5) calendar days. The initial response and final HCSD decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*

*The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.*

Finding of compliance is based on the following: Policy supports the requirements of the standard. Inmate handbook provides ample information on how to file a grievance on sexual abuse and informs inmate on the added protections afforded them. The auditor suggested that the grievance form also have the added requirements to help remind the inmate of these additional options. They agreed and provided the auditor with the updated form. The auditor finds ample evidence to support a finding of compliance and commends the facility for efforts to increase effectiveness with the process.

### **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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- MOU YWCA
- PREA Publications (four total, English and Spanish)
- 3.3.3 Inmate Handbooks (English and Spanish)
- Inmate interviews
- Interview with YWCA Program Director

PREA Plan states,

- C. *Inmate Access to Outside Confidential Support Services - (See MI/WCC P&P 3.3.3/WCC Inmate Handbooks)*
1. *The HCSD provides 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.*
  2. *The facility informs 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.*
  3. *The Department maintains a memorandum of understanding (MOU) with the YWCA Rape Crisis Center who provides the inmates with confidential, emotional support services related to sexual abuse. The Department maintains copies of these agreements.*

The Inmate Handbook has the following information:

***Prison Rape Elimination Act (PREA) Information***

*The Hampden County Sheriff's Department (HCSD) has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. This includes any sexual act as noted above.*

*If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways:*

- *Speak to a Hampden County Sheriff's Department Staff member*
- *Send an inmate request to any Hampden County Sheriff's Dept. Staff*
- *Request to speak with the PREA Manager or PREA Coordinator at your facility*  
*Your PREA Coordinator is Matt Roman*  
*Your PREA Manager is Sgt. Anthony Aickelin*
- *Call the Rape Crisis Center Hotline: 1(800) 796-8711; TTY (413) 733-7100; or Llàmanos Spanish Language 24-hr Helpline: 1(800) 223-5001*
- *Contact the National Sexual Assault Hotline Tel: 1(800) 656-HOPE*
- *Report it directly to the State Police (413) 736-8390*
- *Foreign Nationals may contact their Consular Officer or Diplomat and relevant official at the Dept. of Homeland Security (You may complete an Inmate Request Form and submit it to your counselor/caseworker for assistance contacting these agencies or contact the Legal Resource Center by completing a Legal Access Program Request Form.)*

*Calling the Rape Crisis Hotline and not informing Sheriff's office staff will not allow for your immediate protection and investigation of a crime. You should notify Sheriff's office staff immediately if you have been a victim of sexual misconduct or sexual assault.*

*Calls made to Rape Crisis Center Hotline are unmonitored and unrecorded.*

*If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling you can contact the following agency:*

*YWCA of Western Mass., 1 Clough Street, Springfield, MA 01118*

*(Additional sites in Holyoke, Westfield, Huntington)*

*Hotline: (800) 796-8711*

*Office: (413) 732-3121*

*TTY: (413) 733-7100*

*The YWCA will be responsible for all counseling and information and referral services to Survivors at Baystate Medical Center and will provide education for continued care. The Hampden County Sheriff's Department agrees to respect the confidentiality of such counseling to the extent permitted by the safety and security considerations of the parties involved.*

*YWCA will give inmate the following two options:*

- a) Using the housing phone- the inmate will call the YWCA hotline and ask to be transferred to appointed counselor. The call will not be recorded or monitored.*
- b) Using a phone in the office with a HCSD appointed staff; inmate will call the appointed YWCA counselor. This call will be monitored.*

*YWCA will provide the option of free, confidential counseling to survivors who are under the responsibility of the HCSD. YWCA will provide up to 12 sessions for survivors as capacity, determined by the YWCA, permits. All services provided to survivors are not contingent upon the survivor cooperating with any level of investigation by HCSD into the assault. Survivors can decide at any time to not cooperate with HCSD with no consequences to YWCA counseling. HCSD agrees to allow YWCA to enter into facilities as a professional. Sessions will not be monitored or recorded.*

*If you need this information explained to you in a different language or format, please notify staff.*

(a) (b) (c) The inmate handbook provides the inmates with information on how to obtain access to outside victim advocates for emotional support services related to sexual abuse. There is a phone number, mailing address and instructions to work with the counselor/caseworker. Although the facility does not house inmates for civil immigration purposes, information on how to contact relevant consular officials and relevant official at the Department of Homeland Security can be provided upon request. The MOU with the YWCA confirmed that it will provide confidential dialogue with a counselor that will not be recorded by asking the hotline operator to speak to an appointed counselor. It is communicated to the inmates via the inmate handbook. Additionally, the MOU indicates it will provide in person confidential counseling up to twelve sessions for survivors; this service is not contingent on the survivor cooperating with any level of investigation. Additionally, survivors can discontinue counseling with no repercussions. Sessions are not monitored or recorded. Meetings will occur in the facility legal visiting room. The MOU continues to indicate that participants will be informed of mandated reporting guidelines to include threats of suicide, threats of homicide, abuse/neglect of child, abuse/neglect of someone with a disability and abuse/neglect of someone over the age of 65.

The interview with the YWCA Director revealed the following:

- All staff undergo a preliminary 14 hour Domestic and Sexual Violence Advocacy training that has been approved by the Department of Public Health. In addition, all new staff attend in-service trainings and are encouraged to engage in additional trauma-informed trainings as they continue their employment. Staff are required to attend 15 hours' worth of additional trauma-informed training per year.
- There is no way to estimate how many calls have been received to the rape crisis hotline from correctional inmates as the hotline is anonymous and this is not information that is recorded.
- Mail is not a method of communication that is utilized for emotional support or counseling services.
- Between 2017 and now, they have provided emotional support services at either the pre-release center or at the Main Institute approximately 5 times.

One example of this arranged counseling was provided to the auditor to support compliance with the standard.



Random inmate interviews confirmed that inmates are aware of the hotline but not aware of the continued counseling services should they want to participate in this type of treatment. Very few inmates confirmed that they received their handbooks. Some inmates commented that they saw the phone number posted but had no interest in this service.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The auditor finds that the Inmate responses regarding emotional support services are typical. Information is available on posters, the handbook and the phone message each time an inmate uses the phone. The MOU supports a strong relationship with the YWCA in which additional counseling is provided as confirmed by the interview with the Director. Phones are available in each housing unit, appropriately spaced to afford reasonable communication in addition to being available throughout the day for use. Inmates are informed that the phone calls will not be monitored or recorded.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Agency website
- Visitor Orientation, when is this presented, presented to visitors twice a week
- Interview with the PREA Coordinator

3.5.3 PREA Plan states, *D. Third-Party Reporting.*

1. *The HCSD has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly (via the website) information on how to report sexual abuse and sexual harassment on behalf of an inmate.*

The agency reports they have not received any third-party allegations in the previous 12 months.

The Hampden County Sheriff's Department website, [www.hcsdma.org](http://www.hcsdma.org), includes all pertinent PREA information and the agency's emphasis on zero tolerance concerning sexual abuse and sexual harassment. The posted information includes instructions on reporting incidents or suspicions of abuse that may have happened at one of the HCSD facilities. The public is encouraged to call the agency PREA Coordinator at (413) 858-0914, or by calling the Massachusetts State Police. The mailing address to the PC is also posted, as: 627 Randall Road, Ludlow, Ma. 01056. The public can also contact the Hampden County Rape Crisis Center at: YWCA of Western Mass. 1 Clough Street, Springfield, MA 01118. The YWCA Hotline is included: (800) 796-8711; Office (413) 732-3121; TTY: (413) 733-7100; and the 24 Hour Llamanos Spanish Language Helpline, at: (800) 223-5001 c/o YWCA of Western Mass. The agency website also has a link to Text-A-Tip, a tool that allows people to send anonymous tips to police over any cell phone that allows text messaging. Text-A-Tip is a joint operation of the HCSD, the Hampden County District Attorney's Office and the Springfield and Holyoke Police Departments. The public needs only to text to: 274637 and enter SOLVE, and then message.

The auditor reviewed the power point designed to educate visitors. It provides information to visitors about the facility opportunities for the inmates. It also has the following information:

*Safe and Secure for Everyone Zero Tolerance statement:*

*The Hampden County Sheriff's Department has zero tolerance for sexual assault or abuse, and each case will be thoroughly investigated. The Hampden Sheriff's Department views all sexual contact between residents or between residents and staff as coercive and NEVER consensual. Residents can talk to any staff person they feel comfortable with such as an Officer, Supervisor, Counselor, Nurse, Chaplain, Teacher, or any other Sheriff's Department staff or even a family member. As a family member or friend you can assist by reporting to any staff member so we can help. You can also call:*

*Rape Crisis Center Hotline:*  
*(800) 796-8711 (English)*

*(800) 223-5001 (Español)*

Finding of compliance is based on the following: Policy ensures compliance with the standard. The website and the visitor orientation further enhance the ability for a third party-reporting process. Therefore, the auditor finds sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Documentation of mental health staff report
- Interview with medial staff
- Interview with mental health staff
- Interview with the Superintendent
- Interview with investigators
- Interview with the PREA Coordinator
- Interview with the PREA Managers

The PAQ indicates that during the previous 12 months one allegation was presented that sexual abuse may have occurred. The incident was examined further and found to have not occurred and therefore no investigation ensued.

PREA Plan states,

**PROTOCOL 6: OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**A. Staff and Department Reporting Duties -**

1. *The HCSD requires all staff to report immediately 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 Department; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.*
2. *Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Department policy, to make treatment, investigation, and other security and management decisions.*
3. *Unless otherwise precluded by Federal, State, or Local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to part (A)(1) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.*
4. *If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a State or Local vulnerable person's statute, the Department shall report the allegation to the designated State or Local services agency under applicable mandatory reporting laws.*
5. *The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated Investigator (CIU), PREA Coordinator, and Facility PREA Manager.*

(a) All random staff interviews confirmed to the auditor that staff are aware they need to report immediately 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Interviews with the random staff confirmed to the auditor that staff are fully aware of the requirement to maintain confidentiality after responding to an incident and only reveal the information to those with a need to know, which included the investigation team. This requirement is addressed in training and in policy.

(c) The PREA pamphlet provided to inmates upon arrival states the following: *Anything reported to Medical/Mental Health staff is confidential unless it is gang-related, plans of escape, a concern for your safety or a concern of other's safety, or any related security matters to include PREA related incidents. Staff have a duty to report anything that may jeopardize the safety and security of the facility.*

(d) At this time, in accordance with state law the agency/facility does not house anyone under the age of 18yrs. The interview with the medical and mental health staff confirmed that if abuse was reported to them that occurred when an individual was under the age of 18yrs, it would be reported to the appropriate staff (CIU/PREA Coordinator) for referral to the proper agency. In Massachusetts, The Elder Abuse website, <https://www.mass.gov/reporting-elder-abuse-neglect>, states Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community, so therefore it does not apply to incarcerated individuals.

(e) The interview with the Superintendent, PREA Coordinator, PREA Manager, medical, mental health staff and investigators all confirmed that all knowledge, suspicion, retaliation, and/or staff neglect pertaining to sexual abuse and sexual harassment, including third-party and anonymous reports, are directed to the facility's designated investigators. One incident that occurred during the audit period involved a mental health staff being informed of an allegation of sexual abuse, when then immediately informed, the sergeant and the appropriate response was initiated. Per the interview with the staff, the inmate remained in her office until the sergeant arrived and proceeded with the response.

Finding of compliance is based on the following: Policy, interviews with the Superintendent, random staff, medical and mental health staff, the PREA pamphlet all provided ample evidence to support a finding with all provisions of the standard.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- PAQ
- Interviews with random staff
- Interview with the Superintendent
- Interview with the Assistant Superintendent

The PAQ indicates that there were no incidents when the agency determined an inmate was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

PREA Plan states,

*B. HCSD Protection Duties - 1. When the HCSD learns that an inmate is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the inmate.*

The interview with the Superintendent and the Assistant Superintendent of Operations confirmed that actions would be taken to protect an inmate that any staff believed would be at risk of imminent sexual abuse. All staff interviews confirmed that if they believed that an inmate was at risk of imminent sexual

abuse, they could and would take immediate action to remove the inmate and place him in a protected area until further action, consideration can be given.

Finding of compliance is based on the following: Policy supports compliance with the standard. All staff interviews confirmed that action could and would be taken to protect the inmate before abuse occurred and therefore provided the auditor with sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- PREA Notification Letter format
- PAQ
- Updated policy 3.5.3 PREA Plan

The PAQ indicates that three allegations were received from an inmate that he was sexually abused while confined at another facility, one allegation was received from another facility of alleged abuse at HCSD.

PREA Plan states, *C. Reporting to Other Confinement Facilities* -

1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
2. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
3. The Department shall document that it has provided such notification.
4. The facility/department head that receives such notification will ensure that the allegation is investigated in accordance with these standards.

(a) (b) (c) Notifications of allegations made of sexual abuse while confined at another facility were immediately reported to the facility where the alleged abuse occurred, in writing. However, it was not communicated by the Superintendent of Operations (facility head).

(d) The interview with the investigator confirmed that allegations received from another agency regarding sexual abuse that occurred at this facility are investigated and reported back to that facility where the inmate is housed. Additionally, this was observed in the review of the investigations.

Finding of compliance is based on the following: Policy supports the requirements of the standard. Documentation reviewed however did not support that the notice was sent from the facility head to the facility head. This was discussed and correction was immediately made; policy was changed to indicate "Superintendent" instead of head of the facility.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan - updated
- PREA Notification letter
- PAQ
- Interview with first responder non-security
- Interview with first responder, security
- Interviews with random staff
- Pocket Planners carried by staff

The PAQ indicates there was one incident that allowed for time to collect evidence which was responded to by a security and non-security staff.

PREA Plan states, *D. Staff First Responder Duties -*

1. *Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:*
  - a. *Separate the alleged victim and abuser;*
  - b. *Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;*
  - c. *If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and*
  - d. *If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.*
  - e. *If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.*

(a) (b)

Policy and all random staff interviews, including the informal interviews all indicated to the auditor that staff are aware of their duties should be they be the first to respond to an incident where there is



potential evidence. All indicated they will separate the inmates, non-first responders indicated they would contact the nearest security staff. Many indicated that this information is available for reference in the pocket planner issued to them annually. The auditor was provided a document reflecting the pocket planner information.

An incident occurred in which the mental health staff was the first to respond. She indicated she kept the inmate in her presence, contacted security who then escorted the inmate to medical services where they were able to ask the inmate to not destroy evidence. Both staff were interviewed that confirmed this. While observing training, the auditor witnessed the trainer making it clear to staff in the class that the victim is to be asked to preserve the evidence, that staff need to be sensitive to not demand the victim preserve evidence.

Finding of compliance is based on the following: Policy required changing in one area to make it clear that the victim is to be asked to not destroy evidence, the alleged perpetrator is to be ensured to not destroy evidence. It was correct under first responder duties but not under security supervisor responsibilities. This was corrected before the auditor left the on-site portion of the audit. Training currently enhances the different responses to the victim and alleged perpetrator. The incident that occurred followed the response plan as required by the standard. The staff pocket planner helps ensure staff have this information readily available should they be the first responder. For all these reasons, the auditor finds sufficient evidence to 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Interview with the Superintendent of Operations

PREA Plan states, *E. Coordinated Response* -

*The facility has written institutional plans to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, inmate advocate, and facility leadership (See MI/WCC P&P 4.5.9/4.2.10 Special Needs Inmates and 3.1.7/3.1.26 Special Teams.)*

*When a staff member is made aware of an incident of sexual abuse and they are not security staff, they will immediately notify security staff*

*Security staff will notify Special Operations Supervisor of any incidents of sexual abuse. Security staff will separate the alleged victim and alleged abuser. The Special Operations Supervisor acts as the Incident Site Commander.*

*The Special Operations Supervisor will ensure that the crime scene is secured to prevent any possible contamination.*

*The Special Operations Supervisor is responsible for notifying the Medical Department and the CIU Commander. If the CIU Commander is not available, a member of the Criminal Investigation Unit will be activated.*

*The CIU Commander/designee is responsible for notifying the emergency chain of command to include: Facility/Tower Security Supervisor, Facility/Tower Superintendent, Chief of Security, and Assistant Superintendent of Operations, Superintendent and the Sheriff.*

*The CIU Commander/designee will ensure a report is made to the Sheriff/facility administrator and Chief of Security to effect a separation of the victim from their assailant in their housing assignments and immediately begin a criminal investigation. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU).*

*The CIU Commander/designee will also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated Investigator (CIU), PREA Coordinator, and Facility PREA Manager.*

*The Facility PREA Manager is responsible for facilitating a PREA investigation with a certified Sexual Assault Investigator in a Confinement Setting. The PREA Manager will ensure that the CIU team, medical response team and Special Operations duties are completed in a timely manner.*

*Medical will conduct an examination to document the extent of physical injury and to determine whether referral to Baystate Hospital is indicated.*

*If exam indicates that the victim is to be referred to Baystate Hospital, the Medical Supervisor will contact the Special Operations Supervisor. The Special Operations Supervisor is responsible for coordinating with the Transportation Department for the transportation of the victim to the hospital. In lieu of Transportation Staff not being available, Special Operations staff will be utilized.*

*Per the Memorandum of Understanding with the YWCA, Baystate Hospital staff will contact the YWCA for any individual who is the responsibility of HCSD who presents for medical care and/or a sexual assault nurse's examination.*

*The Medical Department will make a referral to the Forensic Mental Health Department for a qualified mental health professional for crisis intervention counseling and long-term follow-up.*

*Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate via the Medical Department.*

The interview with the Superintendent of Operations supported the response plan as indicated in policy.

Finding of compliance is based on the following: The response supports the requirements of the standard, providing sufficient evidence for a finding of compliance.

## **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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- HCSCOA contract
- MOA for NCEU
- Interview with the Superintendent

PREA Plan states, *F. Preservation of Ability to Protect Inmates from Contact with Abusers -*

1. *Neither the Department nor any other governmental entity responsible for collective bargaining on the Department's behalf will enter into or renew any collective bargaining agreement or other agreement that limits the Department'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.*
2. *Nothing in this policy shall restrict the entering into or renewal of agreements that govern:*
  - a. *The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of Protocols 7:B (Evidentiary Standard for Administrative Investigations) and 8:A (Disciplinary Sanctions for Staff); or*
  - b. *Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.*

(a) The auditor reviewed the collective bargaining agreements and found no evidence to indicate that the collective bargaining unit would limit the agency's ability to remove alleged staff from contact with the known abuser. The interview with the Superintendent confirmed this. Language of the Hampden County Superior Correctional Officers Association contract and the National Correctional Employees Union contract both state, "The Sheriff or his designee shall have the right to remove, dismiss, discharge, suspend or discipline a unit member, provided that no such action shall be taken except for

just cause.” Both contracts were provided for review in addition to documents demonstrating they are current.

(b) Auditor not required to audit this provision.

Finding of compliance is based on the following: Policy, contract language and the interview with the Superintendent provided the auditor with sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Retaliation Monitoring Form
- PREA Reporting & Monitoring Retaliation power point

- Interview with the Superintendent
- Interview with the Assistant Superintendent of Operations
- Interview with the CIU Commander (monitors for retaliation)
- PAQ
- Retaliation monitoring form completed

The PAQ indicates that there have been no incidents of retaliation in the previous twelve months.

PREA Plan states,

G. *Department Protection against Retaliation.*

1. *The Department has established this 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, and designates which staff members/departments are charged with monitoring retaliation.*
2. *The Department employs 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.*
3. *For at least ninety (90) days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and will act promptly to remedy any such retaliation. The Department will monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department will continue this monitoring beyond 90 days if the initial monitoring indicates a continuing need.*
4. *In the case of inmates, this monitoring will also include periodic status checks.*
5. *If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department will take appropriate measures to protect that individual against retaliation.*
6. *The Department's obligation to monitor for retaliation will terminate if the facility determines that the allegation is unfounded.*

(a) The PREA Plan supports that the agency will 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, and shall designate which staff members or departments are charged with monitoring retaliation. The interview with the Superintendent confirms that retaliation for reporting sexual abuse or sexual harassment will not be tolerated.

(b) The agency form does prompt the reviewer to address the following: disciplinary report review, housing review, program review, and TRAX review. Emotional support services would be provided by the YWCA and confirmed in the narrative regarding 115.53. For staff these services would be provided by the Concern/EAP of the River Valley Counseling Center.

(c) The retaliation review occurs for 90 days past the incident as supported by policy, interview with the staff who monitors for retaliation and the retaliation review provided to the auditor for review. The monitoring form requires the person conducting the monitoring to assess if continued monitoring is needed at the end of the 90-day review.

(d) The person responsible for retaliation monitoring indicated he does personally check in with the inmate periodically and this is noted on the form.

(e) (f) Policy and interviews confirm that in the event another individual who cooperated with the investigation expressed fear of retaliation, the agency would take appropriate measures to protect the individual from any retaliation. They also confirmed that monitoring concludes if the investigation is deemed unfounded.

Finding of compliance is based on the following: Policy, interview with staff who monitor for retaliation, review of the form and completed monitoring provided the auditor with ample evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- PAQ
- Interview with staff who regularly work in the Restricted Housing Unit (RHU)
- Interview with the Assistant Superintendent of Operations

The PAQ indicates there have been no occurrences where an inmate was held in involuntary restrictive housing due to alleging sexual abuse. The auditor found no reason to dispute this during the audit process.

3.5.3 PREA Plan states,

C. *Protective Custody – (See MI/WCC P&P 4.2.1/3.6.1 Classification)*

1. *Inmates at high risk for sexual victimization shall not be placed 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. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.*
2. *Inmates placed in segregated housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document:*
  - a. *The opportunities that have been limited;*
  - b. *The duration of the limitation; and*

- c. *The reasons for such limitations.*
  3. *The facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days.*
  4. *If an involuntary segregated housing assignment is made pursuant to paragraph (1) of this section, the facility shall clearly document:*
    - a. *The basis for the facility's concern for the inmate's safety; and*
    - b. *The reason why no alternative means of separation can be arranged.*
  5. *Every thirty (30) days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.*
- H. *Post-Allegation Protective Custody.*
1. *Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of Protocol 4:C (Protective Custody).*

The interview with the Assistant Superintendent of Operations confirmed that the use of the RHU to place an inmate at high risk for victimization would only be as a last resort. He elaborated about the specialized housing units which afforded a variety of options should an inmate at high risk of sexual victimization need closer supervision to ensure his safety. Additionally, he indicated that the relationship with other county operations in the state is good and they could house an inmate at high risk of sexual victimization at another operation if that would provide a safer option. Although this has not occurred for this reason, he indicated that this is exercised from time to time as needed. The auditor randomly selected and interviewed an officer from the RHU. He confirmed that he cannot recall an inmate being placed in this unit due to a high risk of sexual victimization. During the tour of the operations, the auditor reviewed the twenty-four (24) housing units available to them, in addition to two smaller units (former Crisis Stabilization area and Delta Tower) that give the facility numerous options above and beyond the different housing areas available without them. In the rare event that an inmate would be placed in RHU, policy is in place to ensure the requirements of all provisions of the standard are met.

Finding of compliance is based on the following: Policy supports the requirements of the standard. For the information noted above, the auditor finds sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Facility Investigations
- Letter from CIU Commander to Law Enforcement Agencies in the County
- PAQ
- Interviews with inmates who reported a sexual abuse
- Interview with Investigators
- Review of investigations
- Interview with Superintendent
- Interview with PREA Coordinator
- Interview with PREA Manager

PREA Plan states,

## PROTOCOL 7: INVESTIGATIONS

### A. Criminal and Administrative Department Investigations.

1. When the HCSD conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
2. Where sexual abuse is alleged, the Department will use investigators who have received special training in sexual abuse investigations pursuant to Protocol 3:D:1 Specialized Training: Investigations.
3. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.
4. When the quality of evidence appears to support criminal prosecution, the Department will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
5. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. The HCSD will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
6. Administrative Investigations:
  - a. Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and
  - b. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
7. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with attached copies of all documentary evidence, where feasible.
8. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
9. The Department will retain all written reports referenced in paragraphs (6) Administrative Investigations and (7) Criminal Investigations of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.
10. The departure of the alleged abuser or victim from the employment or control of the HCSD will not provide a basis for terminating an investigation.
11. Any State entity or Department of Justice component that conducts such investigations will do so pursuant to the above requirements.
12. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

(a) Interviews with the Superintendent, PREA Coordinator, PREA Manager and CIU Commander all confirmed that investigations are initiated promptly, thoroughly and objectively. The review of the investigations confirmed this requirement.

(b) All investigators have received the specialized training conducted by the Massachusetts Department of Corrections. See 115.34.

(c) Review of the investigations and interviews with the investigators confirmed that the investigator does gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews alleged victims, suspected perpetrators, and witnesses; and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) The interview with the investigators confirmed that when the quality of evidence appears to support criminal prosecution, they only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(e) During the interview, the CIU commander confirmed that credibility is based on the statement and supporting evidence individually. No polygraph or truth telling devices are ever utilized.

(f) The CIU commander confirmed that administrative investigations automatically include a review of the operations to ensure that staff actions are in accordance with policy. Written reports were available for the auditor to review that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) During the interview, the CIU commander confirmed that criminal investigations are documented in a written report which includes a description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. No criminal investigations occurred during the audit review period to be examined.

(h) Substantiated allegations of conduct that appears to be criminal are referred for prosecution, per the interviews will the Superintendent, CIU Commander, PREA Coordinator and PREA Manager.

(i) The investigator confirmed that all written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(j) Interviews will the CIU Commander, PREA Coordinator and PREA Manager all confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(k) Auditor not required to audit this provision

(l) Per policy and confirmation by the investigators, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Finding of compliance is based on the following: Policy, interviews with investigators and review of investigations for the previous twelve months provided the auditor with sufficient evidence to 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Interview with the investigators
- Review of completed investigations

PREA Plan states,

*B. Evidentiary Standard for Administrative Investigations -*

*1. The Department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*

The interview with the investigators confirmed that a preponderance of evidence is used to determine the findings of an investigation. Of the four investigations, one was substantiated based on this, two were unsubstantiated as the evidence did not prove or disprove the incident occurred, and the last investigation was determined to be unfounded as there was a preponderance of evidence to determine the incident did not occur.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The interviews and review of investigations gave the auditor sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan

- PREA Notification Letter to Inmate
- PAQ
- Interview with the Superintendent
- Interview with the Investigators, CIU Commander
- Interview with one inmate who reported sexual abuse
- Notification form

The PAQ indicates the following:

Zero investigations of alleged sexual abuse completed; zero investigations of alleged sexual abuse completed where inmate was notified of the results (verbally or in writing)

Zero sexual abuse investigations completed by an outside agency; zero notifications of the results of an investigation completed by an outside agency

Zero substantiated cases of staff sexual abuse; Zero notifications made pursuant to those investigations

Three notifications provided to inmates;

PREA Plan states,

*C. Reporting to Inmates -*

*1. Following an investigation into an inmate's allegation that they suffered sexual abuse in a HCSD facility, the Department will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.*

*2. If the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.*

*3. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department will subsequently inform the inmate (unless the Department has determined that the allegation is unfounded) whenever:*

*a. The staff member is no longer posted within the inmate's unit;*

*b. The staff member is no longer employed by the Department;*

*c. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*

*d. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

(a) During the review of the investigations, the auditor reviewed notifications, including one sent via certified mail. Additionally, one inmate interviewed who reported sexual abuse confirmed to the auditor he received the notification letter. Notification letters inform the inmate that the determination of the investigation was substantiated, unsubstantiated, or unfounded.

(b) To date, all notifications have been generated by the agency. One case is pending with the State Police; however, the staff informed the auditor it would still make the notification upon receipt of the conclusion of the incident.

(c) Policy and the notification form support the requirements of this provision. During the audit review period, there has been no incident that has occurred that would warrant this type of notification.

(d) Policy and the notification form support the requirements of this provision. During the audit review period, there has been no incident that has occurred that would warrant this type of notification.

(e) Based on policy, interviews and review of the notifications, they are documented.

(f) As noted, even when released, the inmate is sent a certified letter.

Finding of compliance is based on the following: Policy, interviews with the investigators, review of the notifications, the notification forms all 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:



- 3.5.3 PREA Plan
- 1.3.1 Human Resources

The PAQ indicates that no staff have been disciplined for violation of agency sexual abuse or sexual harassment policies; therefore also no staff have been referred to appropriate licensing bodies. The auditor found no reason to dispute this during the audit process.

PREA Plan states,

**PROTOCOL 8: DISCIPLINE**

**A. Disciplinary Sanctions for Staff -**

1. Staff will be subject to disciplinary sanctions up to and including termination for violating Department sexual abuse or sexual harassment policies.
2. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
3. Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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 with similar histories.
4. All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

1.3.1 Human Resources states,

**B. Employee Responsibilities**

1. Each employee is personally responsible to conduct themselves professionally and in no way sexually abuse, have sexual contact with, invade the privacy of, or engage in acts of intimacy with any inmates under their supervision.
2. Staff is informed of MGL Chapter 268, Section 21A.
3. Employees are required to report all allegations of intimacy, sexual abuse, and invasion of privacy, sexual contact or sexual misconduct to their supervisory chain-of-command. This applies to all uniform/not-uniform staff, contractors and volunteers.
4. Failure to report any allegation may result in disciplinary action.
5. Staff is required to report in writing any incident of inmate nudity, dressing or undressing observed (other than normal daily routines, body functions and daily dressing). Report will be submitted to the supervisor for investigation and disposition.
6. Staff is not to engage inmates in personal types of conversation or allow questions from an inmate of a personal nature, without sound penological reason. Appropriate professional boundaries need to be maintained. Flirtatious type of behavior such as requests for a date, comments about cologne, perfume or appearance, requests of a sexual nature, are to be reported to the supervisor for investigation and disposition.
7. Supervisory staff, upon receipt of an incident report concerning sexual misconduct, depending on the circumstances, may take one or more of the following measures if warranted (supervisory judgment needs to be utilized in determining appropriateness of measures, if any, to be implemented. Allegations can range from obvious frivolous nonsense to legitimate misconduct.
8. Based upon the circumstances of the allegation, the following Department action(s) may result:
  - a. Posting of staff pending further investigation.
  - b. Removal of staff from immediate contact with the inmate making the allegation/or alleged victim.
  - c. Removal of inmate from the immediate area (considerations should be given to classification/security issues, and the move should not be disciplinary in nature unless the inmate behavior dictates otherwise).

- d. Taking of other appropriate precautions, if warranted.
- e. Conferring with the area administrator/designee, if warranted for advice and consultation. (This needs to be accomplished if there is an allegation of a serious/credible nature where prosecution under MGL Chapter 268, Section 21A could apply).
9. The Area Administrator/designee, if warranted, shall contact the Assistant Superintendent of Human Resources/designee, who if appropriate, will activate the investigation team.
10. All correspondence, incident reports, statements are confidential. Additionally, all questioned or interviewed staff are informed that the investigation is confidential and are directed not to speak to any other staff of inmates concerning the subject matter.
11. All findings/conclusions will be reported to the Superintendent/designee and the Human Resources Department.
12. Based on the investigation findings, a referral to the District Attorney (DA) and the Massachusetts State Police may be made.
13. Should the DA decide to pursue criminal charges, they will assign the State Police to do so.
14. The investigation will be prompt, impartial and confidential.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The auditor interviewed the Superintendent of Operations and the Asst. Superintendent of Human Resources who both confirmed that termination is the likely result of sexual abuse, and that licensing bodies would be notified and referral for prosecution would occur. Therefore, as no incident has occurred, the auditor finds this to be sufficient evidence to 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)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan

PREA Plan states,

*B. Corrective Action for Contractors, Interns, and Volunteers -*

- 1. Any contractor, intern, or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.*
- 2. The facility will take appropriate remedial measures, and will consider whether to prohibit further contact with inmates, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor, volunteer, or intern.*

The PAQ indicates that no volunteer or contractor has been removed due to substantiated allegations of sexual abuse or sexual harassment. As such, no volunteer or contractor has been referred to relevant licensing bodies. The auditor found no reason to dispute this during the audit process.

The Auditor interviewed the Superintendent ( Warden/Designee) who advised the auditor that in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures to prevent further contact with inmates, pending an investigation. The agency would disallow entrance until such time as the investigation is completed.

Finding of compliance is based on the following: Policy supports the requirements of the standard in addition to the interview with the Superintendent. The auditor found sufficient evidence to support a finding of compliance with the standard.

## **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

#### 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 3.3.3 Rules, Discipline and Handbook – Protocols
- 3.3.1 Inmate Rules and Discipline policy
- 3.3. Inmate Handbook
- PAQ
- Memo from Assistant Superintendent
- Inmate Handbook

The PAQ indicates that no inmate has been disciplined for substantiated sexual abuse. However, as noted in the investigation review, one incident has occurred which has been substantiated and pending disciplinary review for the inmate abuser.

PREA Plan states,

#### C. *Disciplinary Sanctions for Inmates -*

1. *Inmates will be subject to disciplinary sanctions/mandated programming pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.*
2. *Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed/mandated programming for comparable offenses by other inmates with similar histories.*
3. *The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.*
4. *The Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.*
5. *For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*
6. *The HCSD prohibits all sexual activity between inmates and will discipline inmates for such activity.*

3.3.3 Inmate Handbook states the following:

*943.08: Sanctions*

- (1) *The county correctional facility shall have written policy and procedure providing that in instances in which an inmate is alleged to have committed a crime, the case is referred to appropriate law enforcement officials for possible prosecution.*
- (2) *The county correctional facility shall ensure that sanctions imposed for rule violations are reasonably related to the severity of the offense.*

3.3.1 Inmate Rules and Discipline supports that inmates shall 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 or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The Inmate Handbook, 11.02.03 Disciplinary Sanctions for Inmates (Sexual Abuse Related) states,

1. Inmates will be subject to disciplinary sanctions/mandated programming pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
2. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed/mandated programming for comparable offenses by other inmates with similar histories.
3. The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.
4. The Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
5. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

As noted in policy, reiterated in the Inmate Handbook and verified by a memo from the Assistant Superintendent of Operations who oversees the disciplinary process, the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

It was reported to the auditor by mental health staff that counseling can be initiated through the mental health department for perpetrators but there is no formal programming that would be required at this facility.

Inmate Handbook 11.02.02 that sexual misconduct/solicitation and flirtation are prohibited. It includes the following definitions and sanctions:

**A-29 SEXUAL MISCONDUCT**

*An inmate commits this violation when they engage in sexual contact, solicitation or flirtation with another. "Sexual contact" means the touching of the sexual or other intimate part(s) of another for the purpose of gratifying the sexual desire of either party, or purposely expose their genitalia or other intimate body part(s) for public view. Solicitation in a form of written, verbal or specific behavior mannerism of a sexual nature with either sex is prohibited. Flirtatious type behavior with inmate(s), staff or others is prohibited.*

*SANCTIONS: Minimum-three (3) days disciplinary detention, Maximum-ten (10) days disciplinary detention.*

**B-7 SEXUAL MISCONDUCT**

*An inmate commits this violation when their sexual behavior becomes a nuisance to themselves, others or interferes with the orderly running of the institution, or solicits in a written, verbal or with specific behavior mannerisms of a sexual nature with either sex. Flirtatious type behavior with inmate(s) or staff or others is prohibited.*

*SANCTIONS: Minimum- reprimand, Maximum-three (3) days disciplinary detention.*

There were no substantiated incidents of sexual abuse or sexual harassment for the auditor to review for appropriate follow up disciplinary action.

Finding of compliance is based on the following: Policy meets the requirements of the standard. Staff interviews support that inmates would be disciplined in accordance with the disciplinary requirements if an investigation was deemed substantiated for sexual abuse or sexual harassment towards another inmate.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Authorization for Release of Medical Information
- PREA Screening
- Mental Health Referral note
- Interview with medical staff
- Interview with mental health staff
- Interview with staff who conduct the intake risk assessment
- Interview with staff who conduct the 30 day follow up risk assessment

The PAQ indicates that 100% of inmates who disclosed prior victimization during screening were referred for a mental health referral. Additionally, even though this facility is a jail, 100% of inmates who disclosed previous perpetrated sexual abuse were referred to mental health for a follow up meeting.

3.5.3 PREA Plan states,

**PROTOCOL 9: MEDICAL AND MENTAL CARE**

**A. Medical and Mental Health Screenings; History of Sexual Abuse.**

1. *If the screening pursuant to Protocol 4:A (Screening for Risk of Sexual Victimization and Abusiveness) indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse (whether it occurred in an institutional setting or in the community), staff will ensure that the inmate is referred for a follow-up meeting with a medical and mental health practitioner within fourteen (14) days of the intake screening.*
2. *Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or Local law.*
3. *Medical and mental health practitioners will obtain informed consent from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen (18) years.*

(a) This facility is a jail, this standard is not applicable.

(b) This facility is a jail, this standard is not applicable.

(c) The interview with the intake nurse, as well as demonstration of the process showed that the referral is automatic to mental health through the Health TRAX system. Additionally, this referral is made for inmates who have been determined to be a known perpetrator or potential perpetrator based on the responses in the risk assessment, therefore exceeding the standard.

(d) Policy, in addition to the interview with the medical and mental health staff confirmed that any information related to sexual victimization or abusiveness that occurred in an institutional setting would be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. As noted, only medical and mental health staff can access information in the Health TRAX system, information is controlled in the TRAX system, and a confidential memo is shared with the programming/work supervisor to help ensure safety of those who are known victims.

(e) Policy, in addition to the interview with the medical and mental health staff confirmed that informed consent would be obtained before reporting information about prior sexual victimization that did not occur in the institutional setting, however, it was reported that this has not occurred therefore no documentation, other than the consent form, was available to review.

Finding of compliance is based on the following: Policy, interviews with the medical staff, mental health staff, staff who conduct risk assessments, demonstration of the risk assessment referral process and consent form provided the auditor with sufficient evidence to support a finding of compliance with all provisions of the standard.

## **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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 4.5.2 Emergency Medical Care
- 4.5.12 Mental Health Services
- SANE Coordinators
- Interview with medical staff
- Interview with mental health staff

3.5.3 PREA Plan states,

*B. Access to Emergency Medical and Mental Health Services -*

*1. Inmate victims of sexual abuse shall 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.*

2. *If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders will take preliminary steps to protect the victim pursuant Protocol 6:B (HCSD Protection Duties) and will immediately notify the appropriate medical and mental health practitioners.*

3. *Inmate victims of sexual abuse while incarcerated will 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.*

4. *Treatment services will be 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.*

(a) Policy and interviews with the medical and mental health staff confirm that inmate victims of sexual abuse shall 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. 4.5.2 Emergency Medical Care confirms, *In order to quickly address emergency medical situations, the facility maintains an Emergency Medical Notification and Response System, providing 24-hour emergency medical, dental, and psychiatric care, which is approved by the health authority and facility administrator.* As supported by 4.5.12 Mental Health Services, *Hampden County Sheriff's Department (HCSD) supports centralized Mental Health Services throughout the department (MI, WCC, WMRWC, PRC. Under the direction of the Clinical Director, each facility, pod or unit has an assigned a MH Clinician to work directly with individuals in need of mental health support or treatment.*

(b) It was confirmed through interviews and staffing charts that medical staff are available twenty-four (24) hours, seven days a week. Mental health staff are present from 7:00am to 11:00pm on site seven days a week, and then on call, when needed.

(c) Policy and interviews with the medical and mental health staff confirm that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Policy and interviews with the medical and mental health staff confirm that treatment services shall be 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.

Finding of compliance is based on the following: Policy addresses the requirements of the standard. The interviews with the medical and mental health director support that medical/mental health care is timely, prophylactic and follow up services would be provided and services would be consistent with community standards. The auditor finds there is sufficient evidence to support a finding of compliance.

## **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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- 4.5.9 Special Needs and Services
- 4.5.12 Mental Health Services

3.5.3 PREA Plan states,

*C. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers -*

- 1. The facility offers 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.*
- 2. The evaluation and treatment of such victims includes, 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.*
- 3. The facility provides such victims with medical and mental health services consistent with the community level of care.*
- 4. Inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests.*
- 5. If pregnancy results from the conduct described in paragraph (4) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.*
- 6. Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.*
- 7. Treatment services will be 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.*
- 8. All facilities will 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.*

4.5.9 Special Needs and Services states,

*PROTOCOL 8: PROTOCOL IN THE EVENT OF SEXUAL ASSAULT*

- A. The medical and psychological trauma of a sexual assault are minimized as much as possible by prompt and appropriate health intervention.*
- B. Victims of sexual assault are referred to a community facility for treatment and the gathering of evidence. The following will be accomplished by the community facility. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU).*
  - 1. A history is taken and qualified health care professionals conduct an examination to document the extent of physical injury and to determine whether referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the local legal authority.*
  - 2. Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.*
  - C. Following the physical examination, a referral is made to a qualified mental health professional for crisis intervention counseling and long-term follow-up. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU).*
  - D. A report is made to the Sheriff/facility administrator and Deputy Chief of Security to effect a separation of the victim from his assailant in their housing assignments and immediately begin a*

*criminal investigation. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU).*

*E. A sexual assault is a sexual act that is coercive or assaultive in nature and that involves the use or the threat of force.*

(a) Policies and interviews with the medical and mental health staff confirm the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse while housed at their facilities.

(b) Policies and interviews with the medical and mental health staff confirm the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) Policies and interviews with the medical and mental health staff confirm that the facility provides victims with medical and mental health services consistent with the community level of care.

(d) Not applicable to this facility as they do not house female offenders.

(e) Not applicable to this facility as they do not house female offenders.

(f) Policies and interviews with the medical and mental health staff confirm inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Policy and interviews with the medical and mental health staff confirm that treatment services shall be 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.

(h) Not applicable to this facility as it is a jail.

Finding of compliance is based on the following: Policy addresses the requirements of the standard. The interviews with the medical and mental health director support that medical/mental health care is timely, and that prophylactic and follow up services would be provided and services would be consistent with community standards. The auditor finds there is sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Post Incident Protocol Guideline

- PREA Incident Reviews
- Investigative Findings
- Incident Review form
- Interview with the Superintendent
- Interview with the Incident Review Team Member
- Interview with the PREA Coordinator

### 3.5.3 PREA Plan states, *PROTOCOL 10: DATA COLLECTION AND REVIEW*

#### A. *Sexual Abuse Incident Reviews-*

1. *The facility conducts 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.*
2. *These reviews ordinarily occur within thirty (30) days of the conclusion of the investigation.*
3. *The review team includes upper-level management officials, line supervisors, investigators, and medical or mental health practitioners.*
4. *The review team will:*
  - a. *Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;*
  - b. *Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*
  - c. *Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
  - d. *Assess the adequacy of staffing levels in that area during different shifts;*
  - e. *Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
  - f. *Complete a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit the report to the facility Superintendent, PREA Coordinator, and facility PREA Manager.*
5. *The facility will implement the recommendations for improvement or will document its reasons for not doing so.*

(a)(b) (c) (d) (e)

The auditor interviewed members of the PREA team and the CIU Commander. They confirmed that the incident review team does review all instances of sexual abuse, within 30 days of the investigation. The auditor reviewed each incident review when evaluating the investigations for the previous 12 months. They confirmed that the reviews occur within 30 days, but typically much sooner. Reports confirmed that the team consists of the PREA Coordinator/PREA Manager, investigator, medical and/or mental health staff and typically a classification staff. The form requires the review of the following: (1) is there a need to change policy or practice, (2) was the incident motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) an examination of the area; (4) staffing levels, (5) monitoring technology, and (6) recommendations for improvement.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The form used (policy attachment) compels the team to address the areas required, review of completed forms supported this is occurring. The interviews with staff on the team confirmed they are conducting the meetings as required. Therefore, there is sufficient evidence for the auditor to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- SSV 2018
- Annual PREA reports



- Interview with the PREA Coordinator
- Interview with the Superintendent

### 3.5.3 PREA Plan states,

1. *The HCSD collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the PREA, Trax Casemanagement, HealthTrax, and SOU databases.*
2. *The incident-based data is collected at least annually and will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.*
3. *The Department will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.*
4. *The Department also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.*
5. *Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice no later than June 30.*

(a) The agency collects uniform data using the following definitions noted in the 3.5.3 PREA Plan:

*Substantiated Allegation: An allegation that was investigated and determined to have occurred.*

*Unfounded Allegation: An allegation that was investigated and determined not to have occurred.*

*Unsubstantiated Allegation: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.*

*Nonconsensual Sexual Act: Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; contact between the penis and the vulva or the penis and the anus including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.*

*Abusive Sexual Contact: Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Exclude incidents in which the contact was incidental to a physical altercation.*

*Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another or repeated verbal statements, comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; repeated profane or obscene language or gestures.*

*Sexual Misconduct: Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors). Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include— Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire; completed, attempted, threatened, or requested sexual acts; occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.*

(b) A annual report is available on the facility webpage for 2015, 2016, 2017, 2018.

(c) These definitions conform to those on the Survey of Sexual Victimization.

(d) Per the interview with the PREA Coordinator, this information is maintained, reviewed and collected from all incident-based documents such as reports, investigations and sexual abuse incident reviews.

(e) This facility/agency does not contract with private facilities for the confinement of inmates.

(f) The last SSV requested by the Department of Justice was in 2018, a copy was provided to the auditor.

Finding of compliance is based on the following: Policy, review of the Annual reports, and interview with the PREA Coordinator and Superintendent support that the facility maintains appropriate documentation, reviews and analyses the information, and makes efforts towards improvement on an annual basis; therefore, providing sufficient evidence to support a finding 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- Annual PREA report
- Agency website <http://hcsdma.org/public-resources/prea/>
- Interview with the Superintendent
- Interview with the PREA Coordinator
- Interview with the PREA Manager

3.5.3 PREA Plan states,

C. *Data Review for Corrective Action -*

1. *The HCSD reviews data collected and aggregated pursuant to Protocol 10:B (Data Collection) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:*

- a. *Identifying problem areas;*
- b. *Taking corrective action on an ongoing basis; and*
- c. *Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.*

2. *The Department's report will be approved by the Sheriff or designee and made available to the public through its website.*

3. *These reports will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the Department's progress in addressing sexual abuse.*

4. *The Department will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the HCSD's facilities, but must indicate the nature of the material redacted.*

(a) The annual reports reflect the review of data collected and aggregated for the calendar year. A paragraph is provided to reflect on corrective action and continued compliance and improved effectiveness with complying with the PREA standards.

(b) The report did not include a comparison of current year to previous years statistics. The facility corrected by revising the previous report and sending the newer version to the auditor.

(c) The interview with the Superintendent confirmed that he and the Sheriff approve the report before it is published, as required by the policy. The auditor accessed the report which is available for review on the agency website.

(d) No redactions were required on the Corrective Action Plan.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The updated Annual report provides a comparison of each year to the previous year. The interview with

the PREA Coordinator and the Superintendent support that the requirements of the standards are addressed annually. The auditor finds sufficient evidence to support a finding of compliance.

## 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*)

The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

- 3.5.3 PREA Plan
- <http://hcsdma.org/public-resources/prea/>
- Interview with the PREA Coordinator

3.5.3 PREA Plan states,

*D. Data Storage, Publication, and Destruction -*

- 1. The HCSD will ensure that data collected pursuant to Protocol 10:B (Data Collection) is securely retained.*
- 2. The Department will make all aggregated sexual abuse data, readily available to the public at least annually through its website.*

3. Before making aggregated sexual abuse data publicly available, the Department will remove all personal identifiers.

4. The Department will maintain sexual abuse data collected pursuant to Protocol 10:B (Data Collection) for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise.

(a) Policy and the interview with the PREA Coordinator confirm that data collected is securely retained. The investigator (CIU Commander) ensures files are secured in his office, other information is retained securely in the TRAX system.

(b) Annual reports are available on the website for 2014, 2015, 2016, 2017, and 2018. As stated, this agency does not contract with private agencies.

(c) No information in the report required redaction.

(d) The agency maintains 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, in accordance with policy and confirmed during the interview with the PREA Coordinator.

Finding of compliance is based on the following: Policy, review of the annual reports found on the agency website, and the interview with the PREA Coordinator supports that there is sufficient evidence for a finding of compliance.

## 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*)

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

At [hcsdma.org](http://hcsdma.org), there are five final reports published representing the first cycle and year two of the second cycle.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The previous PREA Audit report from 2017 is located on the agency website at [hcsdma.org](http://hcsdma.org)

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

To date, this has not occurred for this agency.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The PAQ July 2019 and audit template Version6\_202 was used to complete this report.

(e) The agency shall bear the burden of demonstrating compliance with the standards.

The agency provided the auditor with sufficient documentation, observations and interviews to support audit findings.

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The auditor received all agency policies, procedures, reports and internal/external audits and accreditations relative to this agency's/facility's operation.

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Documentation was provided for the three year audit period with the emphasis of documentation provided for the previous 12 month period.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor had access to and was able to observe all areas of the facility.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor received all information requested to support the auditor's finding of compliance or exceeds compliance.

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor has all information relied on for the determination available should it be requested.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

The representation of interviews with staff, inmates, supervisors and administrators is noted in the narrative section of this report. The auditor interviewed all staff/inmates deemed necessary for completion of the report in accordance with guidelines in the 2017 Auditor Handbook.

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

The auditor reviewed the video monitoring system and retained a sample video of unannounced rounds as noted in the narrative section demonstrating compliance with the standards.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

All interviews conducted were in a private setting.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Posters announcing the audit contained the address available to inmates to write the auditor prior to arrival at least 6 weeks before the audit. Photographic evidence of all postings was provided.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor communicated with the administrative staff from the YWCA in addition to the Regional Coordinator who oversees SANE certifications for the region.

## Standard 115.403: Audit contents and findings

### 15.403 (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*)

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

See signature and attestation below.

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

See comments throughout the report regarding compliance of policy with the standards.

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); 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 audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

See comments throughout the narrative explanation for finding of compliance or exceeds compliance throughout this report.

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

See narrative comments in the narrative section (introduction) as well as in the narrative explanation for each standard and subpart of the standard in this report.

(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

No personally identifiable inmate or staff information required redaction. Only staff names listed are those required by the template.

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

The previous PREA Audit report from 2017 is located on the agency website at [hcsdma.org](http://hcsdma.org)

## 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 22, 2021

**Auditor Signature**

**Date**