

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 22, 2016

Auditor Information			
Auditor name: Louis Folino			
Address: 168 Big Horn Rd			
Email: lsf168@verizon.net			
Telephone number: 412-354-1557			
Date of facility visit: June 6-9 th , 2016			
Facility Information			
Facility name: Western Massachusetts Regional Womens Correctional Center			
Facility physical address: 701 Center Street, Chicopee, MA 01013			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 413-730-6800			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Patricia Murphy			
Number of staff assigned to the facility in the last 12 months: 211			
Designed facility capacity: 352			
Current population of facility: 267			
Facility security levels/inmate custody levels: Maximum, Medium, Minimum, Pre-Release			
Age range of the population: 18-69			
Name of PREA Compliance Manager: Thomas Rondeau		Title: Standards and Training Supervisor	
Email address: Thomas.rondeau@sdh.state.ma.us		Telephone number: 413-730-6804	
Agency Information			
Name of agency: Hampden County Sheriff's Department			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 627 Randall Road, Ludlow, MA 01059			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 413-547-8000 or 413-858-0107			
Agency Chief Executive Officer			
Name: Michael J. Ashe, Jr.		Title: Sheriff	
Email address: Michael.Ashe@SDH.State.Ma.US		Telephone number: 413-547-8000 or 413-858-0107	
Agency-Wide PREA Coordinator			
Name: Mary Baker		Title: Standards Manager	
Email address: Mary.Baker@SDH.State.Ma.US		Telephone number: 413-858-0914	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act, PREA, audit of the Western Massachusetts Regional Womens Correctional Center, WCC, was conducted from June 6 thru June 9, 2016. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012. For WCC, the applicable standards are the Adult Prisons and Jails standards.

The Hampden County Sheriff's Department, WCC administrative staff and the auditor, Louis Folino, attended an introduction dinner meeting the evening of June 5, 2016, in West Springfield, MA. In attendance were Assistant Superintendent of Special Operations Nicholas Cocchi, WCC Assistant Superintendent Patricia Murphy, HCSD Standards Manager/PREA Coordinator Mary Baker, WCC Standards and Training Supervisor/PREA Compliance Manager (PCM) Thomas Rondeau, Correctional Caseworker/PCM Andrew Adams, Standards and Training Coordinator/PCM Colleen Molta, Assistant Deputy Superintendent Colleen Stocks, and Assistant Deputy Superintendent Annie Feliciano.

The entrance meeting with the CORE PREA team was conducted on June 6th at WCC with Sheriff Michael J. Ashe, Jr., AS Patty Murphy, PC Mary Baker, PCM Thomas Rondeau, PCM Andrew Adams, PCM Colleen Molta, PCM Matthew Roman and PCM Diane Bator. A second PREA briefing meeting was conducted shortly after the entrance meeting with additional Administrative Staff and Department Heads. Auditor reviewed the comprehensive audit processes and the triangulation of compiling the information, observations and interview results obtained during on-site review. Auditor would utilize the Pre-Audit Questionnaire (PAQ) and accompanying policy documentation, the on-site review, and the interviews of staff and residents to justify WCC's compliance with the PREA standards.

The auditor wishes to thank Patty Murphy and her PREA Team for their cooperation and assistance throughout the audit process. The organization and presentation of documentation during the pre-audit phase and the effective facilitation of the on-site review enabled auditor to conduct a very efficient and thorough audit. The auditor would like to recognize PC Mary Baker, and PCMs Thomas Rondeau, Andrew Adams and Colleen Molta for their dedicated efforts and teamwork to ensure that WCC is compliant with all the PREA standards.

Following the staff meetings, auditor commenced an on-site review of all facility areas, beginning in Minimum A and B, then to Building 1-A, 1-B, the Food Service Department, Building 2-A and 2-B, Building 3, Programs, Medical, Intake, Maintenance, Visiting Room and Central Control. Auditor viewed all the administrative and staff office areas, inmate and resident housing areas, to include cells, shower rooms, dayrooms, recreation decks and laundry rooms. Auditor greeted all staff encountered and engaged numerous inmates in conversation during the on-site review. Auditor observed consistent posting of the required PREA signage, to include the Auditor Notice of Audit. Auditor observed the facility camera locations and CCTV monitoring stations and control areas, and evaluated for blind spots, staff supervision presence, and inmate accountability. Auditor observed staff and inmate interaction and the culture of the facility environment.

Auditor conducted a total of 25 staff interviews, which included 8 random staff, specialized staff, contractors, volunteers, and community liaisons (Baystate Medical Center/SANE and YWCA Rape Crisis). Staff interviews were conducted with personnel from all three shifts.

A total of 11 inmates were interviewed with at least one inmate/resident interviewed from each available category, and housing unit. Auditor interviewed inmates of 4 races/ethnic backgrounds, two Limited English Proficient inmates, and 3 LGBTIs. Auditor interviewed a pregnant female, two inmates in disciplinary custody status, and a mental health inmate. Auditor interviewed one inmate that Disclosed a Prior Sexual Victimization and one inmate that Reported a Sexual Abuse. Two of the inmates interviewed were Massachusetts DOC Step-Down inmates/residents.

As during the pre-audit phase, auditor conferred during on-site review with the PC and PCMs concerning facility procedures and documentation processes. The facilitation by the core PREA Team was Outstanding, and all facility staff were accommodating, friendly and receptive. Facility pride and ownership is evident throughout, with a team of dedicated professionals performing their duties in a coordinated manner, and in accordance with WCC's policies and procedures. Auditor has observed the inmates responding favorably to this professionalism, and the established caring culture of WCC.

The auditor conducted an exit briefing on June 9, 2016 with Sheriff Michael Ashe, Assistant Superintendent Patty Murphy, Assistant Superintendent James Kelleher, Assistant Superintendent Nicholas Cocchi, many WCC Administrators and Department Heads, and the PREA Team members. Auditor expressed appreciation for the hospitality and accommodations to auditor's many requests. Auditor provided an overview of the audit and advised of the further compilation process which would likely culminate in a Final Report determining WCC to be in compliance with all the PREA standards. Auditor applauded Sheriff Ashe and Assistant Superintendent Murphy for their commitment to PREA, and to operating their facility in such a safe, secure and humane environment as is possible. The WCC Team are executing the 3.5.3 PREA Plan as is intended, and in an optimal manner.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Massachusetts Regional Womens Correctional Center, WCC, is a component of the Hampden County Sheriff's Department. The HCSD supervises approximately 1,800 male and female adult offenders in various levels of security, in four facilities, the Main Institution, MI, Pre-Release Center, PRC, Western Massachusetts Correctional Addiction Center, WMCAC, and WCC. In Massachusetts, county correctional facilities incarcerate both pre-trial detainees and sentenced individuals with sentences of two and one half years or less. Youthful offenders are housed with the Massachusetts Department of Youth Services.

WCC was built in 2007 in Chicopee, MA, relatively close to the MI, PRC and WMCAC. WCC is a regional, multi-level security facility for women. The original design included two major housing unit buildings (Buildings 1 and 2). A third housing unit was added in 2014, Building 3. WCC houses female pre-trial detainees and sentenced inmates from Hampden, Berkshire, Franklin, Hampshire and Worcester counties. The Massachusetts Department of Corrections also houses inmates at WCC preparing for release to the community, as a Step-Down program.

Inmates at WCC are housed within 3 separate housing units/buildings, for either pre-trial, sentenced or minimum security. The minimum security inmates are identified as Residents, with many going into the community on Community Work Programs, Work Release, etc. Several WCC residents are assigned to the Olde Armory Grille in downtown Springfield, MA. This successful community café and reentry vocational program is staffed by HCSD personnel, and utilizes offenders housed at the Pre-Release Center, Western Massachusetts Correctional Addiction Center, and WCC. At Auditors request, auditor was able to lunch there with the PREA team during on-site review, and to confer with the HCSD Corporal that manages the program.

The demographic breakdown of the population at WCC is: 73% Caucasian; 15% Hispanic; 11% African-American; and 1% Asian.

The Womens Correctional Center offers a multi-disciplinary approach that is trauma-informed, gender-responsive, family-focused, and culturally aware. WCC is Accredited by the National Commission on Correctional Health Care, NCCHC.

The Mission of the Women's Correctional Center is to empower women to reclaim their liberty through informed and responsible choices. This mission is accomplished through a professional, well-trained and dedicated staff committed to the goals of the facility. The continuum of care, from entry to post-release, is designed to promote successful offender re-entry as socially and civically responsible citizens.

SUMMARY OF AUDIT FINDINGS

Auditor has determined the HCSD Western Regional Women's Correction Center to be in compliance with all applicable PREA Adult Prisons and Jails standards. Auditor will include at the beginning of each respective auditor discussion, pertinent HCSD/WCC policy excerpts that address the specific PREA standard.

Number of standards exceeded: 16

Number of standards met: 25

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PROTOCOL 1: Prevention & Planning

- A. 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.

In preparation for the PREA Audit, auditor conducted a review of the HCSD PREA Plan, policy No. 3.5.3. Auditor received and reviewed the Pre-Audit Questionnaire, PAQ, which contains the Womens Correctional Center, WCC, responses to the standards requirements. Within the PAQ, WCC advised that the PREA Coordinator, PC, does not have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards. The PAQ documents that the PREA Compliance Manager does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. During interviews of WCC personnel by auditor during on-site review, the PCM and secondary PCM advised auditor that they believed they now had sufficient time to perform their duties and responsibilities as PCMs. During interview, the HCSD PC advised auditor that she believed she does not have sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA Standards in all HCSD facilities, as assisted by her 5 trained and functioning PCMs. Based upon interaction and teamwork with the HCSD PC and 3 PCMs during the week of the audit, it is evident that the PREA Team has done an Outstanding job of development, implementation and management of the agency's efforts to comply with the PREA standards. The span of responsibility for each staff member tasked with additional PREA duties has obviously been a challenge for all designated personnel. Based upon this auditors findings, it is established that staff have successfully implemented and manage the standards' requirements well. It is also observed that the PC and PCMs have an inordinate weight of PREA duties and responsibilities, when coupled with the individuals' other primary HCSD/WCC duties, which may require further administrative review to address.

In the agency organizational chart, the PREA Coordinator, PC, an upper level management employee, reports directly to the Assistant Superintendent of Operations of the HCSD. The PCM reports directly to the WCC Assistant Superintendent, who functions as the Warden of the WCC, and reports to the HCSD Assistant Superintendent of Operations. The secondary WCC PCM, reports to the WCC PCM. The PC, the PCM and secondary PCM of WCC, and a third Main Institution (MI) PCM who assisted to facilitate this WCC PREA Audit, were all appointed by the HCSD Sheriff in September of 2014, to oversee the implementation of PREA within the MI, Pre-ReleaseCenter (PRC), Western Massachusetts Correctional Addiction Center (WMCAC), and WCC.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

B. 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.

WCC has reported to auditor on the PAQ that there are presently no contracts in place for the confinement of inmates by the WCC.

Standard 115.13 Supervision and monitoring

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

C. 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;
 - i. 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 Special Management Unit, and 4.1.8/3.5.6 Inmate Orientation). It is a violation of this policy 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.

WCC reports on their PAQ that the average daily population since August 20, 2012 is 273 inmates. The WCC staffing plan is predicated

on a daily operational capacity of 352 total inmates. During the first day of the on-site review, WCC had a population of 267 inmates.

During the pre-audit phase, auditor reviewed the HCSD Staffing Plan, and the May, 2015 annual review minutes of that staffing plan. The May, 2015 annual staffing plan review noted that 24 additional officers were hired to staff the new unit at WCC, Building 3, to house 110 inmates arriving from throughout the Commonwealth. Auditor reviewed the latest minutes from the April, 2016 staffing review.

The HCSD has established a comprehensive staffing plan, and utilizes a Security Staff Scheduler, an administrative employee who oversees and coordinates staffing with the Assistant Superintendent of Human Resources and the Assistant Superintendent of Special Operations. The Security Staff Scheduler, the Assistant Deputy Superintendent, reviews the numbers due to resignations, promotions, reassignments or other situations. The Scheduler will periodically, but not less than annually review the staffing numbers for WCC. The HCSD utilizes a similar staffing plan for Security Supervisors to ensure that the required supervision is present 24 hours a day.

WCC Correctional Supervisors are required by policy to ensure that staffing levels are at or above minimum staffing. Supervisors can utilize shift reassignments, seasonal employees, officers dispatched from the Main Institution, or Western Massachusetts Correctional Addition Center, or thru authorized overtime to staff required posts. WCC reports to auditor that they have not deviated from their staffing plan during the last 12 months.

During on-site review, auditor noted the strategic placement of CCTV throughout WCC, within both the original facility opened in 2007 and Building 3, which was activated in 2014. The fixed and pan-tilt-zoom, PTZ, cameras are supplemented by many ceiling/wall-mounted security mirrors consistently placed throughout the housing units and other work/traffic areas, e.g. Visiting Room, Kitchen, Maintenance, corridors, etc. of WCC. The WCC reports having 266 cameras, with a video retention period of 45 days. Review of the schematics and spreadsheets of CCTV coverage indicate that the majority of cameras are fixed, while specific locations, i.e. Visiting Room, recreation yards/recreation decks, perimeter and vehicle sally port, and certain dayrooms are PTZ equipped. WCC has utilized their technological and staff resources well in the deployment of such monitoring capability. WCC uses a Geutebrueck Reporters camera system, which entails the use of the GSC View system and (NVR) Network Video Recorders. Auditor observed the operation and capabilities of this system as oriented by the Control Center personnel, and other post personnel during on-site review.

In order to make a determination of compliance auditor interviewed the Assistant Superintendent, who at the HCSD functions as Warden at WCC. The Superintendent advised auditor that the WCC obtained sufficient staff for the new Building 3, and utilized lessons learned concerning design and installation of cameras for this new building. Staffing is monitored daily, and the supervisors ensure there are sufficient female staff scheduled.

Auditor interviewed the Agency Head designee, Assistant Deputy Superintendent, ADS, who oversees Security, Medical, Food Service and Programs. She advised auditor that WCC designed improved lines of sight into Building 3 concerning the officers station and supervision of dayrooms and recreation areas. WCC staff went to Boston and viewed the Building Information Modeling System, a computerized design tool for facilities. The HCSD and WCC utilized these resources during design of Building 3, to include considerations of privacy and security into the new unit's inmate shower areas. The ADS advised auditor that Buildings 1 and 2 have added cameras since facility activation, and they are anticipating additional camera installation in September of 2016, to enhance the protection of inmates from incidents of sexual abuse.

Auditor interviewed the PC and both PCMs at WCC. The PCM advised auditor that WCC added 6 cameras in the last year, and additional cameras are being pursued for Programs, and designated corridor areas. The facility considers facility operations, programming, and unit missions (Segregation, Minimum Unit, 2nd Shift/Intakes of new receptions, etc.), when reviewing the staffing plan. The PCM advised that WCC had changed their policy and procedures concerning inmate showers, requiring a sign-up/sign-in/sign-out sheet, and limiting showers to one person in the shower room at a time, due to reported use of the showers for sexual activities, prior to the last 12 month period under auditor's review.

Auditor interviewed a Shift Supervisor to discuss the practice of unannounced rounds. The supervisor advised that he conducts such rounds all the time, and enters them into the computerized system at the officers station. The unannounced supervisor rounds are entered into the Jail Management System, JMS, by the touring supervisor. Auditor viewed numerous entries entered in JMS as "unannounced rounds," "Unannounced security check," and "unannounced visit," by supervisors on the three shifts, i.e. 0725-1600hrs; 1535-0000hrs; and 2325-0800hrs. Auditor was also oriented to another computer program, identified as Pod Officers Work Station, or POWS, which documents inmate's program activities, usage of cleaning/hygiene items, Disciplinary sanctions, inmate movements, and privileges. POWS monitors, tracks and records such information to ensure inmate accountability, identify inmate whereabouts, advise of authorized activities, items, etc.

Auditor notes a valuable 25-35 minute overlap on each shift. The supervisor interviewed was aware of the prohibition against officers alerting others to supervisory tours, and advised auditor that he is not aware of officers notifying others of supervisors conducting tours.

Standard 115.14 Youthful inmates

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE. WCC does not house youthful inmates. The Commonwealth of Massachusetts passed legislation in 2013 requiring that youthful offenders, under the age of 18, be housed in the Massachusetts Department of Youth Services, DYS. The HCSD maintains a Memorandum of Understanding with DYS, to house youthful offenders with DYS.

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

E. 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.

The WCC reports to auditor on the PAQ that there has been no cross gender pat-down searches of female inmates, or cross gender strip searches or visual body cavity searches, in the last 12 months. The HCSD policy prohibits such searches, absent exigent circumstances. In the event such a cross-gender search was performed, it would require supervisor approval and to be documented. WCC Policy 3.1.11, Inmate Searches, specifically prohibits cross gender pat-down searches of female inmates. This is a very detailed policy, which also prohibits the videorecording of inmate strip searches.

During on-site review, auditor observed the shower rooms in the original facility buildings (1 and 2), and the pod showers in Building 3. It is apparent that both staff and inmates are complying with established procedures concerning use of the showers. Auditor notes there are vision panels in the shower room doors, to afford security personnel the necessary patrol supervision, and that the placement of appropriate shower curtains afford inmates basic privacy while also providing security personnel the necessary limited views of the showers stalls. Auditor reviewed the WCC Pre-Trial Housing Unit Daily Shower Log for compliance within several units during the walk-thru.

The 2016 Inmate Handbook, Section 5.03 Showers, notifies inmates of the established shower procedures concerning signing-in/signing out, and requiring inmates to be fully clothed walking to and from the showers. Officer wellness checks are explained, and inmates are notified to "remain behind the curtain, unless you are clothed, at the time the Unit Officer conducts the wellness check in the Shower Area." Concerning searches of inmates, the Inmate Handbook, Section 12.04.03 provides that: "Only female staff will conduct pat searches to avoid male/female physical contact unless an emergency situation exists."

During on-site review, auditor observed frequent cross-gender announcements being made as male employees entered the housing units, in accordance with facility policy. Auditor heard both the automated/recorded announcements and verbal announcements made by the unit officers or escorting staff. Visiting male staff or post staff initiate this announcement by activating the automated announcement at the officer's station. This practice appears quite routine and accepted by staff and inmates. The gender announcements made throughout the day are recorded in the JMS, and include the date/time/username/post officer/location and synopsis. Auditor notes that a generalized recorded facility announcement is made at the beginning of each shift, in English and Spanish, advising inmates of likely male staff presence. Auditor listened to the English and Spanish announcements, which are 30 seconds in length, combined.

In order to make a determination of compliance, auditor conducted interviews of random inmates. Interview results indicate the automated announcements are being made, or staff verbally announce "Male of the unit." The inmates also advised that the unit officer also posts a sign at the officer's station indicating a male is on the unit. Inmates advised auditor that they are never naked in full view of male employees. There were no transgender or intersex inmates available to interview.

Auditor conducted random interviews of security staff from all three shifts. Staff advised auditor that the "gender announcement" is made when a male enters a unit, and at the beginning of each shift. Staff interviews indicate staff are trained and aware of the prohibition against searching or physically examining a transgender intersex inmate for the sole purpose of determining the inmate's genital status. Staff interview results confirm staff have been trained in proper cross-gender and transgender or intersex pat-down search methods. Staff recalled the search training being presented at the training academy, at bi-weekly's or Roll Call, and also via a locally produced training video featuring a HCSD Captain and another employee. Auditor has reviewed this HCSD video production, a refresher pat-down video which is determined to provide staff with excellent instruction on proper search methods, of "same gender, cross gender, transgender or intersex inmates." Auditor reviewed training rosters verifying 135 personnel trained in Cross Gender Searches during period Dec, 2015 thru May, 2016.

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

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

F. 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.

WCC reports on their PAQ that there have been no instances in the last 12 months where inmate interpreters, readers, or other types of inmate assistants have been used.

During on-site review, auditor conducted an interview with a Limited English Proficient, LEP inmate, utilizing a staff interpreter. The inmate advised auditor that she had received both a PREA brochure and an inmate handbook in Spanish, and that signs on the wall in Spanish tell you about PREA, and who to call. The inmate recalled her PREA orientation as presented by an Assistant Deputy Superintendent and other staff, and having watched the video last year when inprocessed. The inmate advised auditor that she felt safe at WCC. This interview was facilitated well by the female security officer, and reflected the positive professional relationships between staff and inmates in existence at WCC. Subsequent to the interview auditor requested and reviewed the TRAX-Offender Case Notes Chronology which confirmed inmates participation at Orientation, and entries by her Counselor and Correctional Case Workers.

Auditor interviewed a second LEP inmate, again facilitated by a second female security staff interpreter. This inmate spoke a different language than the first, and advised she had received the PREA orientation, as translated by a staff interpreter. She was provided a PREA phone number to call in event of sexual abuse or sexual harassment. She is aware of the PREA signs on the wall in her housing unit and in her work area. But she would not call the PREA Hotline because they would not be able to understand her. She would notify staff if she had an issue. She would notify her counselor thru the unit officer. She feels safe in the facility and staff treat her with respect and treat her well, and try to assist her. Auditor observations again indicate very positive staff and inmate professional relationships in existence at WCC.

Auditor has reviewed the contract for language services provided by an outside vendor, Language Bridge, Inc., should a WCC staff interpreter not be available. Auditor has confirmed a usage of this language interpreter service in 2015 for medical purposes. WCC advised that the Google Translator service could also be used, if necessary.

There were no disabled inmates available to interview at WCC during on-site review. HCSD Policy 4.2.10 and WCC Policy 4.2.10 Special Needs Inmates, provide for medical and mental health treatment services for physically handicapped/disabled inmates, the frail and elderly, those with mental illness/developmental disability and inmate special requests for accommodations/Americans with Disabilities Act, ADA.

Standard 115.17 Hiring and promotion decisions

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

G. Hiring and Promotion Decisions.

1. In reference to the HCSD Personnel Policy (See P&P [1.3.1 Personnel 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 and contractors 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.

WCC reports on their PAQ submitted to auditor that 10 persons who may have contact with inmates have had a criminal background record check conducted in the last 12 months.

In addition to the PREA Policy, 3.5.3, the HCSD Personnel Policy Manual, 1.3.1, describes Employee Responsibilities, Section B, which addresses sexual abuse, sexual contact and sexual misconduct. It also requires staff to be mandatory reporters concerning any information which comes to their attention concerning the sexual abuse or sexual harassment of inmates. There is a Sexual Misconduct sign-off form required by this policy for all HCSD personnel, acknowledging receipt of this policy.

The PAQ submitted by WCC reports 10 persons hired in the last 12 months who have had criminal background record checks conducted. In the last 12 months, WCC reports that 22 contractors had criminal background record checks conducted.

In order to make a determination of compliance, auditor interviewed the Assistant Superintendent of Human Resources. Auditor was advised that the HCSD conducted criminal background record checks of all HCSD employees in preparation for the 2015 PREA audit of the MI, PRC and WMCAC. The criminal background records checks of all WCC employees were also conducted at that time. Henceforth, WCC employees undergo criminal background checks on an ongoing cycle.

Auditor has reviewed the HCSD Candidate Information Questionnaire and the PREA Inquiries for Promotion forms which include questions concerning prior sexual abuse, sexual activity and civil or administrative adjudications. These forms are required for all candidates for hire and promotion.

Standard 115.18 Upgrades to facilities and technologies

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

H. 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.

WCC has activated Building 3, a newly constructed housing unit, in 2014. The Intake area was also expanded during this same

construction period. During interview with the Assistant Superintendent, she discussed the design and planning for camera coverage for both areas. Additional cameras are being evaluated for installation at WCC to improve the security coverage further and provide enhanced sexual safety for the inmates. The AS advised auditor that WCC opened with over 200 cameras and have added additional cameras since activation in 2007. The AS stated that supervisors and central control officers had input during this process.

Auditor during on-site review had two control personnel walk auditor thru the facility camera system, displaying the many areas of coverage and the monitoring capability of control personnel. Auditor was particularly impressed with the area "groupings" which WCC has developed and incorporated into their CCTV system, which allows one click of a button/mouse to activate one entire zone or unit of coverage, instead of inputting specific camera codes. Staff still retain the ability to input individual camera codes for monitoring or retrieval purposes. The on-post officers advised auditor that the administration of WCC seeks their input, that staff are expected to provide input based upon their working knowledge at WCC. Auditor observed excellent morale, motivation and teamwork among WCC personnel during on-site review.

Auditor conducted an interview with the Assistant Deputy Superintendent who advised that obtaining clearer lines of sight was a priority when designing Building 3. She advised that WCC officials had a say in the design, due to their years of experience and the WCC staff input received. Examples provided were the lines of sight from the officers station to the rec decks and subdayrooms, and providing basic shower privacy while also affording security staff the necessary control and supervision of those areas. The shower rooms were therefore eliminated from the design of Building 3, and pod showers with saloon doors were included, which minimizes the supervision issues for security staff.

The PCM conducted a Vulnerability Assessment in March, 2016, and reported his findings and recommendations to the AS. As a result of that review, the PC recommended that additional cameras be placed in the Food Service department, Building 2, and the Minimum Unit. Auditor had conducted a detailed, thorough on-site review of all facility areas, noting the systematic and extensive CCTV coverage, which is supplemented well by security mirrors throughout WCC. Such a Vulnerability Assessment conducted with recommendations confirms WCCs practice of being proactive and preventative with their planning and evaluations of facility areas.

Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PROTOCOL 2: Responsive Planning

- A. 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.

In order to make a determination of compliance, auditor conducted a specialized interview of one WCC PREA investigator, and met with all three PREA investigators to review each of the documented PREA investigative cases for the last 12 months. Two of the investigators are based out of WCC, and the third is the Criminal Investigation Unit, CIU, Commander/Investigator, based out of the HCSD Main Institution. The trained investigators can conduct investigations or assist in any HCSD facility, however.

Auditor has verified by my personal review of each allegation/investigation that the HCSD/WCC PREA investigators follow a uniform evidence protocol when conducting administrative investigations. The Massachusetts State Police have jurisdiction concerning criminal sexual abuse investigations.

The HCSD utilizes a staff position of Victim Services Coordinator who serves as a liaison to community victim advocates/agencies. This employee provides support and advocacy to incarcerated victims of sexual assault, and assists the incarcerated victim to obtain a reasonable continuum of services throughout incarceration and following release as needed.

Auditor conducted telephone interview with the the Northwest Regional SANE Coordinator prior to the WCC on-site review. The SANE Coordinator advised auditor that she has provided training for staff at the Main Institution and at WCC, generally once a year. She has presented training to the County Sheriffs in April, 2016. She advised that she has approximately 20 certified SANE personnel that can respond to area hospitals, 24/7, utilizing a paging system. The attending nursing staff, by protocol, would notify the rape crisis center once the victim was processed into Baystate Medical Center. The SANE Coordinator informed auditor that Baystate may use a nursing staff member trained on the rape kit, should multiple patients be treated at the same time in ER. The SANE Coordinator advised auditor that there may have been one or two transports of inmates from WCC in the last 15 months for SANE examination. The MA Regional SANE Model has been in place 20 years, and is considered nationally as a model program. The NE Regional SANE Coordinator is responsible for Hampden, Berkshire, Hampshire and Franklin counties in Western Massachusetts. The WCC has a Memorandum of Understanding, MOU, with Baystate to provide SANE services to inmates of WCC. Auditor notes that the employee parking lot for Baystate Medical Center is located across the road from WCC, and that Baystate is only a short distance down the road.

Auditor interviewed the Director of Survivor Outreach and Advocacy at the YWCA of Western Massachusetts, located in nearby Springfield, MA. The Director advised auditor that Baystate Medical Center would contact the YWCA if a victim wants rape crisis services. A Rape Crisis Counselor would be dispatched to Baystate. The YWCA has trained Rape Crisis Counselors that provide advocacy, counseling and support. They answer 24 hour Domestic Violence/Sexual Assault Hotline phones (800-796-8711 or 413-733-7100; Spanish Hotline is 800-223-5001). The Director advised auditor that she was not aware of any inmates transported to Baystate for SANE exam in the last 12 months, although she has not been in her Director position during that entire time period. The WCC has an MOU with the YWCA to provide Hotline and Rape Crisis services. Auditor visited the YWCA website at: www.Yvworks.org

In order to make a determination of compliance, the auditor interviewed the secondary PCM at WCC. He advised auditor that Baystate Medical Center would notify the victim advocate at the YWCA if such a sexual abuse incident occurred. The PCM advised that the WCC has an MOU with the YWCA to provide Hotline and Rape Crisis Services to WCC inmates. The PCM believes that the YWCA counselors would visit WCC 3 times if an inmate wanted to receive emotional support, crisis intervention, or information.

WCC reports to auditor on their PAQ that there was one non-custody SANE examination of an inmate in the last 12 months. Auditor subsequently confirmed that one SANE examination was conducted at Baystate for an
PREA Audit Report

allegation of sexual abuse that was reported to have occurred prior to the inmates arrival to WCC.

The Inmate That Reported a Sexual Abuse advised auditor that she did not ask to go to medical or to receive any attention from staff, other than having herself removed from the presence of the other inmate. Staff reportedly took immediate action in response to her complaint made to the housing unit officer.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

B. 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 B 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.

Auditor also reviewed HCSD Policy 1.3.7, Criminal Investigative Unit (CIU), Protocol 4, which provides extensive detail concerning the CIU duties, procedures, responsibilities, evidence collections, investigative procedures, etc.

WCC reports on their PAQ that 14 allegations of sexual abuse and sexual harassment were received; 8 cases resulted in administrative

investigation; and 6 were referred to the CIU for investigation. Not all administrative/criminal investigations were completed, as the alleged victims had been released from custody.

In order to make a determination of compliance, auditor interviewed the Assistant Deputy Superintendent. The ADS advised auditor that WCC investigates all allegations of sexual abuse or sexual harassment. WCC has 2 assigned and trained investigators, and has access to the CIU Commander at the Main Institution. WCC looks into allegations immediately. They would report to the MA State Police Crime Prevention and Control Unit for inmate-on-inmate or staff sexual abuse incidents. THE MA State Police or local law enforcement may investigate inmate allegations of incidents while in the community.

Auditor interviewed a WCC PREA investigator, who advised auditor that the CIU investigates administrative and criminal allegations/incidents. If staff are allegedly involved, the MA State Police conduct the investigation.

During on-site review, auditor met with all three CIU PREA investigators and reviewed all investigative files. Based upon auditor's review of files, interview of a WCC investigator and the ADS, it is confirmed that WCC ensures that all incidents and allegations of sexual abuse and sexual harassment are investigated and documented.

Standard 115.31 Employee training

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC reports to auditor that there are 211 employees assigned to the facility, and 211 employees who were trained on the PREA requirements.

WCC conducts PREA training annually thru Inservice training, Bi-weeklies, Roll Call Training and email notifications. Employees receive refresher training annually and as policy/procedures may change. The training is tailored to the female gender of the inmate population, with employees who are reassigned from facilities housing the opposite gender given additional training.

During interview with the Assistant Superintendent, she advised auditor that the Sheriff had authorized and budgeted in 2007 for WCC to train their original new-hire staff for the regular 8 weeks of Basic Academy Training, and then an additional 200 hours, in order to properly orient/train WCC staff to the new facility and working with a female offender population. Subsequent to that start-up class, all new hires attend the standard 8 weeks of Basic training at the Academy. The AS advised auditor that there was some local concern about the transfer-in of other staff, new to working with a female population, but that both the incoming staff and the established staff have worked well together to create a smooth transition into the culture and operations at WCC.

Auditor conducted random interviews of personnel in order to make a determination of compliance with the standard. Based upon auditor interviews, it is evident that staff have received extensive PREA training. The employees interviewed are familiar with WCC's Zero Tolerance, their responsibilities as mandatory reporters, inmate rights, their first responder duties, inmate and staff reporting methods of reporting sexual abuse and sexual harassment, gender announcements and searching methods and restrictions, etc. Staff reported to auditor receiving this training at the academy, during annual 16 hour trainings, during biweeklies and at Roll Calls.

Auditor has reviewed the Basic Training PREA curriculum, an 84 slide Powerpoint curriculum; the signature sheets of random individuals and spreadsheets evidencing training topics; class rosters; dates/times of trainings; etc. The WCC has developed an extensive collection of excellent Powerpoint training programs, which auditor has reviewed, e.g. 2015 and 2016 Annual PREA Updates (with 2016 report containing the PREA Audit results/comments from the MI, WMCAC and PRC audits of June, 2015); Social/Cultural Lifestyles of the Female Inmate Population; Cross Gender Supervision; Orange is the New Black; HCSD Integrated PREA Systems/JMS; PREA Specialized Training for Mental Health Staff; Mental Health PREA Interview Questions with sample responses; Sexual Harassment Prevention Training for Supervisors; Sexual Misconduct; and Sexual Misconduct (New Staff Orientation)with PREA Applications and Update.

It is evident to auditor that WCC invests significant time and staff resources to the orientation and training of personnel. Based upon auditor interview of 20 WCC full time personnel, it is apparent that staff are receptive to this training, and are very

knowledgeable concerning PREA and inmate communications, reporting, response, detection, etc. During on-site review, auditor encountered and engaged approximately 46 personnel, and observed many others. Auditor witnessed a professional workforce of comfortable, confident and dedicated individuals functioning as a Team in working with each other and with the inmate population.

Standard 115.32 Volunteer and contractor training

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

B. Volunteer, Intern, and Contractor Training - (See MI/WCC P&P 1.4.1 Staff Training and Development Plan, 1.7.1/1.5.1 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.

In order to make a determination of compliance, auditor interviewed two contracted employees, and two volunteers. Interview results indicate all 4 persons were properly oriented to WCC's Zero Tolerance Policy, and their responsibilities regarding sexual abuse/harassment prevention, detection, and response. All contractors and volunteers interviewed recalled signing the PREA Acknowledgement form, and they were aware of their respective

contact person to report any sexual abuse or sexual harassment information that may come to their attention. Auditor verified all 4 individuals had received the required PREA training for contractors/volunteers.

The content of the PREA Acknowledgement form is also contained within the Volunteer, Intern, and Service Provider Handbook, page 18.

Standard 115.33 Inmate education

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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.

The WCC reports on their PAQ to auditor that 2,195 inmates admitted in the last 12 months were provided PREA information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 526 inmates, whose length of stay was for 30 days or more, reportedly received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. WCC reports having one inmate admitted to WCC prior to August 20, 2012, who was later so educated.

During on-site review, auditor observed consistent PREA postings throughout the housing units, common areas, work and program areas, Visiting Room, Lobby, etc. These postings advise inmates that WCC maintains a Zero-Tolerance policy, and advise inmates to report sexual abuse or sexual harassment of themselves or others. The postings provide Rape Crisis Center Hotline numbers to the YWCA, at: 413-555-1212 or (Spanish):413-733-7100. The Rape Crisis Center Hotline numbers are also provided to every inmate upon intake to WCC, within the PREA Brochure, (English and Spanish versions available). Also in the brochure is the address and phone number for the HCSD, at: 627 Randall Rd, Ludlow, MA 01056, phone 413-547-8000. The WCC Inmate Handbook, Section 11.02.03 provides the address for the YWCA of Western Massachusetts, 1 Clough Street, Springfield, MA 01118, and YWCA Toll-free number of 800-796-8711, or office 413-732-3121/ TTY 413-733-7100. A Spanish Rape Crisis Center Hotline is provided, 800-223-5001. Other numbers provided are the National Sexual Assault Hotline at: 800-656-HOPE; and the Massachusetts State Police, 413-736-8390.

The Inmate Handbooks include the names of the WCC PREA Compliance Manager, and the HCSD PREA Coordinator. These inmate handbooks, for medium/maximum security and another for minimum security, are reviewed annually and overseen by the Standards and Training Supervisor, who is also the WCC PC. The Handbooks also include within Section 11, information/rules and regulations on Sexual Misconduct Guidelines, Relationships and Boundaries, Sexual Abuse/Assault, Sexual Harassment, Disciplinary Sanctions for inmates (Sexual Abuse Related), and Ways to Avoid becoming the Victim of Sexual Abuse.

Auditor conducted random interviews of inmates from each unit to determine compliance with this standard. Interview results indicate that the inmates have received a comprehensive education concerning PREA, their rights, reporting methods, adjustment recommendations, etc.

Auditor conducted interviews of two Intake personnel. Interview results indicate that all incoming inmates receive the PREA brochure with their initial property box issued to them at Intake. Auditor observed PREA posters

in Intake during on-site review notifying inmates of PREA and zero-tolerance concerning sexual abuse and sexual harassment. Auditor observed an in-processing of one inmate by the Booking Clerk at Intake on June 6, 2016. Following the gathering of information by the Booking Clerk, the inmates are escorted to the medical department directly for completion of the intake process/medical screening/initial risk assessment.

Auditor attended a regularly scheduled PREA orientation during on-site review, on June 7, 2016, facilitated by two WCC staff. The 17 inmates that attended were attentive, and participated in the pertinent discussions prompted by the personnel. The 50 minute orientation, which included an approx. 20 minute video, covered all essential areas of PREA and adjusting favorably and safely to a confinement setting. This PREA orientation reflected the care and concern of the staff.

Following the PREA Orientation and within weeks, the newly arrived inmates attend a Transitions Program: PREA, Boundaries and Safety. They again receive a PREA brochure upon completion of this 45 minute session.

Similar to the staff training, WCC intensely focuses on inmate orientation and education. This is obviously not a recent practice at WCC, but a cultural and programming SOP, with emphasis on inmate sexual safety, counseling, rehabilitation, and substance abuse, etc. WCC has communicated the PREA zero-tolerance standard to the inmates at WCC in a very thorough and effective manner. Auditor interviews with 10 inmates/residents established to auditor that they have a genuine respect for personnel. All inmates interviewed by auditor stated that they felt safe at WCC, e.g. "Thank God for the counselors and others here;" "a lot safer than when I am outside;" and that the Sheriff "probably has the best Sheriff's Department in the country."

Standard 115.34 Specialized training: Investigations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC reports to auditor on their PAQ that there are 3 HCSD investigators who have completed the required training. The three investigators comprise the HCSD Criminal Investigation Unit, CIU. Auditor has received documentation verifying that all three investigators have received the required specialized investigative training required by the standard.

This specialized training includes 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.

During on-site review auditor sat with all three trained investigators and walked-thru each PREA investigation conducted during the last 12 months. Auditor also interviewed one of the PREA investigators, and reviewed an investigation report citing the reading of Miranda and Garrity warnings by a WCC investigator to an inmate. The PREA investigator interviewed had attended the specialized investigative training in 2014, consisting of 40 hours presented by the Commonwealth of Massachusetts Municipal Police Training Committee. He was accompanied by the second PREA investigator based out of the WCC. The CIU Commander, a Lieutenant, had also attended the 40 hour specialized investigator training, in 2013, and has extensive investigative background and trainings beginning in 1998. Auditor has observed that the three CIU personnel are dedicated professionals that work well together as a team.

Auditor interviewed the agency Head designee, the ADS of WCC. She informed auditor that all allegations received are investigated and that sexual abuse allegations are a priority.

That WCC has 2 investigators available on-site and access to the CIU Commander at MI. The investigators have received 40 hours of specialized training. WCC investigates immediately, and would refer to MSP CPAC, if is serious incident or staff involvement.

The secondary PCM at WCC has completed an on-line National Institute of Corrections PREA course, Investigating Sexual Abuse in a Confinement Setting, in 2014.

Standard 115.35 Specialized training: Medical and mental health care

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC has submitted their PAQ to auditor which reports 27 medical and mental health practitioners, or 100%, have received the specialized training required by this standard and 3.5.3, PREA Plan.

Auditor obtained and reviewed the 38 slide Powerpoint program presented by the Department of Public Health Western Massachusetts Regional SANE Coordinator to WCC medical and mental health practitioners. Auditor had interviewed this MA Department of Public Health staff person by telephone prior to the on-site review. Auditor notes that the Powerpoint program is specifically tailored to address correctional facility and inmate issues of transport, custody, etc.

Auditor interviewed two medical and one mental health personnel at WCC during on-site review. WCC has verified to auditor by providing documentation that all three interviewed employees have received the required specialized training.

Standard 115.41 Screening for risk of victimization and abusiveness

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PROTOCOL 4: Screening for Risk of Sexual Victimization and 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 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 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.

The WCC policy, 3.5.6 Housing Placement and Orientation, Background, No. 7 provides specific direction for administering the PREA risk assessment upon admission: A PREA assessment is conducted for each inmate upon admission or within seventy-two (72) hours of admission when they are admitted to the WCC by the Admission/Discharge Assistant and a Qualified Health Care Professional (QHP). (See Core PREA Policy 3.5.3) New Intake Status inmates in Unit 1A with a known predator or potential predator (KP/PP) identifier may only be housed together unless SOLO cell indicated. New Intake Status inmates in Unit 1A with no PREA identifier will not be housed with any inmate that has a predatory identifier. Inmates serving their first incarceration will be housed in the most appropriate cell situation.

WCC has reported to auditor that 1,375 inmates entered WCC within the past 12 months (whose length of stay was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into WCC. Of those 1,375 admissions (either thru intake or transfer), 106 were reassessed due to their being in WCC 30 days or longer.

In order to make a determination of compliance, auditor interviewed Staff Who Perform Screening For Risk Of Victimization And Abusiveness. This employee advised auditor that the initial screening is done by way of information collection in Intake by the Booking Clerk, and immediately thereafter, upon officer escort to Health Services, by a nurse. The screening takes into account the inmates sexual orientation, perception of vulnerability, prior victimization, etc. The employee interviewed also does a complete criminal and institutional background review of the inmate, which is all considered as part of the risk assessment. This employee advised auditor that inmates are not disciplined in any way for refusing to respond or not disclosing complete information. This risk assessment information is available in TRAX, to authorized staff, such as the inmate's Counselor, Correctional Caseworker and Supervisor. The officers are only aware of the "alerts", such as "PREA". The risk assessment information in the automated system is not routinely downloaded, but remains accessible in the computerized system in an electronic format, for accessing by authorized personnel.

Auditor interviewed the Booking Clerk and observed the booking process/admission of a new inmate on June 6, 2016. This is the time and location during which the initial information is obtained from the inmate. The inmate is then escorted to medical for completion of the risk assessment by nursing personnel, and entering the data into the TRAX system.

Auditor interviewed the PCM, who advised auditor that only "need to know" personnel have access to an inmate's risk assessment score within the facility, in order to protect sensitive information from exploitation. The secondary PCM was also interviewed, and he also advised auditor that only the inmate's casework/counseling staff and Supervisor have access to the inmate's risk assessment information in TRAX, which is a password protected system. The housing unit officers would see

the “alerts” only, e.g. Solo (single cell); SRG (Security Risk Group); PREA; HAND (Handicap); Q5 (History of Suicide), etc. The PCM advised that risk screening provides critical information for housing/cell matching assignments and program assignments. The officer’s station will not allow the officer to make cell/unit moves involving inmates with an “alert” designation. This requires a higher level of authority/access to information to provide the necessary scrutiny for such alert-status inmates. The PC of the HCSD advised auditor that access to an inmate’s risk assessment is determined via computer access/security, as incorporated into the HCSD TRAX system. There are no hard copy Risk Assessments routinely downloaded/stored at the HCSD.

Auditor interviewed random inmates who advised auditor that they recalled being asked the questions concerning their perception of their safety, their sexual orientation, etc, at Intake during the booking process, and then again at Health Care Services. Other inmates did not recall being asked these questions later, while others did recall being asked these questions as part of the orientation conducted on the intake unit/new reception unit, or by their counselor/caseworker.

Auditor interviewed one inmate who was reported to have Disclosed Sexual Victimization During Risk Screening. During interview, inmate denied disclosing such information.

Based upon inmate and staff interviews, auditors review of WCC policy and computerized inmate TRAX system, and on-site observations, it is confirmed that WCC is compliant with the standard.

Standard 115.42 Use of screening information

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 his or her 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.

Auditor conducted numerous interviews in order to make a determination of compliance with this standard. The PC, and both WCC PCMs advised auditor that they do not place LGBTI in dedicated units/pods/wings on the basis of their identified status. The PCMs at WCC advised auditor that transgender or intersex inmate housing or program assignments would be determined on a case by case basis, and based upon the inmate comfort level and facility security needs. Transgender or intersex inmates would be offered separate showers if they wished.

The staff person that performs risk screening advised auditor during interview that the information is used for housing placements, and that imposed alerts prevent the inmate from being placed in a unit with certain other alerts. She advised that WCC has not had any transgender or intersex inmates, but she assumed the reassessments would be triggered to be conducted automatically, like the other PREA alerts are prompted by the computer system. Transgender or intersex inmates' own views would be considered concerning housing and program placement, and they would be offered the opportunity to shower separately, according to the interviewee.

There were no transgender or intersex inmates available to interview. Auditor interviewed 3 LGBTI inmates, from 3 separate housing units, with each inmate advising auditor that they were all asked about their sexual identification at Intake, and none of them were placed in a unit or pod based solely upon their identification. All expressed to auditor that they felt safe at WCC.

Auditor was provided, as an example, a copy of an email notification which was generated from Intake staff informing WCC supervisors and PCM concerning the admission of a PREA alert inmate, i.e. Potential Victim.

Auditor review indicates all responsible staff are knowledgeable and are executing the standard and policy requirements. LGBTI inmates are provided individualized considerations, and the facility properly communicates alerts, in order to ensure inmate safety and to inform those need-to-know personnel.

Standard 115.43 Protective custody

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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 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 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.

WCC reports on their PAQ that 0 inmates were placed into involuntary segregated housing during the last 12 months due to their risk of sexual victimization.

Auditor interviewed the AS in order to make a determination of compliance with the standard. The AS advised auditor that WCC does not have a practice of placing inmates in segregated housing. If they did so, seg housing would only be used as necessary, and inmates would continue to get full programming, in accordance with policy.

Auditor interviewed a WCC employee that works the segregated housing unit. He advised auditor that the practice of WCC is not to lock up

inmates for protection from sexual abuse or after having alleged sexual abuse. If an inmates was to be placed in involuntary segregation, she would continue to receive privileges, programs, education and work opportunities. If an inmate was placed in seg, the TRAX system would prompt a review every 30 days, in event she was in seg that long, but WCC does not use seg for such purposes. The employee advised auditor that there has not be any inmates placed in seg for their protection in the last 12 months.

During on-site review, there were no inmates that were in involuntary segregated housing, or had been in involuntary segregated housing during the last 12 months that were available to interview.

During on-site review, auditor observed that WCC complies with policy, and has a practice of not confining inmates to protective custody. WCC instead would use alternative housing to protect inmates at risk of sexual victimization.

Standard 115.51 Inmate reporting

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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](#)).

Auditor reviewed the WCC Inmate Handbook, Section, 11.02.05 Ways to Avoid becoming the Victim of Sedxual Abuse, which advises inmates: "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." The Inmate Handbook, Section 11.02.03, Prison Rape Elimination Act (PREA) Information contains contact information for the National Rape Crisis Hotline, YWCA Rape Crisis Hotline (English and Spanish), YWCA address, State Police, and identifies the WCC PC and PCM.

Auditor conducted interview of the secondary PCM in order to make a determination of compliance. The PCM advised auditor that the WCC has an MOU with the YWCA to provide the Hotline services which are available to the inmates. Such inmate reports made to the YWCA would be communicated to WCC. The inmates could remain anonymous if requested.

Random interviews of inmates indicate inmates are educated concerning the availability of the Hotline to report sexual abuse or sexual harassment. They are aware that they can notify staff verbally, or by request slip. The inmates understood that friends or family members could make a third party report, and that they could make an anonymous report. None of the inmates interviewed reported to auditor that they had reported sexual abuse or sexual harassment at WCC, but they indicated they would do so, if necessary.

Auditor interview with random staff indicate that staff have been trained and are aware of the multiple reporting methods for inmates to report sexual abuse, sexual harassment or retaliation resulting from reporting. Staff were aware that employees shall accept verbal, written, third party and anonymous reports, and report this information immediately to their supervisor. Staff advised auditor that they would document such information: immediately; at the time when heard of, or seen; or right away. Auditor reviewed a sample of written documentation submitted by a security officer in 2015 reporting a verbal allegation received by an inmate of sexual harassment by another inmate.

In addition to established reporting methods for staff (verbally notifying supervisor, submitting report, contacting PCM, etc), several staff interviewed informed auditor that personnel could utilize the Employee Assistance Program, EAP, by telephoning them or using the EAP website, to privately report sexual abuse or sexual harassment of inmates.

Auditor reviewed the Concern/EAP Informed Consent and Limits of Confidentiality form which applies to staff making confidential reports of sexual abuse or sexual harassment to the River Valley Counseling Center, Inc. This resource initiated and contracted by HCSD/WCC allows personnel to make a similar confidential "Hotline" notification to a private entity that is not part of the agency.

Auditor reviewed the MOU with the Western Massachusetts YWCA to provide Rape Crisis Hotline services to the inmates of WCC. Auditor reviewed the YWCA website at: www.Ywworks.org/, and also interviewed by telephone the YWCA Director of Survivor Outreach and Advocacy to confirm the services available, in accordance with the MOU with WCC.

Standard 115.52 Exhaustion of administrative remedies

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 90 days of the initial filing of the grievance.
7. Computation of the 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 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 his or her 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 his or her 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 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.

WCC reports on their PAQ that there were 6 grievances submitted during the last 12 months which alleged sexual abuse. All grievances reached final decision within 90 days. WCC reports that there were 3 grievances filed in the last 12 months alleging substantial risk of sexual abuse. One of the 3 grievances alleging imminent sexual abuse reached final decision within 5 days. There were no inmates disciplined for the filing of bad faith grievances in the last 12 months.

In order to make a determination of compliance, auditor interviewed the staff person that oversees the grievance process at WCC. The ADS advised auditor that the grievance procedures are in the PREA Policy and in the Inmate Handbooks. The ADS noted to auditor that the grievances and request slips are multi-part forms, or snap-sets. The PC would conduct an immediate investigation of an emergency PREA grievance and take action as necessary. The ADS advised auditor that WCC conducts an annual grievance analysis. Each Unit Clerk maintains a grievance spreadsheet to facilitate this review.

Auditor interviewed an Inmate That Had Reported a Sexual Abuse. The inmate advised auditor that she did not file a grievance concerning her complaint about another inmate, as the officer immediately intervened and took appropriate action to remove her from the cell, and later to remove the other inmate from the housing unit. There was no need to file a grievance.

Auditor reviewed the Inmate Handbook, Section 11.08 which contains the general Grievance Policy and procedures, and 11.09.03 which provides detailed information on Grievances Regarding Sexual Abuse, in compliance with the PREA standard, e.g. no time limit, third party filing, no informal grievance process, etc. Emergency grievance handling is also described in the Inmate Handbook, advising inmates on recommended inmate actions (notifying counselor, correctional caseworker, or other unit staff and/or Health Services staff), when they believe they are at imminent risk of sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor reviewed the MOU with the YWCA or Western Massachusetts to provided Rape Crisis Hotline Services and victim services for emotional support and victim advocacy. Auditor interviewed the YWCA Director of Survivor Outreach and Advocacy to confirm the services documented on the MOU with the HCSD/WCC.

Section 11.09.03 of the Inmate Handbook informs inmates of the emotional support services available to inmates related to sexual abuse. Auditor has reviewed Section 11.02.03 of the Inmate Handbook, which provides the Western Massachusetts YWCA address: 1 Clough Street, Springfield, MA 01118; Hotline number of 800-796-8711/Spanish 800-223-5001; and office telephone number 413-732-3121.

Auditor interviewed random inmates in order to make a determination of compliance with the standard. Interview results indicate that the inmates at WCC are well informed of the toll-free Hotlines, emotional support services available from the YWCA, and mandatory reporting, etc. Where inmates were not clear on specifics of their rights, reporting methods, etc, auditor provided appropriate information to orient the inmates, accordingly.

Standard 115.54 Third-party reporting

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor visited the HCSD website at www.hcsdma.org. The website contains extensive PREA information for the public, to include instructions on "How to Report Incidents of Sexual Assault or Sexual Abuse." Readers (Third Parties) are instructed to phone the HCSD PC at: 413-858-0914 (direct line); or to write the PC at HCSD, 627 Randall Road, Ludlow, MA 01056.

Or Citizens are directed to write the MA State Police.

Or Call the Hampden County Rape Crisis Center at: 800-796-8711; or 413-732-3121 (office). The 24 hour Spanish Hotline is also posted: 800-223-5001.

The YWCA address is included, as: 1 Clough Street, Springfield, MA 01118.

There is also a link to the Western Massachusetts YWCA website, of www.Ywworks.org, for additional information on reporting, and services available.

The HCSD website, at: www.hcsd.org, provides information on Text-A-Tip, a method for people to send in anonymous tips via the text-message function of their cell phones, to police. The police cannot trace the scrambled message back to the sender, and there is no fear of anyone finding out.

Random interviews with inmates indicate that the population has been informed of third party reporting ability, as the inmates expressed knowledge of this method. Auditor had attended an inmate PREA Orientation at WCC, and third party reporting was included in the orientation session provided to the inmates on the new reception unit.

During interview, the WCC AS advised auditor that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to facility investigators.

Standard 115.61 Staff and agency reporting duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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.

Auditor conducted interviews of random staff in order to make a determination of compliance with the standard. Interview results indicate employees have been trained and are knowledgeable concerning immediate reporting responsibilities concerning sexual abuse or sexual harassment, retaliation and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, and of maintaining a need-to-know practice of such confidential information.

The AS advised auditor during interview that any allegations of sexual abuse or sexual harassment are referred for investigation, to include third party and anonymous reports.

Auditor interviewed a mental health staff who advised auditor that she has become aware of sexual harassment allegations and reported them, accordingly. She is aware of her responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor immediately upon learning of it. She absolutely discloses her limitation of confidentiality and her duty to report at the

initiation of services to an inmate. She was not aware of any sexual abuse incidents in the last 12 months.

Auditor interviewed a medical staff person who advised auditor that she is a mandatory reporter, she discloses her limitations of confidentiality and her duty to report to inmates. She has never had to report an incident of sexual abuse and has not been aware of any in her years of employment at WCC.

Standard 115.62 Agency protection duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC reported to auditor on their PAQ that there were 3 times in the last 12 months when the facility determined that an inmate was subject to substantial risk of imminent sexual abuse. The PAQ reports that the facility took immediate action in all 3 cases.

During interview with the AS, she advised auditor that an "alert" would be placed on an inmate that had been identified as a substantial risk of imminent sexual abuse. The Counselor and possibly the Supervisor would meet with the inmate and review the best housing options, but not segregation. The inmate could receive a solo cell status. Staff would consider mental health services for emotional support. A PREA tag (alert) would be placed on inmate. If the incident/allegation involved a perpetrator, the facility could apply an "enemy" tag, or alert, so the two inmates would not be able to attend the same programs, the JMS/POWS system would not allow it. The housing officers would be notified, and the reporting inmate would be notified to report further issues.

Random interviews of personnel indicate that staff have been thoroughly trained and are aware of first responder duties in the event of an incident, or upon receiving a report of an imminent threat by an inmate. Staff would act first to separate and make the inmate safe from any imminent danger or the alleged perpetrator, notify the supervisor/PCM or

ADS, send inmate to medical, file report, etc.

Standard 115.63 Reporting to other confinement facilities

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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.

WCC has reported to auditor that WCC has received 5 allegations from inmates that they were abused while confined to another facility.

The WCC reports that they have received 0 allegations of inmate sexual abuse reported to have occurred within WCC.

In order to make a determination of compliance, auditor interviewed the AS, who advised auditor of the process involved if/when such reports are received. If a report would be received from another agency that a sexual abuse reportedly occurred at WCC, the CIU would investigate and the ADS would be involved with that review. If allegation involved staff, the CIU Commander would notify the MSP. The ADS would also report a staff allegation/investigation to Human Resources. The AS was not aware of any such reports received from an external agency of sexual abuse having occurred at WCC.

Auditor interviewed the ADS, who advised that her office, the PC and the CIU would serve as points of contact and would handle allegations received from WCC inmates concerning alleged sexual abuse incidents reported to have occurred at another agency. The CIU would also investigate reports of sexual abuse reported to have occurred within WCC, and reported to WCC by another agency. The ADS advised that there were no cases of sexual abuse reported to have occurred within WCC. If there were, CIU would undertake the same investigative process, by investigating right away, reviewing camera footage, telephone records, go to reporting agency and interview inmate, and report on findings.

Auditor was provided and reviewed documentation from the last 12 months initiated by WCC notifying another agency of an alleged sexual abuse to have occurred while the inmate was in the custody of that agency. As required by PREA standard 115.63, WCC notified that agency in writing and provided a written inmate statement attesting to the allegations made. The receiving agency receipted for the email and attachments the same day as the documents were sent from WCC. A WCC PREA investigator processed this report and completed the notification process, accordingly.

Standard 115.64 Staff first responder duties

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC reports to auditor that there were 6 allegations of sexual abuse at WCC in the last 12 months. The PAQ indicates that a security staff member was the first to respond in separating the alleged victim and abuser in all six cases. Upon discussion with the PCM, however, auditor has determined that there were no actual cases where a first responder separated inmates resulting from an actual sexual assault/abuse. The cases reported on the PAQ involved allegations of sexual abuse and staff took actions to maintain security and safety by separating the inmates, as a precaution. There were no evidence collection issues involved. Use of video did prove evidentiary in one case reviewed by auditor and involving one inmate interviewed by auditor.

Auditor interviewed a non-security staff person who can act as a first responder. This employee advised auditor that he would keep the victim and other person separated, if the sexual abuse was an allegation. If an incident he would preserve the scene, no showering or teeth brushing or washing-up. Once safe and secure, he would notify medical and Shift Commander about the allegations. Employee advised auditor that a victim or alleged victim would not go to protective custody/segregated housing or get punished. WCC would use another housing unit for the victim. The alleged perpetrator may get confined to seg.

Auditor interviewed multiple random security staff members who would act as first responders. All employees provided responses evidencing their training, knowledge and correctional experience concerning their first responder priority duties. Based upon staff interviews, auditor has determined that staff

have the tools necessary in order to respond individually and as a team to verbal reports or allegations, or actual incidents of sexual abuse.

Auditor interviewed an inmate that reported a sexual abuse at WCC. Inmate advised auditor that an officer responded to her complaint within 5 minutes and separated her from the other inmate. The inmate interviewed wished no further action taken, and medical/mental health services were not requested or required in this situation.

Auditor learned during on-site review that WCC intends on placing the employees first responder PREA Immediate Response checklist into the HCSD Annual Pocket Planner issued to all employees, when issued for the 2017 calendar year. This will serve to provide all employees with a concise and readily available written checklist should staff be presented with such allegations or encounter an incident.

Standard 115.65 Coordinated response

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

E. Coordinated Response -

1. 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.)

Sexual Assault Victim Advocate (SAVA)

It is the mission of the Sexual Assault Victim Advocates (SAVA) to provide support and advocacy to an identified victim of sexual assault and to assure access to a reasonable continuum of services throughout incarceration and following release.

When SAVA will be Activated

The sexual assault of an inmate, detainee, or resident by another inmate, detainee, resident, a staff member, contractor, volunteer, or intern will activate a response by a SAVA responder(s) to advocate for the victim (inmate, detainee, and resident). A sexual assault is defined by a range of behaviors including rape and attempted rape. If the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse, this will include any of the following acts:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by hand, finger, object, or other instrument.

Auditor has been advised by PCM that SAVA has not been activated at WCC since the position was created by HCSD in 2015, due to no incidents of sexual violence at WCC.

Auditor interviewed the AS who advised auditor that the facility has a plan to coordinate actions in response to a sexual abuse, as required by the standard.

Based upon auditors interviews of facility leadership, medical and mental health practitioners, staff first responders, and investigators, it is evident that WCC personnel are aware of their roles and duties, and coordinate the sexual abuse response with their fellow staff, whether in response to a grievance/allegation or a reported incident of sexual abuse.

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

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

The facility has indicated to auditor on their PAQ that the HCSD has entered into/renewed a collective bargaining unit agreement since August 20, 2012. The agreement is between the HCSD and The National Correctional Employees Union, with effective dates of July 1, 2014 thru June 30, 2017.

Auditor interviewed the ADS who advised auditor that the agreement does not prohibit or restrict WCC from taking action with union members. The ADS advised auditor that the administration has moved personnel in the past resulting from facility issues.

Standard 115.67 Agency protection against retaliation

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 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 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.

The PAQ reports to auditor that there has been 0 incidents of retaliation at WCC in the last 12 months.

Auditor interviewed the AS of WCC. She advised auditor that staff are trained on retaliation issues, including at orientation and Bi-weeklies, and is discussed at meetings. Staff can jump the chain of command to report any retaliation information that comes to their attention. The inmates know they can report to anyone, and there has not been any reports of retaliation that the AS is aware of. WCC would follow the 30-60-90 day guidelines. The AS mentioned a prior case where the follow-up by staff resulted in a positive outcome for the inmate and staff. If retaliation would be suspected the ADS would direct an investigation be conducted. Staff would meet with the reporting inmate, or confer with EAP, and then follow-through. Retaliation is a rule violation, whether by inmates or staff and would require a disciplinary process to address. If inmates were involved, CIU would investigate, and protect the reporting person. Staff would follow-up at Roll Call and staff meetings, by getting back to staff and reminding them about retaliation.

The ADS when interviewed advised auditor that staff would protect the reporting inmate and interview them every 30, 60, and 90 days or longer if need be. The supervisors would see them almost daily. WCC uses "enemy"

tags to keep inmates separate, and to alert the officers and other staff. WCC uses housing changes, notifies staff, ships them out if necessary, and protects witnesses. WCC holds people accountable, like addressing a hostile work environment situation.

Auditor interviewed the Staff Member Charged with Monitoring Retaliation/PC. The PC advised auditor that the documentation related to the retaliation monitoring is recorded in TRAX. The unit Caseworkers/Counselors work with the PC in coordinating the 30, 60 and 90 day monitoring. None have gone past the 90 days, but could be longer than 90. WCC monitors both victims/witnesses and perpetrators. The PC advised auditor that inmate conduct can be addressed due to their actions thru housing unit changes, discipline, criminal charges if appropriate or possibly a transfer to another facility.

During on-site review, there were no inmates housed in segregated housing due to sexual victimization risk. The Inmate That Reported a Sexual Abuse and was interviewed by auditor advised that she suffered no repercussions from her report to staff. That was how she had hoped the situation would be handled, and it was.

Staff are very knowledgeable concerning the issues of retaliation. The inmates at WCC also understand the seriousness and prohibition concerning any form of retaliation. Staff are executing the policy and procedures of the HCSD and PREA.

Standard 115.68 Post-allegation protective custody

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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).

WCC advises auditor on PAQ that there have been 0 instances of use of Protective Custody (segregated housing) to protect an inmate who was alleged to have suffered sexual abuse.

The Assistant Superintendent advised auditor that WCC policy prohibits placing inmates who are alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment has determined that there are no available alternative means of separation from potential abusers. The AS stated that WCC does not place such inmates in seg. If they did, it would only be as necessary and they would get full programming. The AS advised auditor that segregated housing has not been used in the last 12 months to protect an inmate who was alleged to have suffered sexual abuse.

A staff person who supervises inmates in segregated housing has advised auditor during interview that WCC does not use segregated housing to protect inmates who have alleged to have suffered sexual abuse, and has not done so in the last 12 months. If seg housing was determined to be necessary, the inmate would retain their privileges and they would be reviewed every 30 days. The TRAX system would prompt such a staff review every 30 days due to their status.

There were no inmates available to interview that had been placed in segregated housing due to alleged sexual victimization in the last 12 months or that were presently in seg housing during auditor's on-site review. Auditor toured the segregated housing unit of WCC during on-site review. At that time, there were 18 total inmates housed in seg housing for various disciplinary reasons, self-lock-up's, suicide watch, emergency stabilization, etc. There were no inmates in Protective Custody due to sexual victimization, making sexual abuse allegations, etc.

Standard 115.71 Criminal and administrative agency investigations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor was advised on the WCC PAQ that there have been 0 substantiated allegations of conduct that were referred for prosecution since August 20, 2012. The cases of alleged sexual abuse/sexual harassment referred to law enforcement in the last 12 months involved allegations of inmates concerning incidents which occurred prior to their admission to WCC, or while working in the community while assigned to the minimum housing unit at WCC.

Auditor interviewed a WCC PREA investigator in order to make a determination of compliance. This investigator reports having received 40 hours of the specialized investigative training in 2014. Auditor confirmed the training certificate of this investigator and the two other CIU investigators. The investigator provided auditor with detailed, accurate responses which evidence his knowledge and experience in properly responding to and investigating allegations of sexual abuse or sexual harassment. He was familiar with all the documented PREA cases during the last 12 months. Auditor reviewed all of the PREA investigative files with the 3 CIU investigators, in order to make a determination of compliance with the standard, e.g. collection and use of direct and circumstantial evidence, assessment of credibility of alleged victim, suspect or witness, thoroughness of written reports submitted, the filing of criminal charges or referral of sexual abuse cases (to MSP for staff involvement), etc.

The AS of WCC advised auditor that the CIU Commander, the HCSD liaison to the MSP, would remain informed of the progress of a sexual abuse investigation. The PCM advised auditor during interview that the WCC PREA investigators work with the MSP in such cases and would remain informed of the progress of a sexual abuse investigation. The secondary PCM advised auditor that the WCC investigators would work hand-in-hand with the MSP. The MSP would come in and work with WCC staff thru the process.

The auditor requested a WCC PREA investigator display the contents of a PREA Kit to auditor. The PREA Kit is an investigative bag containing sheets, clean clothing, evidence tape, plastic gloves, plastic and paper evidence bags, etc. WCC maintains 2 PREA Kits,

which are stored in the Security Management office and are available for use by the CIU investigators and Shift Commanders.

Based upon auditors interview of a CIU investigator, review of all investigative files, PAQ responses, and policy documentation review, auditor has determined that WCC meets and exceeds compliance with this standard. WCC operates an integrated investigative review system, involving the ADS, PCMs, and CIU investigators, to address any/all complaints/grievances/allegations of sexual abuse or sexual harassment. The training provided to the CIU investigators exceeds basic requirements, and staff are very experienced investigators who work well together as a team of dedicated professionals.

Standard 115.72 Evidentiary standard for administrative investigations

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor has reviewed the WCC PAQ which reports compliance with the HCSD 3.5.3 PREA Plan, imposing a standard of a preponderance of evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Auditor interviewed WCC PREA investigator who advised auditor that the CIU applies the preponderance of evidence standard to administrative PREA investigations; beyond a reasonable doubt for criminal cases. During review of all of the PREA investigations with the two WCC PREA investigators and the CIU Commander from MI, auditor was assured by all investigators that they followed the preponderance of evidence standard in reaching determinations concerning their investigative findings.

Standard 115.73 Reporting to inmates

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

C. Reporting to Inmates -

1. Following an investigation into an inmate's allegation that he or she 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.
4. Following an inmate's allegation that he or she has been sexually abused by another inmate, the department shall subsequently inform the alleged victim whenever:
 - a. The department learns that the alleged abuser has been *indicted* on a charge related to sexual abuse within the facility; or
 - b. The department learns that the alleged abuser has been *convicted* on a charge related to sexual abuse within the facility.
5. All such notifications or attempted notifications will be documented.

6. A facility's obligation to report under this policy will terminate if the inmate is released from the department's custody.

WCC reports on their PAQ to auditor that there were 6 investigations of alleged inmate sexual abuse conducted during the last 12 months. The PAQ reports 5 inmates received either verbal or written notifications of the results of the investigation, with all 5 notifications being documented. None of the alleged inmate sexual abuse investigations were conducted by an outside agency in the last 12 months. There has not been any substantiated or unsubstantiated complaints of sexual abuse committed by a staff member in WCC in the last 12 months.

Auditor reviewed a 2016 investigative report concerning alleged inmate on inmate sexual abuse. This investigation was conducted by a WCC PREA investigator, with the investigative report submitted to the CIU Commander. Within a week, the reporting inmate was notified of the unsubstantiated findings by the inmates' Correctional Caseworker, who is also the secondary PCM. The inmate signed the HCSO Inmate Notification of PREA Sexual Abuse/Misconduct Action form verifying receipt of the notification.

Standard 115.76 Disciplinary sanctions for staff

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor also reviewed the HCSD Personnel Policy Manual, 1.3.1, which defines Sexual Abuse, Sexual Contact and Sexual Misconduct/Sexual Harassment. Protocol 28, pgs 55-57 in detail provides direction and prohibitions for staff, including penalties/discipline, reporting requirements, non-retaliation provisions and first responder duties.

WCC reports on their PAQ that there were no staff members that have violated facility sexual abuse or sexual harassment policies in the last 12 months. Therefore, no staff members were disciplined, terminated, or reported to law enforcement or licensing boards.

Standard 115.77 Corrective action for contractors and volunteers

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

WCC reports to auditor on their PAQ that there has been 0 contractors/volunteers reported to law enforcement or licensing

boards for engaging in sexual abuse of inmates in the last 12 months.

Auditor interviewed the AS who advised auditor that WCC would evaluate the reported incident and determine whether the contractor or volunteer would be permanently "posted" or restricted from further entry into WCC. If remedial options were appropriate, violating contractors/volunteers would receive written notices and WCC would use training and set up periodic monitoring of the individual.

Auditor interviewed two contractors and two volunteers, of the 160 contractors and volunteers reported to have received the PREA orientation concerning sexual abuse/harassment prevention, detection and response. All 4 individuals were clear on their understanding of PREA, their conduct prohibitions, and their reporting responsibilities, reflecting having received proper orientation. This thorough orientation has likely contributed to the absence of incidents involving contractors and volunteers.

Standard 115.78 Disciplinary sanctions for inmates

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 his or her 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.

WCC reports to auditor that there have been two administrative investigation findings of inmate-on-inmate sexual abuse at WCC in the last 12 months. No case was referred for criminal investigation/prosecution. Auditor has reviewed both cases with the CIU investigators and PC, and determined WCC's assessment of these cases as administrative, to be accurate.

Auditor interviewed the AS who advised auditor that inmates could receive from 10 to 30 days sanction for inmate-on-inmate sexual abuse. Sanctions could be imposed for consensual sexual conduct also. WCC would follow-up with classification review on perpetrators and possible use of PREA tags or alerts, and additional programming. Any disciplinary sanctions would be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability or mental illness would also be considered.

Auditor interviewed a medical and a mental health staff person. Their responses indicated WCC was compliant with WCC policy and the PREA standard concerning the offering of therapy, counseling or other intervention services. Such services would not require the inmate's participation as a condition of access to the programming designed to address and correct the underlying reasons or motivations for sexual abuse.

WCC prohibits all sexual activity between inmates. Any sexual activity between staff and inmate could result in disciplinary action against the inmate only upon finding that the staff member did not consent to such conduct. Under Massachusetts Law, 268, Section 21 A, "Inmates are incapable of consent to sexual relations with personnel."

Auditor reviewed the Inmate Handbooks, which contain detailed information, Section 11.02.04, Disciplinary Sanctions for Inmates (Sexual Abuse Related). The Inmate Handbooks at WCC have been updated and incorporate the requirements and provisions of the PREA

standards, informing the inmates of the disciplinary process, commensurate sanctions, sexual contact with staff, bad faith filing of complaints, etc.

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

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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 18 years.

WCC PAQ reports to auditor that 6.3% of the inmates in-processed in the last 12 months disclosed prior victimization during risk screening. The PC reported to auditor that all were offered a follow-up meeting with a medical or mental health practitioner.

The two WCC medical and mental health practitioners interviewed advised auditor that WCC staff obtain informed consent from inmates

before reporting about prior sexual victimization that did not occur in an institutional setting.

The staff Person Responsible for Risk Screening was interviewed and advised that inmates who have reported prior victimization would show up in the risk screening in the computer. Medical staff would see it and the employee interviewed believes the inmate is seen by medical within 14 days from intake. If screening indicates that an inmate previously perpetrated sexual abuse, a follow-up meeting with a mental health practitioner would be offered within 14 days.

Auditor interviewed an inmate who disclosed sexual victimization during risk screening. During interview, inmate denied disclosing prior sexual abuse. The inmate interviewed was a LGBTI inmate who was knowledgeable concerning PREA, inmates rights, and resources to contact for services for sexual abuse or sexual harassment. The inmate advised auditor that she felt safe at WCC.

Standard 115.82 Access to emergency medical and mental health services

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor also reviewed Protocol 12 of the HCSD Policy, Special Needs and Services, 4.5.9., which addresses the medical needs and psychological trauma associated with a sexual assault.

There were no cases of sexual assault at WCC in the last 12 months that required emergency medical/mental health services.

PROTOCOL 12: 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 D: 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 D: 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 D: 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.

The HCSD Victim Services Coordinator is responsible for coordinating all aspects of victim services for inmate victims of sexual abuse, at the HCSD and WCC.

Auditor interviewed a medical and a mental health practitioner in order to make a determination of compliance. Responses indicate that inmate victims would receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope determined by training, policy and procedure and according to law. Timely information about access to emergency contraception and sexually transmitted infection prophylaxis would be provided, usually ordered by the SANE at Baystate Medical Center.

Auditor interviewed a non-security staff first responder. He advised auditor that he would take action as a first responder to an allegation of sexual abuse by keeping the "victim and the other person separated. Once safe and secure, notify medical and Shift Commanders about allegations."

Auditor interviewed an Inmate That Reported a Sexual Abuse, with inmate advising auditor that the situation she reported to staff did not require medical treatment or crisis intervention services. Inmate advised auditor that staff immediately intervened and addressed the issue, moving the other inmate away from the reporting inmate, i.e. to another housing unit. The reporting inmate did not wish any further action taken, as she did not want to draw attention to herself, or make a difficult situation for herself with the other inmate or inmates.

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

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor interviewed a mental health practitioner in order to make a determination of compliance. The MH practitioner advised auditor that the evaluation and treatment of inmates who have reportedly been victimized entails a mental health assessment/staff checking on the mental health status of the inmate. Check on whether they are being currently victimized. Staff would confer with their supervisor on a treatment plan, moving forward, and "put in referrals so they stay on our radar so we can check in on them." The WCC medical and mental health services offered are consistent, or better than the community level of care. Staff make sure they follow-thru. As soon as staff are aware, if pregnancy results from sexual abuse while incarcerated, inmate victims are provided timely information and access to all lawful pregnancy-related services.

Auditor reviewed two sample WCC documents recording two separate mental health interviews with two inmates conducted within the last 12 months. These mental health follow-up meetings were initiated by two different MH practitioners due to: 1. a report of a prior sexual victimization, and 2. due to a consensual sexual contact with another inmate.

Auditor interviewed the YWCA Director of Survivor Outreach and Advocacy, who advised auditor that a WCC victim of sexual abuse could receive up to 12 confidential counseling sessions, free, as provided by a YWCA Counselor.

An Inmate That Reported a Sexual Abuse to staff advised auditor that staff addressed her complaint immediately, before the situation worsened, so there was no need for medical examination, follow-up services, or pregnancy tests.

The three medical/mental health practitioners interviewed during on-site review reflected to auditor excellent job knowledge, dedication and concern for their duties and responsibilities, overall, and as concerns PREA issues. It is evident to auditor that staff communicate well with each other, and coordinate inmate services well. The staff and inmate interaction is positive and professionally comfortable. Multiple inmates advised auditor during interview and during informal conversations conducted during walk-throughs of the housing units that the inmates trust staff and rely upon them. Multiple personnel were named by inmates as valuable to them during their adjustment process to incarceration, and in addressing their individual needs.

Standard 115.86 Sexual abuse incident reviews

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 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.

WCC reports to auditor on their PAQ that, excluding only "unfounded" incidents in the past 12 months, there were 5 administrative investigations of alleged sexual abuse completed at the facility. All 5 sexual abuse administrative investigations were followed by a sexual abuse incident review within 30 days.

Auditor interviewed the AS who advised auditor that the the PCM proceeds thru the IRT Cover Sheet when the committee reviews PREA investigations or incidents. The AS cited the original buildings shower rooms as examples where the administration took action to prevent and deter inmates from using these enclosed rooms for sexual activities, either coerced or consensual. This review led to the sign-in procedures and limit of one inmate per shower room access, and the design of the pod showers in Building 3, versus using a "shower room" configuration. The AS advised that she "has a great team in order to make things happen at WCC. They have used the IRT reviews to make physical plant changes and tweek policy and procedures. The IRT offers a format for open discussion by staff. It validates what we already have in place."

Auditor interviewed another member of the IRT, who advised auditor that the PCM reads from the IRT form which prompts questions of motivation for incidents, e.g. LGBTI, gang affiliation, locations, etc. The PCM completes a synopsis of the committee meeting and discussion. "We have tweaked a mirror placement, and talked about additional cameras/angles, and shift staffing levels."

Auditor interviewed the secondary PCM, who advised auditor that the Central Classification committee meets every Wednesday. The IRT is conducted at that time by the PCM and secondary PCM, reviewing any allegations or incidents of alleged sexual abuse or sexual harassment. There has not been any trends. The secondary PCM reviews statistics annually, and WCC posts their Annual Report on the website, including a breakdown of the last two 12 month cycles.

Auditor reviewed the Incident Review Team/PREA Incident Review team minutes and associated documents from two 2016 IRT reviews conducted. Both reviews were chaired by the PCM, and multiple upper-level management officials participated, to include the AS, ADS, housing ADS, Lieutenants, Counselors, and classification staff. One case involved a housing unit move and a disciplinary sanction, resulting from the filing of the Violation Report. Another Violation Report case reviewed by auditor resulted in a sanction of Loss of Privileges for the offending inmate.

Auditor reviewed the various written protocols which are utilized by WCC to ensure that staff initiate a proper and thorough response at various levels and based upon the type of situation. The protocols include: Consensual Sexual Misconduct; Inmate Reports Rape/Sexual Abuse prior to Incarceration by Custodial Agency; Inmate Reports Rape/Sexual Abuse prior to Incarceration not involving Custodial Agency; PREA Sexual Abuse Guideline; and Sexual Harassment. Development and adoption of these valuable protocols is consistent with the standardized policies and procedures in place throughout the HCSD and WCC. The administration does not rely on unprepared personal judgments of untrained personnel. When a situation occurs or an allegation is received, staff respond, address, investigate and seek ways to improve their SOPs, in order to enhance the sexual safety of their workplaces, and the inmate's living quarters.

Standard 115.87 Data collection

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

B. Data Collection -

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.
6. Upon request, the department will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Auditor visited agency website, at www.hcsdma.org, and reviewed the posted 2014 and 2015 Annual PREA Reports. Each report is an aggregated report of the 4 confinement facilities of the Hampden County Sheriff's Department. The reports contain inmate-on-inmate and staff-on-inmate data for each calendar year. The inmate-on-inmate data is broken down into Non-Consensual, Abusive-Sexual Contact, and Sexual Harassment. The staff-on-inmate data is broken down into Sexual Misconduct and Sexual Harassment categories.

Each report contains statistics/data analysis for the respective calendar year, Corrective Action, Accomplishments and a Conclusion. The auditor found the reports to be comprehensive and reader friendly, providing agency employees, the public and federal officials with compiled sexual abuse and sexual harassment data and analysis for the HCSD.

In addition, the HCSD submits the Survey of Sexual Victimization, SSV, for each calendar year, to the Bureau of Justice Statistics, BJS. This SSV includes incident-based data and demographic data, and is available of the BJS website, at www.bjs.gov.

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

In order to make a determination of compliance, the auditor interviewed the agency Head designee, the ADS of WCC. She informed auditor that WCC uses the incident-based data to assess and improve sexual abuse prevention, detection and response policies, practices and training. A good example is the change of shower procedures, with implementation of the sign-ins, and limiting one inmate in the shower room at a time. The ADS advised auditor that all the sexual abuse data is forwarded to the HCSD PC, the aggregated report is compiled and posted on the agency website, and reviewed by the facility administration.

The HCSD PC advised auditor that personal information is redacted so that staff/inmates are not identifiable in compiled annual reports. If issues are identified, corrective action is taken, e.g. showers at WCC. The Annual Reports are uploaded onto the agency website.

The PCM at WCC advised auditor during interview that the HCSD Annual Reports do not contain any personally identifying information. The WCC takes corrective action on an ongoing basis based upon the facility data.

The secondary PCM advised auditor that "data is aggregated and an annual report is compiled and filed. Staff look at areas of concern. There has been no correlation to-date. If areas of concern would arise, we would look at it and address."

Auditor visited the HCSD website at www.hcsdma.org, accessing the links to the 2014 and 2015 PREA Annual Reports via the Public Information tab. Auditor also accessed the PREA information, e.g. PREA Plan Policy, 3.5.3. etc. The website also has links to the PREA Resource Center, PRC, website; the PREA standards for adult prisons and jails and community corrections; the YWCA website and Hotline numbers (English and Spanish); and to the HCSD PC telephone number. Citizens are directed to contact the PC in event they are aware of sexual abuse in the HCSD.

Standard 115.89 Data storage, publication, and destruction

- 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

Auditor interviewed the HCSD PC who advised auditor that data is securely stored in a 6-part folder, locked in file cabinet in locked office. Computer data is accessible only thru authorized entry/security. All personal identifiers are removed prior to submission of sexual abuse/sexual harassment data from WCC to HCSD, prior to SSV annual report submission to the BJS.

Auditor visited the HCSD website at www.hcsdma.org and reviewed the 2014 and 2015 Annual PREA Reports. Auditor has confirmed that there are no personal identifiers contained within either report.

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.

Louis Folino

July 22, 2016

Auditor Signature

Date