PREA Facility Audit Report: Final

Name of Facility: Western Massachusetts Recovery and Wellness Center
Facility Type: Community Confinement
Date Interim Report Submitted: 01/05/2025
Date Final Report Submitted: 01/23/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Amy J. Fairbanks	**Date of Signature:** 01/23/2025

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	11/13/2024
End Date of On-Site Audit:	11/14/2024

FACILITY INFORMATION	
Facility name:	Western Massachusetts Recovery and Wellness Center
Facility physical address:	155 Mill Street , Springfield , Massachusetts - 01108
Facility mailing address:	

Primary Contact

Name:	Diane M Bator
Email Address:	diane.bator@sdh.state.ma.us
Telephone Number:	413-278-5541

Facility Director	
Name:	Anthony Scibelli
Email Address:	anthony.scibelli@sdh.state.ma.us
Telephone Number:	413-886-0110 ext. 31

Facility PREA Compliance Manager	
Name:	Benjamin Mastay
Email Address:	benjamin.mastay@sdh.state.ma.us
Telephone Number:	413-547-800 ext. 295
Name:	Diane Bator
Email Address:	diane.bator@sdh.state.ma.us
Telephone Number:	413-278-5541

Facility Characteristics	
Designed facility capacity:	149
Current population of facility:	107
Average daily population for the past 12 months:	86
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold?	

Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-69
Facility security levels/resident custody levels:	Minimum and Pre-Release
Number of staff currently employed at the facility who may have contact with residents:	75
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	74

AGENCY INFORMATION	
Name of agency:	Hampden County Sheriff's Department
Governing authority or parent agency (if applicable):	
Physical Address:	627 Randall Road , Ludlow , Massachusetts - 01056
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Matthew Roman	**Email Address:**	matthew.roman@sdh.state.ma.us

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
4	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.215 - Limits to cross-gender viewing and searches • 115.232 - Volunteer and contractor training • 115.233 - Resident education
Number of standards met:	
37	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION	
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2024-11-13
2. End date of the onsite portion of the audit:	2024-11-14
Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Prison Legal Services of Massachusetts
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	149
15. Average daily population for the past 12 months:	86
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	87
19. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
20. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
21. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
22. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	75
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	74

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured at least one resident from each housing unit was interviewed.
37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

43. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
45. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was found credible based on frequent visits to the program/housing areas and informal conversations with staff.

47. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	We reviewed the investigations with the current resident roster and confirmed there were no residents t the time of the audit that had reported sexual abuse or sexual harassment while confined.
48. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There is no segregation operation at this facility.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender, race, ethnicity and ability to speak other languages were factors when selecting random staff interviews.

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	(●) Yes ( ) No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
56. Were you able to interview the Agency Head?	(●) Yes ( ) No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
58. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
59. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Food service staff, Education Manager, Disciplinary staff, Watch Commander,
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☑ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No

68. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
97. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · 1.1.2 Facility Table of Organization April 1, 2024, through to March 31, 2025 · PREA Coordinator and PREA Manager appointment letter March 5, 2020 · HCSD Mission Statement · Interviews with the PREA Coordinator and PREA Manager · Organization chart, July 1, 2024 · Organization chart - facility · Frequently Asked Questions (FAQs)

	The following policy excerpt supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, The Hampden County Sheriff's Department (HCSD) promotes a zero tolerance of sexual abuse and sexual harassment. 1. This policy & protocol outlines the Department's approach to preventing, detecting, and responding to such conduct and is published on the facility website. 2. The Sheriff has appointed a facility-wide PREA Coordinator with the authority to develop, implement, and oversee the facility compliance with the PREA standards in all of its facilities. 3. Each facility has a designated PREA Compliance Manager with the authority to coordinate the facility's compliance with the PREA standards in conjunction with the HCSD PREA Coordinator. a. The Sheriff has designated Matthew Roman as the PREA Coordinator. b. The Sheriff has designated the following staff as PREA Managers: Western Mass. Recovery and Wellness Center (WMRWC) Diane Bator 1.1.2 Facility Table of Organization reinforces the organization chart provided to support compliance. (a) 3.5.3 PREA Plan, is a detailed 55-page policy which includes the following: definitions, Prevention and Planning, Responsive Planning, Training and Education, Screening for Risk of Victimization and Abusiveness, Reporting, Official Response Following a Resident Report, Investigations, Discipline, Medical and Mental Care, and Data Collection and Review. It mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. It includes definitions of prohibited behaviors consistent with the definitions in the PREA law. There is a section entitled, Discipline which includes sanctions for prohibited behaviors. (b) The PREA Coordinator has direct access to the Superintendent as evidenced by the organization chart, and interview with the PREA Coordinator. This position is Assistant Superintendent of Standards. The organization chart demonstrates that he answers directly to the Superintendent. The PREA Coordinator states he conducts regular meetings with the PREA Managers. He is the chairperson for the annual staffing analysis meeting. He was present during the audit in addition to two other PREA Compliance Managers for other operations within the agency to ensure all questions were addressed. In accordance with the FAQ for this provision, the PREA Coordinator does have access to the Sheriff, Superintendent, and Assistant Superintendents. This was demonstrated to the auditor at previous audits (one conducted each year for this agency) as well as during this audit. It was demonstrated to the auditor that the

	PREA Coordinator has access to and influence necessary to lead, coordinate, guide and monitor successful ongoing implementation of policies and procedures that comply with the PREA standards across all departments/divisions within the facility. He verbalized that he has sufficient time and authority to accomplish compliance with the PREA standards. A PREA Manager is assigned to ensure compliance with the WMRWC. Observations and interviews demonstrated that the PREA Coordinator and PREA Managers work seamlessly together to ensure compliance with the requirements are met. She additionally oversees standards and training at this facility. She articulated that she has regular meetings and constant communication regarding updates needed to improve the goal of preventing sexual abuse and sexual harassment. The PREA Manager verbalized that she has sufficient time and authority to accomplish the goal of compliance with PREA standards. Summary of evidence to support the finding of compliance: Policy is compliant with the requirements of the PREA standards including specifically giving authority to named individuals. It ensures there is a zero tolerance for sexual abuse and sexual harassment. Definitions are provided for specific applications. Additionally, the mission statement specifically ensures compliance with the PREA standards. Interviews with the PREA Coordinator and PREA Manager support they have the time and authority as did observations during the on-site audit. Observations and evidence support a finding of “exceeds” the standard by additionally ensuring that an onsite person functions as the PREA Manager.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · Review of contracts in which HCSD holds residents for other agencies · Interview with the Sheriff · Observations during the tour · 3.5.3 PREA Plan The following policy excerpt supports compliance with the requirements of this standard: PREA Plan states, Contracting with Other Entities for the Confinement of Residents

	1. When the HCSD contracts for the confinement of its residents 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. Policy mirrors the standard language. Evidence reviewed/analyzed by provision: (a)(b) The auditor reviewed the current contractual arrangements for the Hampden County Sheriff's Office to hold inmates on behalf of other operations. They do not contract for the confinement of their inmates with any other entities. In the event of this changing, policy is in place to ensure compliance with the standard. Summary of evidence to support the finding of compliance: Review of the documents uploaded to the online audit system (OAS) for the Pre-Audit Questionnaire (PAQ) allowed the auditor to conclude there are no contracts during the PREA audit cycle for confinement of inmates; as indicated, they hold inmates for other agencies. Policy supports the requirements in the event that they do enter into contracts for the confinement of inmates from this agency. Therefore, the auditor concludes that this standard is not applicable – compliant.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Hampden County Sheriff's Department Staffing Analysis Review August 2023 · Hampden County Sheriff's Department Staffing Analysis Review July 2024 · Security Department Annual Report June 1, 2023, through to June 30, 2024, WMRWC · Interviews with the twelve randomly selected correctional staff · Interview with the PREA Coordinator · Randomly required documentation of staffing sheets from randomly selected months/dates which reflected appropriate staffing levels.

	· Observations of staffing levels during the tour · Shift Minimum Calculations – All Facilities · PAQ The facility reports on the PAQ that the average daily population for the facility is 76, noted as an increase of 42% in the annual staffing analysis. The staffing plan was predicted on a population of 149, the facility capacity. The PAQ further indicates that the facility does not deviate from the staffing plan. The correctional supervision follows the principles of “Direct Supervision” and “Unit Management”. The following policy excerpt supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Supervision and Monitoring 1. The HCSD ensures that each facility develops, documents, and makes best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facilities shall take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated); The composition of the resident population; The number and placement of supervisory staff; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 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.

	Policy mirrors the standard language. Evidence reviewed/analyzed by provision: (a) The interview with the Superintendent and review of the staffing plan confirmed the following: (1) The facility has achieved accreditation status through the American Correctional Association (ACA) and is currently accredited by the National Commission on Correctional Health (NCCHC). (2) There are no judicial findings of inadequacy; (3) There are no findings of inadequacy from Federal investigative agencies. (4) There are no findings of inadequacy from internal or external oversight bodies; the auditor was informed that the Massachusetts Department of Correction conducts audits twice yearly to analyze and assess operations. The Superintendent confirmed that no deficiencies have been noted requiring a change in operations. These reports were provided to the auditor for review. Additional external audits include Department of Public Health, and federal audits as they house Bureau of Prisons inmates. (5) All components of the facility's physical plant are reviewed. Video monitoring is used; specific information regarding placement of cameras was reviewed during the audit. The staffing analysis indicates that the facility has not upgraded video monitoring. (6) The composition of the resident population has been analyzed by the facility. It is a regional minimum and pre-release security facility housing males and females. (7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly. The annual review states the facility has a minimum number of security supervisors on day shift, on evening shift and on the midnight shift. The security supervisors are required and routinely conduct unannounced checks in all areas of the facility to deter sexual abuse and sexual misconduct. (8) Institution programs occurring on a particular shift have a detailed evaluation of the time and days of the programs occurring. The auditor observed programming during the tour of the facility and noted the camara monitoring and security staff in the areas. Programming is the mission of this operation. (9) Any applicable State or local laws, regulations, or standards are reviewed. Staff discussed with the auditor changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for those with substance use disorder, treatment/ searches of transgenders and other areas. Other regulations addressed come from the DEA, SAMHSA, Massachusetts DCP and Massachusetts BSAS.

	(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is additionally analyzed in the Annual Report. It was concluded that the review of PREA allegations did not warrant any changes to staffing. (11) Other relevant factors include an assessment of the PREA training provided to staff annually, periodically and which is always available on the agency intranet PodNet program. (b) The facility indicated on the PAQ that there have been no instances of non-compliance as overtime is utilized to ensure all positions are filled. Staffing rosters were requested for February 1, 2024, and August 1, 2024, and received which further demonstrated compliance. It was reported and confirmed through review of randomly requested staffing rosters that overtime is used to ensure that all positions are filled. Random staff interviews confirmed that they work overtime and are from time to time mandated to work overtime to ensure staff positions are filled. During the audit, the auditor observed that the facility has no obvious blind spots, staff were assigned to posts as indicated in the staffing plan, staff stations provide direct supervision of the housing unit, camera coverage is excellent. The physical plant has remained the same. (c) Policy, interviews with the Superintendent and the PREA Coordinator confirmed this staffing review has been conducted annually. Review of the staffing plan, seven pages total, confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. The auditor supports that the analysis was credible and detailed. The meeting is attended by the following: PREA Coordinator/Assistant Deputy Superintendent of Medical, Assistant Superintendent of Operations, Assistant Superintendent of Human Resources, Captain - Security Staff Scheduler, PREA Manager/Administrator of Standards, Chief of Security, and Assistant Deputy Superintendent of WCC, Standards & Training Manager of WCC, Director of WMRWC, and Standards & Training Coordinator II of WMRWC. Summary of evidence to support the finding of compliance: Review of the policy, staffing plan, and random selection of rosters provided evidence which supports compliance. Interviews with staff such as corrections officers, supervisors, Superintendent and PREA Coordinator all supported the finding of compliance. The auditor finds there is ample evidence to support the finding of compliance.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard:

	· 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · 3.1.1 Supervision April 1, 2024, through March 31, 2025 · 5.1.1 Program April 1, 2024, through March 31, 2025 · Review of curriculum for same gender clothed pat search and cross gender, transgender/Intersex pat search · Documentation demonstrating all security staff training on searches · Observations of showers, toilets changing areas during the tour · Observation of Placards regarding cross gender announcements · Announcement of female in the unit while the auditor toured male housing areas · FAQ December 2, 2016 · PAQ The PAQ indicates there have been no cross-gender strip searches conducted, nor any body cavity searches of residents conducted in the previous 12 months. The PAQ indicates there have been no pat down searches of female residents conducted by male staff. During the audit process, the auditor found no reason to dispute this. Additionally, auditor observed numerous male and female security staff present to accommodate appropriate gender searches. The PAQ indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Limits to Resident 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 2. The HCSD does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. 3. All cross-gender strip searches and cross-gender visual body cavity searches of female residents must be authorized by the appropriate Supervisor and shall be documented. 4. Inmates/residents/residents/Residents 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 residents that staff of the opposite gender of the resident population will be entering the resident 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 resident housing unit, staff maintain the following protocol.

a. PREA Standard 115.15 requires staff of the opposite gender to announce their presence when entering a resident housing unit. This is sometimes referred to as the “cover-up rule” and is intended to put residents 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.

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 residents 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 residents who are deaf or hard of hearing (and vice versa at the WCC). Any unit housing deaf or hard of hearing residents 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 resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, 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 residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy. The auditor reviewed 3.1.1 Supervision (WMRWC) Searches of Individuals and concluded that it addresses the following: · searches are solely for the purpose of enhancing security · requirements for when a strip search can be conducted · strip searches are always performed in relative privacy with as much dignity as possible by security and conducted by staff of the same sex as the resident · when entering the bathrooms in all housing units and upon entering the Women's unit, the Officer conducting the wellness check shall make a gender specific announcement if that staff member is of the opposite gender. The announcement shall be loud enough to make their presence known, i.e. MALE/ FEMALE OFFICER ON THE FLOOR. · procedure for searches of a transgender resident which provides the resident input regarding the gender of the staff conducting the strip search, including the use of a consent form. This process is in accordance with the interpretation provided by the PRC December 2016. · procedures and techniques for pat search and clothing searches. 5.1.1 Program states that male and female residents are provided equal access to all services and programs with no discrimination in work assignments, job placements, education, training opportunities, or recreational activities. As illustrated/summarized, the agency/facility has policies that requires compliance with the standard provisions and specifications on how the requirement will be addressed. Evidence reviewed/analyzed by provision: (a) The PAQ supports that no cross-gender strip or visual body searches have been conducted. During the tour and random resident interviews, the auditor found no reason to dispute this. Both male and female residents are housed at this operation. The auditor observed ample male and female staff. (b) Policy supports that female residents will not be searched by male staff. During the tour, the staff demonstrated to the auditor how programming occurs at this facility for both males and females simultaneously, without having to mix the populations, through defined movement schedules, security and cameras to reinforce this is not occurring. No residents reported any restriction of programming during the resident interviews. (c) It was reported to the auditor that a cross-gender visual body cavity search

would be documented in an incident report. Policy supports this process. As stated, no cross-gender searches have been conducted.

(d) Policy requires that residents will be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. All resident interviews confirmed that the announcement regarding a female entering a male unit and a male staff entering a female unit. Some residents further noted that the card is present over the officer's station. Fifteen out of sixteen resident interviews confirmed that they shower, change clothes, and use the toilet without having a female watch (males) or a male watch (females). All staff interviews confirmed that residents can shower, use the toilet, change their clothes without a opposite gender staff observing. The room doors provided relative privacy. During on-site review, auditor observed all resident shower/bathroom areas and evaluated the video monitoring regarding the shower/toilet areas. Showers had curtains with meshing on the top and bottom, toilets had stall doors. The auditor has concluded that residents are afforded required privacy without opposite gender viewing, while still providing security personnel with the required supervision necessary, i.e. views of head/upper torso and lower legs/feet. No video coverage violated this requirement.

(e) Policy prohibits staff from searching a transgender or intersex resident for the sole purpose of determining that resident's genital status. If further supports that If the resident's genital status is unknown, it may be determined during conversations with the resident, 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. As indicated, 3.1.1 Supervision Searches of Individuals provides the procedure for searching a transgender resident.

(f) 3.5.3 PREA Plan requires security staff to be trained to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner, and in the least intrusive manner possible, consistent with security needs and policy. This training was provided to all security staff when initiated and is now provided in the Academy training (per the PREA Coordinator, Training Manager and documentation provided with the PAQ). All staff interviews confirmed that they have been appropriately trained on how to conduct cross gender searches as well as searches of transgender/intersex residents. Many interviews then continued with explaining to the auditor that due to the change in the state law, a transgender is now allowed to request where they want to be housed and which gender, they want to search them. Documentation was provided to the auditor demonstrating that this information is assessed at intake and recorded in the JMS. These then are not considered cross-gender search. A synopsis of the training was provided to the auditor. Both the training curriculum and Search Procedures Guidelines address specific techniques for male and female areas. Training records provided support that this occurs annually, exceeding the standard.

The auditor reviewed the training curriculum for pat searches at a prior audit for this agency one year ago; it is a brief video on how pat searches are to be conducted.

	Staff are reviewing this yearly according to interviews with staff. Policy regarding transgender/intersex inmate searches supports compliance with the FAQ issued December 2016 which indicates clarification for searches of transgender/intersex inmates/residents/residents. Training records were provided demonstrating that security staff have been trained in the updated curriculum implemented by state law in 2018. Additionally, per the interview with the Training Coordinator, this is provided in the new officer orientation and is now a part of required annual mandatory training. At the time of the onsite audit, the facility did not have any transgender/intersex residents in which to interview and assess this information. The auditor found this credible. Finding of compliance based on the following: Policies support the requirements of the standard and further clarify how the requirements will be accomplished. All staff interviews provided the auditor with confidence that they are appropriately training on how to conduct cross-gender pat searches and how to conduct searches of transgender/intersex residents ensuring professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff are aware that transgender/intersex residents are not to be searched just to determine genital status. As stated, throughout the audit it was reported that no cross-gender search has occurred, which the auditor found credible.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Power Point presentation on Americans with Disability Act (ADA) and PREA · In-service training records and mandatory training curriculum · Resident Handbook, English and Spanish · Language Bridge Contract 2024 to 2025 · List of dual language staff (94 total Spanish, Sign Language, Haitian Creole, Italian, Bosnian, Russian, Portuguese, Cambodian, Polish, French, Patwah, Swedish, Gaelic) · Interviews with residents with physical limitations and limited English skills · Interview using a staff interpreter

	· Observation and use of the Time Kettle – translation device · Interviews with randomly selected corrections officers · Observation of Placards demonstrating pictures of gender of staff · Observations during the tour · Observation of Language Line equipment · PAQ The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Consistent with PREA standard 115.16 the agency shall take appropriate steps to ensure that residents 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 residents who are deaf or hard of hearing (and visa versa at the WCC). Any unit housing deaf or hard of hearing residents shall display the placard whenever a cross-gender staff member is present on the unit. Residents with Disabilities and Residents who are Limited English Proficient. 1. The HCSD takes appropriate steps to ensure that residents with disabilities (including, for example, residents 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 residents 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 residents with disabilities, including residents 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 residents 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 resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under Protocol 6D, Staff First Responder Duties of this P&P, or the investigation of the resident's allegations. Policy mirrors the standard requirements. (a) All staff receive training on ADA and PREA. The auditor reviewed the training documentation that confirmed that this training was designated as mandatory training, therefore requiring all staff to ensure they received it. The PowerPoint presentation, ADA and PREA, addresses physical, cognitive/intellectual, psychiatric and sensory disabilities. As medical staff conduct the initial PREA risk assessment, in addition to numerous other assessments, these needs are immediately identified when the resident enters the facility. Staff interviews confirmed that appropriate accommodations are addressed. This included the use of a placard to identify when a female is in the unit, closed caption video educating residents on PREA, assistive devices for residents who are legally blind, and availability of a video relay telephone. Residents were interviewed with physical disabilities, two with cognitive/ mental illness disabilities. The interviews revealed no concerns with residents with the needs not being able to have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. (b) The auditor interviewed two residents who are limited English proficient (LEP). A Time Kettle device was used for one interview. This device allows the two individuals to each wear a hearing piece and while speaking the device translates. This affords immediate translation for numerous languages and appeared to be readily accessible for use. The second interview was conducted using a staff interpreter. The residents confirmed receiving information in their language and the handbook in Spanish. The posters throughout the facility were available in English and Spanish. Resident Handbooks are available in English and Spanish. The video shown to residents has closed captioning in English and subtitles in Spanish. The Language Bridge contract is current. As evidenced by the staff dual language list, the agency maintains a current list of qualified staff who can provide interpretation for a variety of languages. (c) The PAQ indicates that no resident has been used to interpret for another resident in the previous twelve months. This was also supported by interviews with corrections officers. Corrections officer interviews revealed that they were aware that if there were exigent circumstances, they could use another resident but would be required to document the reason for this. The auditor found no reason to dispute this. Finding of compliance based on the following: Policies support compliance with the standard. The agency ensures that staff are aware of the requirements of the ADA and how it interrelates with the PREA requirements through mandatory training. The maintenance of the language contract and list of bi-lingual staff demonstrates that the agency takes extra measures to ensure that residents are able to effectively

	communicate with staff and vice versa. The staff interviews demonstrated that they are aware of the requirements for using a resident interpreter, only when there are exigent circumstances.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Candidate Questionnaire - 8 pages, asks the questions required of 115.17 (a) · Promotional candidates interview form · PREA Self Evaluation completed during the annual evaluation · Review of randomly requested documents (newly hired staff, promoted staff, contractual staff, and status employees) · PAQ · Interview with the Human Resources Manager The PAQ indicates that the facility has hired three staff and three contractual staff during the previous 12 months for which a background check was conducted. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Hiring and Promotion Decisions. 1. In reference to the HCSD Human Resources Policy (See P&P 1.3.1 Human Resources Policy Manual), the Department does not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, 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 residents. 3. Before hiring new employees who may have contact with residents, 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 residents. 5. The HCSD conducts a criminal background records check at least every five (5) years of current Employees, Contractors, Volunteers and Interns who may have contact with residents. 6. The HCSD shall ask all applicants and employees who may have contact with residents 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. Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a) To ensure that the agency is not hiring or promoting anyone who has (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or

	administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section, these questions are asked in the pre hire/promotional questionnaire. An interview with two staff confirmed that they were asked these questions during the hiring process. During the audit, the auditor requested to review promotional personnel files and personnel files for newly hired staff. The questionnaire was present in the newly hired applications and the promotional interview questions. (b) The Candidate Information Questionnaire asks the potential candidate if they have engaged in or been accused of engaging in sexual harassment in any prior employment. In addition to the policy, the interview with the Human Resources Manager, and the Assistant Superintendent for Human Resources confirmed that if a candidate had indications of incidents of sexual harassment, it would warrant further review and consideration by their office, which may include the Sheriff. Additionally, they would seek more information from the agency where this occurred. (c) Review of personnel files revealed that they included a background check. The methods utilized by the HCSD result in clearance checks conducted with the MA Bureau of Probation (BOP), the III-NCIS, Warrant Management-WMS-MA, and Driver's license History. The interview with the Human Resources Manager supported that all prior employers including those who have had institutional experience have reference checks completed. Candidates sign a release to ensure that the office can conduct informative background checks. (d)The auditor requested and viewed the personnel documents for the last two newly hired contractual staff. Documentation reflecting background checks were present. The interview with the Human Resources Manager confirmed that these are conducted on all contractual staff, interns, volunteers, and summer candidates. (e) The interview with the Human Resources manager confirmed that the agency has a system for ensuring that background checks are conducted every three years, exceeding the requirements of the standard. The auditor viewed the working documents reflecting completion of these checks for 2014, 2017 and 2020. (f) (g) Review of the application supports that it asked the questions required of subpart 1, a,b c. The application also requires that the person sign indicating that they have a continuing affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time employed by, contracted with or volunteering for the HCSD. It states failure to do so will result in disciplinary action up to and including discharge. Additionally, all employees sign for an employee handbook. Within this hand book is the following statement: " Employees are required to report any involvement they may have with law enforcement officials including being taken into custody; being questioned by police; being arrested, being issued a criminal summons or indicted; as well as court appearances or the like regarding any criminal matter involving the employee, at the earliest possible opportunity to their immediate supervisor, Unit Superintendent, Assistant Superintendent of Human Resources, Chief of Security, Deputy Chief of Security,

	and/or the Assistant Superintendent of Operations. (h) In addition to policy supporting this requirement, the interview with the Human Resource Manager confirmed that with the appropriate signed release, she would provide information on former employees including those with a pending investigation, to inquiries received regarding these former employees. It was further confirmed that this department is made aware of all investigations of staff when they begin and would be able to advise of an ongoing PREA investigation as well. Finding of compliance based on the following: Policies address all requirements of this standard. The interview with the Human Resource Manager, and review of the randomly requested documentation all provided the auditor sufficient evidence to find this agency in compliance. Additionally, as noted, the Agency exceeds the standard by ensuring a background check is conducted every three years.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Interviews with the Assistant Superintendent · Observations made during the on-site inspection. · PAQ The PAQ indicates there have been no modifications to the facility, no upgrades to the video monitoring technology since the last PREA audit. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Upgrades to Facilities and Technologies. 1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the HCSD considers the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect residents 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 residents from sexual abuse.

	Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a) (b) The auditor previously audited this facility and agrees that there have not been upgrades to the existing facilities nor upgrades to the video monitoring. The interview with the Superintendent provided assurances that the agency will consider how to protect residents from sexual abuse when making modifications or upgrading the cameras. Finding of compliance based on the following: Policy above supports the requirements of the standard. The interviews with the Assistant Superintendent/ facility head confirmed that PREA was considered when making changes to technology.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · 3.1.7 Special Teams April 1, 2024, through to March 31, 2025 · MOU with the YWCA · Documentation of SANE exam provided for the agency, not this facility · PREA Evidence kit · Interview with the Western MA (WMA) Regional Coordinator, Department of Public Health · Interview with the Director, YWCA · HCSD Job Description Victim Impact Coordinator · PAQ The PAQ indicates there have been no forensic medical exams conducted in the last 12 months, no SANE exams in the last 12 months, no exams performed by a qualified medical practitioner in the past 12 months. The auditor found this credible during the audit process. The following policy excerpts supports compliance with the requirements of this

	standard: 3.5.3 PREA Plan states, Evidence Protocol and Forensic Medical Examinations. 1. To the extent the HCSD is responsible for investigating allegations of sexual abuse, the Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. 2. The HCSD offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility (Baystate Medical), without financial cost, where evidentiary or medically appropriate. These examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department documents its efforts to provide SAFEs or SANEs. 3. The HCSD makes available to the victim a Victim Advocate from the YWCA Rape Crisis Center. If the YWCA Rape Crisis Center is not available to provide victim advocate services, the Department has a qualified staff member. The Department's staff will document the efforts to secure services from the YWCA Rape Crisis Center. 4. As requested by the victim, the victim advocate or qualified HCSD staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. 5. The requirements of paragraphs (1) through (4) of this section shall also apply to: a. Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse in prisons or jails; and b. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails. 3.1.7 Special Teams states, Potentially Traumatizing Events Response to any work-related event including, but not limited to: suicide attempt, suicide, serious injury to staff or staff responding to serious injury of an resident, PREA response, Line of death physical plant emergency. It further addresses the requirements of the CIU Investigator Response regarding Investigation of a Crime Scene. Additionally, there is a section outlining responses to sexual assault in accordance with National Commission on Correctional Health Care (NCCHC) standards. Evidence reviewed/analyzed by provision: (a) In addition to policy, the interview with the trained investigator confirmed that the agency does follow an established uniform evidence protocol that maximizes

	the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This is accomplished through the maintenance of PREA kits to ensure evidence is properly collected. This Kit contains a change of clothing, evidence bags and tags, chain of custody forms, and a sheet to lay upon the floor during evidence collection/changing of clothing. The outline provided in the investigator Field Manual (Confidential) has a section dedicated to sexual abuse response. The auditor reviewed the confidential information in the Field Manual and found that it provides detailed information on ensuring a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Massachusetts State Police handle evidence and process it at the State Police Crime Lab. The complete evidence collection procedures to be utilized are detailed within the Special Teams policy, 3.1.7. The auditor found on the website the following: The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment. Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard. (b) Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. Per the interview with the Western Massachusetts Regional SANE Coordinator, this program is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", most current version. (c) As noted in policy, residents are afforded a SANE exam at no cost. The interview with the Western Massachusetts Regional Coordinator revealed the following: SANE examiners are certified through Massachusetts Public Health. MOUs are in place with the hospital. Within this MOU is the verification that there is no cost for the examination. She confirmed that the MOU indicates specifically that residents will receive these examinations, therefore they cannot be denied by the hospitals that offer these examinations. (d) (e) As noted in policy and in the MOU with the YWCA, the agency does provide a victim advocate from a rape crisis center. Ongoing services are provided to the residents in two manners, by calling the hotline and asking to be referred to an appointed counselor (this call is not monitored but occurs in the living unit) or through use of an office phone with the assistance of a staff counselor (this call is monitored but occurs in a private setting). Additionally, this MOU indicates it will provide free, confidential counseling to survivors who are confined by the HSCD. It states that these services are not contingent on cooperating with the investigation. Meetings occur in a private room at the facility. The auditor has reviewed the SANE Program Goals document/curriculum, utilized by the Western Massachusetts Regional Coordinator, MA Sexual Assault Nurse Examiners Program, as presented to

	HCSD personnel during a training workshop. The auditor interviewed the Department of Public Health (DPH) Regional SANE Coordinator, who has jurisdiction concerning three Western Massachusetts counties, including Hampden County. The Regional Coordinator confirmed that SANEs are on-call at BMC, and that there are several full-time SANEs employed there. The interview with the Regional SANE Coordinator indicated that the YWCA victim advocate services would be activated by the Emergency Room staff at the hospital, upon admittance of a resident victim, or the YWCA could be contacted directly by the HCSD staff. (f) As noted in policy and the interview with the investigators, the agency may use the Massachusetts State Police to investigate. The MSP does follow the requirements of the standard as confirmed by the statement on their website and the compliance of the MSP lock up facilities with the PREA standards. (g) Auditor not required to audit this provision. (h) This provision is not applicable to this agency as they make a victim advocate from a rape crisis center available to victims per 115.21(d).However, they have an established victim coordinator who could fulfill this role if needed. Finding of compliance based on the following: Polices support compliance with this standard. The MOU and interview with Regional SANE Coordinator and Director YWCA additionally provided ample evidence for the auditor to support the finding of compliance.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Interview with the Assistant Superintendent · Interview with the Investigator · Review of investigations · Review of the agency website - Prison Rape Elimination Act - Sheriff · PAQ The PAQ indicates there were four sexual abuse or sexual harassment criminal

	investigations completed in the previous 12 months as administrative investigations, zero referred for criminal investigations. As stated, the auditor reviewed five administrative investigations. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Policies to Ensure Referrals of Allegations for Investigations. 1. The HCSD ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 2. The HCSD ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility documents all such referrals. 4. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. 5. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. 3.1.7 Special Teams states, The Criminal Investigation Unit (CIU) investigates departmental complaints and/or incidents of a serious nature, within the facilities of the Sheriff's Department domain. Criminal Investigative Unit (CIU) A. Investigations are initiated when the alleged serious violation(s) of existing facility rules and regulations and/or the alleged violations of existing local, State and Federal laws is apparent, and possible criminal prosecution is indicated. B. All investigations are conducted in an organized and cooperative manner, including appropriate written documentation and evidence collection. C. By the authority of the Sheriff of Hampden County, the Criminal Investigation Unit (CIU) is authorized to ensure the protection of the legal rights of residents, staff and/or visitors. The CIU is created to ensure that a thorough and unhampered collection of all pertinent, factual information and the preservation of all necessary evidence is collected in an acceptable and timely manner. D. CIU Investigation Authorization 1. An official, formal inquiry, referred to as an investigation, into an actual or alleged event occurring contrary to Facility, Local, and State or Federal regulations commences upon notification of said event.

	2. The Criminal Investigation Unit will investigate alleged resident infractions of a serious nature directed toward another resident, staff and/or visitor(s). 3. The intent of an investigation is to gather all facts relevant to the matter and to establish what actually occurred. 4. The CIU staff determines culpability, utilizing the resources of outside law enforcement agencies which may include, but not be limited to, the Massachusetts State Police and/or District Attorney's Office Staff, State Fire Marshall's Office, Drug Task Force, and/or other Law Enforcement Agencies when necessary to proceed with legal action, as required by the Policy and Protocol and/or Law. 5. The CIU staff ensure the continuing thorough and unhampered collection of all information, both factual and physical. Necessary reports are forwarded to the Housing Unit Staff to facilitate the disciplinary/classification process. 6. Evidence is preserved in a safe and secure manner, per the dictates of the CIU and Policy & Protocol 3.1.8 Searches & Control of Contraband. E. Supervision/CIU 1. The CIU-Unit Commander, working within the Special Operations Unit has responsibilities which include, but are not limited to: a. The CIU-Unit Commander provides information to the Assistant Superintendent of Operations, Assistant Superintendent of Special Operations, the Sheriff, and Facility/ Unit Superintendent relative to the progress of the investigation. b. Notification regarding an investigation and the continuing progress of an investigation is given to the supervisory staff in the appropriate area or a Unit Superintendent whose tower staff/resident(s) are affected by the CIU-Unit Commander. Responding CIU staff reports to the Housing Unit Supervisor for the coordination of an investigation. c. The CIU-Unit Commander ensures compliance with specific requirements in regard to any time limits or constraints set forth by policy and/or law, accurate consolidation of all information and documentation obtained by the unit and retaining said factual information. d. The CIU-Unit Commander ensures that the final conclusion, as a result of an investigation, is forwarded to the appropriate individual(s) in writing. F. Criminal Investigation Notification 1. At the time of the alleged incident, the Special Operations Supervisor will notify the Criminal Investigation Supervisor of the following: a. Serious injury to a resident, employee and/or visitor b. Death of anyone on facility property

	c. Serious assaults to resident(s), staff and/or visitor(s) d. Robbery or theft, if substantial e. Sexual assaults f. Arson Evidence reviewed/analyzed by provision: (a) In addition to policies, the interviews with the Assistant Superintendent (facility head) and investigator confirmed to the auditor that all allegations of sexual abuse and sexual harassment will be investigated administratively and if applicable criminally at this agency. (b) (c) As documented above, the agency has a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy describes the resources used (Massachusetts State Police) when the circumstance warrants. Use of the Massachusetts State Police is also described on the agency website. (d) (e) The auditor is not required to audit these provisions. Summary of review of investigations: Five total, one inmate/inmate harassment – unsubstantiated, one inmate/inmate abuse – substantiated; two investigations determined to not meet the definition as established by the PREA law. Finding compliance based on the following: Policies support compliance with the standard provisions. The interviews with the Assistant Superintendent, investigators, and review of the coordinated response plan and investigations gave the auditor ample evidence to support a finding of compliance.

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · New Staff Orientation Training PREA plan and curriculum 79 slides PowerPoint · Cross-Gender supervision PowerPoint 23 slides · In-service Mandatory Training 2024

	· Training logs 2022, 2023, 2024 · Mandatory PODNet training · Acknowledgements of completion – training sign off · Interviews with random staff · Interview with the training coordinator · PAQ · FAQ The PAQ indicates that the agency has PREA training annually which is mandatory. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, TRAINING AND EDUCATION A. Employee Training - 1. The HCSD trains all employees who may have contact with residents 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. Residents' right to be free from sexual abuse and sexual harassment; d. The right of residents 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 residents; i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 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 residents at the employee's

	facility. The employee receives additional training if they are reassigned from a facility that houses only male residents to a facility that houses only female residents, 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. Evidence reviewed/analyzed by provision: (a) The auditor reviewed the PREA training power point presentation – New staff orientation. Topics included the following: review of the law and its evolution, review of statistics, definitions of staff on resident abuse and resident on resident abuse, zero tolerance, staffing levels, cross gender viewing and supervision, residents with disabilities, hiring and promotion processes, employee, volunteer/contractor resident education, specialized training, review of the standards, zero tolerance policy, staff responsibilities, resident screening and information use, staff reporting/ first responder duties, resident rights, freedom from retaliation (staff and resident), the code of silence (common reactions), dynamic of sexual abuse and harassment in confinement, high risk residents, resident behaviors indicating sexual abuse, avoiding inappropriate relationships/warning signs, mandatory reporting law, gender identity/sexual orientation, communication techniques, and confidentiality. This training encompasses all required topics per this provision. There are seventy-nine (79) PowerPoint slides. All staff interviewed validated they are receiving training in the required topics. All staff indicate they receive the training annually and some further added that it is always available on the computer at their workstation through PodNet, training available through the intranet. They confirmed for the auditor that the mandatory topics are addressed. Additionally, the interview with the training coordinator and newly hired staff confirmed that they received the training prior to working with the residents, support compliance with the clarification in the FAQ issued October 2014. (b) Several slides in the training power point are dedicated to the different experiences and reactions of sexual abuse based on gender. As the agency operates male and female facilities, all staff receive this information on both genders. Additionally, a training requirement entitled Cross-Gender supervision provides details regarding the differences between male and female offenders. (c) Documentation was provided showing all employees, current and newly hired, have received this training. All staff confirmed they receive this training every year. PREA refresher training, as stated to the auditor, is available through PodNet.

	(d) Documentation of annual mandatory training confirms the following: “I have reviewed the aforementioned Policies and PowerPoint presentations as mandated yearly by the HCSD,DOIC, ACA and NCCHC. I understand that it is my obligation to read, understand, and abide by all policies throughout my employment.” Finding of compliance based on the following: Policy is compliant with the requirements of this standard. The curriculum addresses all required topics; staff interviews confirmed they are being trained on these topics. Training addresses the differences of the experiences of male and female victims and dynamics. Finally, staff have to acknowledge that they understood the training they received. This provides the auditor with ample evidence to support a finding of compliance. A finding of “exceeds” compliance is given due to the annual mandatory training.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Contractor Facility Orientation Training Power Point What is PREA – 83 slides · Vendor Orientation & Education PREA – 24 slides · Volunteer Handbook - 31 pages with acknowledgements · PREA Acknowledgement Form · volunteer, contractor, intern (Attachment to policy) · Interview with the Volunteer Coordinator · Access to review all volunteer files, four randomly selected and reviewed · Interview with two contractual staff and one volunteer · PAQ The PAQ states there are 74 volunteers and contractors who have had training on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Volunteer, Intern, and Contractor Training – (See MI/WCC

	P&P 1.4.1 Staff Training and Development Plan, 1.7.1 Volunteers/Interns, and 1.7.2 Volunteer Resource Service Handbook) 1. The HCSD ensures that all volunteers, interns, and contractors who have contact with residents 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 residents, but all volunteers, interns, and contractors who have contact with residents 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. Policy mirrors the standard language. Evidence reviewed/analyzed by provision: (a) (b) (c)The auditor reviewed the process to become a volunteer, intern or contractual employee through applications, documentation and checklists. All have a background check conducted. Volunteers receive and sign for a volunteer handbook and sign a variety of acknowledgements. Specifically, the PREA acknowledgement form is completed in which the volunteer/intern is informed of the zero-tolerance policy, their obligation to report immediately any knowledge, suspicion or information of sexual abuse or sexual harassment, retaliation and/or staff neglect that may have contributed to an incident, in addition to other information. Volunteers sign acknowledging they have reviewed the PREA policy and understand it is their obligation to read, understand, and abide by this policy. The auditor interviewed one volunteer onsite who acknowledged the application process and orientation process and signed the acknowledgement regrading PREA. He noted that he understands the zero-tolerance policy and that he would report any concerns to the nearest staff person. A PowerPoint specific to contractual staff was provided to the auditor for review. Included is a section on sexual harassment, sexual misconduct, and PREA. It addresses zero tolerance and guidelines for preventing, detecting and responding to sexual abuse and violence in a correctional setting. There are 83 PowerPoint slides. PREA is addressed on seven slides, and they are provided a handout. The auditor interviewed two contractual staff who confirmed receiving the training and signing acknowledging their understanding of the PREA requirements. Each indicated their knowledge of zero tolerance, reporting any concerns immediately to the nearest staff they see. Finding of compliance based on the following: Policy supports the requirements of the standard. Additional documentation and volunteer orientation confirm that volunteers/contractors are properly educated regarding their role in preventing,

	detecting and responding to sexual abuse and sexual harassment. Volunteers/ contractual staff confirm that they review and understand the information provided. Therefore, the auditor finds sufficient evidence to support a finding of compliance. The auditor finds the facility exceeds the standard by ensuring acknowledgement of training, background checks and training every two years for volunteers.

115.233	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Orientation Acknowledgement Forms · Orientation attendance rosters · Resident Handbook (English and Spanish) · Intake flyer regarding PREA · Staff gender placards · Interview with intake staff · Interview with staff who conduct orientation · Interviews with randomly selected residents · Observations during the tour of the facility · PAQ The PAQ indicates that during the last 12 months, 391 residents were given information regarding PREA upon arrival at the facility, zero transferred from a different community confinement. Additionally, during the past 12 months, 275 residents were given comprehensive information on zero tolerance, their right to be free from sexual abuse/sexual harassment, and retaliation. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Resident Education – (See MI/WCC P&P 3.3.3 & WCC Resident Handbooks & 4.1.8/3.5.6 Resident Orientation) 1. During the intake process, residents receive information (English & Spanish)

	explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. 2. Within thirty (30) days of intake, the facility provides a comprehensive education program for the residents 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. Residents 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 resident's new facility differ from those of the previous facility. 4. The facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. 5. The facility maintains documentation of resident 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 residents through posters, resident handbooks, or other written formats. Policy mirrors the standards requirements. Evidence reviewed/analyzed by provision: (a) During the intake process, residents are provided with written information on PREA which includes zero tolerance, reporting options (staff verbal and in writing, the PREA Manger or PREA Coordinator (contact information provided), or the Rape Crisis Center hotline (contact information provided). Residents sign for receipt of this information. (b) Upon arrival, the orientation counselor conducts orientation and provides residents with information regarding PREA, a pamphlet and information handout. This was confirmed by the interviews with the residents and a demonstration by the orientation counselor. (c) See comments for 115.16. (d) Residents sign at this orientation acknowledging they have received the written information regarding policies and procedures for reporting sexual assault, sexual misconduct, sexual harassment and how to access crisis counseling. During the audit, the auditor requested and received this documentation for twelve additional residents (one per month for the previous 12 months) to confirm this process, demonstrating that the process has been continually occurring during the previous twelve months.

	(e) In addition to posters observed throughout the facility, the resident telephone has an introductory message regarding sexual abuse, sexual harassment and a prompt for outside reporting. All residents interviewed testified to this message. The auditor listened to the message to confirm this. All residents interviewed confirmed knowledge of PREA and the ability to report due to this phone message, demonstrating to the auditor that this continual information is very effective. Finding of compliance based on the following: Policy addresses the requirements of this standard. Information given to the resident at intake. The handbook provides specific information on how and who to report concerns, the telephone message is effective, and resident interviews confirmed that they are aware of these rights and know how to report any concerns. Due to the added enhancement of the phone message, the auditor finds that the facility exceeds the requirements of the standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Investigator training records · Review of the training curriculums · PAQ The PAQ indicates there are currently twenty staff trained at the agency to conduct sexual abuse investigations for the agency. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, 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. Evidence reviewed/analyzed by provision: (a) (c) As indicated, the PAQ indicates that twenty staff are trained to conduct sexual abuse investigations for the agency. Th auditor interviewed one of the trained investigator assigned to this facility. In addition to documentation demonstrating she received the general training provided to all employees, documentation of her specialized training was provided in addition to certificates of completion for the eight other investigators. Interviews with one trained investigator support that the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. She attended the PREA Sexual Assault Investigation Training conducted by the Massachusetts Department of Correction. (b) The auditor reviewed the training curriculum. The training curriculum addresses the following topics over a course of three days: Introduction to Sexual Assault Investigation; Defining PREA; Evidence Protocol; Interviewing, including Miranda and Garrity; Investigative Outcomes Documentation; and Post Allegation responsibilities. The training does address the requirements of this provision. Finding of compliance is based on the following: Interview with the investigators, documentation of specialized training for investigators, documentation of regular PREA training for the investigators as well as policy supporting the requirements of the standard provide sufficient evidence to support a finding of compliance.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · PREA Medical Training curriculum · Training curriculum for Specialized Training for Mental Health Staff

	· Interviews with medical staff, mental health staff · Training records for medical and mental health staff, specialized training and regular PREA training · PAQ The PAQ indicates that there are five medical and mental health staff at this facility, 100% of medical and mental health staff have received specialized training. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plans states, D. Specialized Training - 2. Medical and Mental Health Care - a. The HCSD ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. b. If medical staff employed by the Department conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. c. The Department shall maintain documentation that medical and mental health practitioners have received the training. d. Medical and mental health care practitioners shall also receive the training mandated for employees under Protocol 3: A or for contractors, interns, and volunteers under Protocol 3:B, depending upon the practitioner’s status at the facility. Evidence reviewed/analyzed by provision: (a) The auditor reviewed the training curriculums for medical and mental health staff for a previous audit conducted for this agency. Both meet the requirements of the standard ensuring that medical and mental health staff are trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and

	to whom to report allegations or suspicions of sexual abuse and sexual harassment. (b) The auditor verified that medical staff at this facility do not conduct forensic medical examinations. This is supported with the evidence relied upon for the finding of compliance for standard 115.21. (c) Documentation was provided showing detailed training records for a sample of the medical/mental health staff reflecting they have completed the in-service training and specialized training. Interview with medical and mental health staff confirmed attendance at the training. (d) Medical and mental health staff are employees of the facility and attend regular PREA training – documentation provided, and interviews confirmed this. Finding of compliance is based on the following: Policy supports the requirements of the standard. Interviews with the medical and mental health staff confirmed this process. Training records supported compliance with both specialized and regular PREA training. The auditor finds there is sufficient evidence to support a finding of compliance.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024 through to March 31, 2025 · Completed Risk assessments- initial, reassessment, victim, perpetrator the first to arrive for each month for the previous twelve months · Thirty-day review due report · Completed 30-day reviews · Interviews with Intake staff (who conducts the initial risk assessment when the resident arrives) · Interviews with residents randomly selected · FAQ’s regarding this standard · PAQ The PAQ indicates that during the last 12 months 391 residents were screened for the risk of sexual vulnerability or sexual abusiveness; there were 361 residents who

	were reassessed within 30 days. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, SCREENING FOR RISK OF SEXUAL VICTIMIZATION & ABUSIVENESS A. Screening for Risk of Sexual Victimization and Abusiveness 1. All residents shall be assessed during an Intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The assessment is conducted using an objective screening instrument in the PREA Database (See MI/WCC P&P 4.1.1/3.5.1 Resident Admissions/Booking and 4.2.1/3.6.1 Classification.) 2. The Intake screening ordinarily takes place within seventy-two (72) hours of their arrival at the facility. 3. The Intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization: a. Whether the resident has a mental, physical, or developmental disability; b. The age of the resident; c. The physical build of the resident; d. Whether the resident has previously been incarcerated; e. Whether the resident's criminal history is exclusively nonviolent; f. Whether the resident has prior convictions for sex offenses against an adult or child; g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; h. Whether the resident has previously experienced sexual victimization; i. The resident'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 residents for risk of being sexually abusive. 5. Within a set time period, not to exceed thirty (30) days from the resident's arrival at the facility (exigent any security or safety concerns, i.e. temporary hospitalization, etc.), the facility reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

	6. An resident'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 resident's risk of sexual victimization or abusiveness. 7. Residents 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 resident has a mental, physical, or developmental disability; b. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; b. Whether the resident has previously experienced sexual victimization; d. The resident'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 resident's detriment by staff or other residents. Policy mirrors the standard requirements. Evidence reviewed/analyzed by provision: (a) Policy ensures that all residents are assessed upon intake for their risk of being sexually abused by other residents or being abusive towards other residents. Examples of risk assessments were provided with the pre-audit documentation. Additional risk assessments were requested and received by the auditor, randomly requested for the first resident to arrive for the previous twelve months. Random resident interviews generally confirmed that this assessment was done when they arrived. (b)Policy ensures that the intake screening shall ordinarily take place within 72 hours of arrival at the facility. All resident interviews recalled being asked questions in the risk assessment. Intake risk assessments were completed upon arrival, typically on the same day. (c) (d) (e) The facility has created an objective risk assessment tool which addresses all requirements of the provision (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; It furthermore assesses prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. It additionally addresses

	whether the resident has a history of strong arming or assaults while in custody was sexually active while in custody. The intake staff demonstrated to the auditor what questions are asked and provides a drop-down selection for the determination. The assessment is located within the Jail Management System (JMS). There are differences noted for males and females. There is a comment box for the screener to note if they believe the resident demonstrated an effeminate appearance, demonstrating compliance with the FAQ issued in October 2016. (f) The counselor in the orientation ensures that the 30-day risk assessment review is completed. As the system is computerized, she reported that she is prompted when these are due to ensure completion within thirty days as required by the standard. Orientation and the 30-day reassessment are conducted in person. This supports compliance as reflected in the FAQ, issued August 2019 by the DOJ regarding this provision. Fifteen out of sixteen residents interviewed recalled being asked the questions a second time within a month of arrival. (g) Policy indicates that a resident's risk assessment will be updated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. It was reported that there was no instance where this occurred; the auditor found this credible after conducting the pre-audit and onsite audit activities. (h) Policy supports that residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. All residents interviewed confirmed that they did not believe they would be disciplined if they did not answer the questions during this assessment. The interview with the intake staff confirmed that they would not be disciplined if they chose not to answer. (i) The initial risk assessment is located in a computer system. Appropriate controls on this information include limiting access to who is given access to the information. It was reported by the PREA Manager and PREA Coordinator that counselors, supervisors and the PREA team can access the follow up risk assessment information. "Alerts" are incorporated into the system so that other staff that have a need-to-know are thereby notified of some degree of PREA concern. Finding of compliance is based on the following: Policy supports the requirements of the standard. The risk screening process addresses the requirements as set forth by the standard and the FAQ. Resident interviews support that the process is occurring. Staff interviews and demonstration of the process as well as the randomly requested risk assessments reflected compliance during the twelve mont review period. The auditor concludes there is ample evidence to support a finding of compliance.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · 4.2.1 Classification Plan · Memo – potential victim · Alert screen · Information provided by the facility of known victims, potential victims, know predators, potential predators · Resident interviews · PREA Coordinator and PREA Manager interviews · Interviews with risk assessment staff · Interview with housing and program assignment staff · Observations The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Use of Screening Information and Transgender/Intersex Residents - 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 residents 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 resident. 3. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the Department considers on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. 4. Placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. 5. A transgender or intersex resident’s own views with respect to their own safety will be given serious consideration.

6. Transgender and intersex residents will be given the opportunity to shower separately from other residents (See MI/WCC P&P 4.4.2/4.3.1 Resident Personal Hygiene.)

7. The Department does not place lesbian, gay, bisexual, transgender, or intersex residents 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 residents.

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

4.2.1 Classification Plan outlines the process for determining placement for a resident who identifies as transgender or intersex based on a request, serious considerations of their views, and review by a Transgender Review Committee.

Transgender Review Committee:

Refers to a committee comprised of the Assistant Superintendent (AS) of Operations, Medical Care Provider, Mental Health Care Provider, Superintendent, Assistant Superintendent of Classification and any other person designated by the Superintendent. The committee shall make a recommendation to the Sheriff as to the transgender individual's housing assignment after review of all the individual's records and assessments, and an interview with the individual during which the individual's own opinion of their vulnerability shall be considered. The Sheriff shall make the final decision as to the housing placement after consultation with the Transgender Review Committee defined as follows: a committee comprised of the Assistant Superintendent (AS) of Operations, Medical Care Provider, Mental Health Care Provider, Superintendent, Assistant Superintendent of Classification and any other person designated by the Superintendent. The committee shall make a recommendation to the Sheriff as to the transgender individual's housing assignment after review of all the individual's records and assessments, and an interview with the individual during which the individual's own opinion of their vulnerability shall be considered. The Sheriff shall make the final decision as to the housing placement after consultation with the Transgender Review Committee.

Evidence reviewed/analyzed by provision:

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

	shared via email with appropriate staff to assist in monitoring these residents during work and programming assignments. The facility reported to the auditor the following: one known victim, two potential victims, one known predator, zero potential predators. (b) One staff is mainly tasked with making housing assignments. During her interview, she relayed to the auditor in detail how she assesses residents for proper placement based on risk and numerous other factors. (c) (d) (e) The Classification policy provides detailed direction regarding transgender/intersex residents placement noting each is assessing a case-by case basis, serious consideration of the resident's views, and providing an opportunity for separate showers. Policy supports that a transgender/intersex residents can shower separately, if requested. Showers are designed as individual stalls with concrete walls and appropriate doors to allow view of lower legs and shoulders and head (depending on height). At the time of the audit, there was no request to shower separately (no transgender/intersex residents) but it was confirmed to the auditor that, if requested, this would occur. At another operation in this agency, the auditor has confirmed that a transgender female can and has been placed at the female operation in accordance with this policy. (g) This agency does not have a housing unit dedicated to the placement those identifying as lesbian, gay, bisexual, transgender or intersex. This was supported by policy, informal conversations and observations during the tour. Finding of compliance is based on the following: Policies supports the requirements of the standard. Practice ensures the information is used to prevent sexual abuse and sexual harassment when housing, working and programming residents as supported by the memo and computer system which uses "alerts". Resident and staff interviews confirm that the facility does ensure that a transgender/intersex residents can shower separately, and the views of transgender/intersex residents are given serious consideration. No dedicated housing unit was observed during the on-site audit. The risk assessment information is located in the JMS with appropriate controls on who can access it. The auditor finds sufficient evidence to support a finding of compliance.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025

	· EAP – Concern Informed Consent Form – attachment to policy · MOU YWCA · Resident Orientation Sign off – notification of how to report (English and Spanish) · PREA Intake forms · PREA Incident Response Chart · Interviews with random officers · Interviews with random residents · Observations · Resident Intake Information The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, REPORTING A. Resident reporting – (See MI/WCC 3.1.6/3.1.10 Reporting of Incidents and 3.3.3/WCC Resident Handbooks) 1. The HCSD provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents 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 residents to report sexual abuse or sexual harassment to the YWCA Rape Crisis Center (who will work with the resident 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 residents (see Form Concern/EAP Informed Consent & Limits of Confidentiality). Policy provides support for compliance with the standard provisions and details how this is accomplished. Evidence reviewed/analyzed by provision: (a) (b) As stated, interviews were conducted with sixteen residents. They indicated they know they could report to any staff, in writing or verbally but most were aware

	of the hotline on the phone due to the introductory message providing them a prompt. The auditor reviewed the resident orientation information which provides specific information on how to report to include the following: speak to any staff, send a written request to any staff, request to speak with the PREA Manager or PREA Coordinator, call the Rape Crisis Center Hotline (number provided), report to the State Police (number provided). Due to the brief message on the phone, most residents were aware of this option for reporting, or confirmed they don't use the phone and indicated they would report to staff. A phone interview with the Director for YWCA confirmed that her agency can accept reports, does allow the caller to remain anonymous and immediately reports back to the agency via email. Although no examples were present for the previous twelve months, the auditor has observed evidence of this during previous audits for other facilities operated by this agency. The Director indicated her organization is funded by the Massachusetts Department of Public Health and therefore through another department, these reports can be received and processed. (c) All random staff interviews confirmed the following: Staff will report suspicion and/or knowledge of any sexual abuse, sexual harassment, retaliation for making a report of sexual abuse or sexual harassment and/or staff neglect that may lead to sexual abuse or sexual harassment. They will accept reports verbally, third party, and/or anonymously. (d) As stated in policy the department contracts with Concern/EAP of the River Valley Counseling Center to provide a method for staff to privately report sexual abuse and sexual harassment of residents (see Form Concern/EAP Informed Consent & Limits of Confidentiality). Interviews with randomly selected staff confirmed their knowledge regarding this, or their ability to break chain of command if they felt their suspicions warranted it. Finding of compliance is based on the following: Policy is compliance with standard requirements. Staff and resident interviews confirmed to the auditor that there are numerous methods for reporting, an effective method for reporting outside the agency, and a private avenue for staff reporting. The auditor finds there is sufficient evidence to support a finding of compliance.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Interview with a grievance coordinator

	· Resident Handbook · Observations · PAQ The PAQ indicates there have been no grievances regarding sexual abuse, no emergency grievances, no grievances written in bad faith and no third-party grievances in the previous 12 months. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Exhaustion of Administrative Remedies - 1. The Department does not impose a time limit on when an resident may submit a grievance regarding an allegation of sexual abuse (See MI/WCC P&P 3.5.2/ 3.3.3 Resident 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 resident 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 resident lawsuit on the ground that the applicable statute of limitations has expired. 5. The Department will ensure that; a. An resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and b. Such grievance is not referred to a staff member who is the subject of the complaint. 6. The HCSD shall issue a final facility decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. 7. Computation of the ninety (90) day time period shall not include time consumed by residents in preparing any administrative appeal. 8. The HCSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the resident 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

	resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. 10. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of residents. 11. If a third party files such a request on behalf of an resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. 12. If the resident declines to have the request processed on their behalf, the Department will document the resident's decision. 13. The Department has a procedure for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse. 14. After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the facility will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, will provide an initial response within forty-eight (48) hours, and will issue a final Department decision within (5) five calendar days. The initial response and final Department decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. 15. The Department will discipline an resident for filing a grievance (report) related to alleged sexual abuse where the Department demonstrates that the resident 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. Evidence reviewed/analyzed by provision: (a) (b) (c) (d) (e) (f) (g) This facility is not exempt from this standard. Policy mirrors all requirements of the standard. An interview with the grievance coordinator confirmed that he has not processed any grievances regarding any sexual abuse or sexual harassment in the previous twelve months. The Resident Handbook provides detailed information articulating all the provisions of the difference for a sexual abuse grievance. Finding of compliance is based on the following: Policy, PAQ, Resident Handbook and interview with the grievance coordinator supports the requirements of the standard. The auditor finds there is ample evidence to support a finding of compliance with

	the standard and all provsions.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · MOU YWCA · Orientation Sign Off · PREA posters · Interview with the Director of the YWCA · Resident Handbook · Resident interviews The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Resident Access to Outside Confidential Support Services - (See MI/WCC P&P 3.3.3/WCC Resident Handbooks) 1. The HCSD provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 residents and these organizations and agencies, in as confidential a manner as possible. 2. The facility informs residents, 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 residents with confidential, emotional support services related to sexual abuse. The Department maintains copies of these agreements. The Resident Educational Material provided at orientation states the following:

	The Hampden County Sheriff's Department (HCSD) has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. This includes any sexual act as noted above. If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways: · Call the Rape Crisis Center Hotline: 1(800) 796-8711; TTY (413) 733-7100; or Llàmanos Spanish Language 24-hr Helpline: 1(800) 223-5001 · Contact the National Sexual Assault Hotline Tel: 1(800) 656-HOPE · Foreign Nationals may contact their Consular Officer or Diplomat and relevant official at the Dept. of Homeland Security (You may complete an Resident Request Form and submit it to your counselor/caseworker for assistance contacting these agencies or contact the Legal Resource Center by completing a Legal Access Program Request Form.) If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling you can contact the following agency: YWCA of Western Mass., 1 Clough Street, Springfield, MA 01118 (Additional sites in Holyoke, Westfield, Huntington) Hotline: (800) 796-8711 Office: (413) 732-3121 TTY: (413) 733-7100 MOU with the YWCA: The YWCA will be responsible for all counseling and information and referral services to Survivors and will provide education for continued care. The Hampden County Sheriff's Department agrees to respect the confidentiality of such counseling to the extent permitted by the safety and security considerations of the parties involved. YWCA will give resident the following two options: a) Using the housing phone- the resident will call the YWCA hotline and ask to be transferred to appointed counselor. The call will not be recorded or monitored. b) Using a phone in the office with a HCSD appointed staff; resident will call the appointed YWCA counselor. This call will be monitored. YWCA will provide the option of free, confidential counseling to survivors who are under the responsibility of the HCSD. YWCA will provide up to 12 sessions for survivors as capacity, determined by the YWCA, permits. All services provided to survivors are not contingent upon the survivor cooperating with any level of

	investigation by HCSD into the assault. Survivors can decide at any time to not cooperate with HCSD with no consequences to YWCA counseling. HCSD agrees to allow YWCA to enter into facilities as a professional. Sessions will not be monitored or recorded. Evidence reviewed/analyzed by provision: (a) (b) (c) The resident educational material provides the residents with information on how to obtain access to outside victim advocates for emotional support services related to sexual abuse. There is a phone number, mailing address and instructions to work confidentially with the counselor/caseworker. This information is additionally posted throughout the facility on a poster entitled Prison Rape Elimination Act (PREA) Information. The MOU with the YWCA confirmed that it will provide confidential dialogue with a counselor that will not be recorded by asking the hotline operator to speak to an appointed counselor. Additionally, the MOU indicates it will provide in person confidential counseling up to twelve sessions for survivors; this service is not contingent on the survivor cooperating with any level of investigation. Additionally, survivors can discontinue counseling with no repercussions. Sessions are not monitored or recorded. Meetings can occur in the facility legal visiting room. The MOU continues to indicate that participants will be informed of mandated reporting guidelines to include threats of suicide, threats of homicide, abuse/neglect of child, abuse/neglect of someone with a disability and abuse/neglect of someone over the age of 65. This was confirmed with the phone interview with the Director for the organization. She further indicated they are able to accommodate Spanish and other languages through use of a langue line. The Resident Handbook additionally provides the following: If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling you can contact the following agency: YWCA of Western Mass., 1 Clough Street, Springfield, MA 01118 (Additional sites in Holyoke, Westfield, Huntington) Hotline: (800) 796-8711, Office: (413) 732-3121, TTY: (413) 733-7100 If you need this information explained to you in a different language or format, please notify staff. Random resident interviews confirmed that residents are aware of the hotline, but many were not aware of the continued counseling services should they want to participate in this type of treatment. Some residents commented that they saw the phone number posted but had no interest in this service. When testing the phone for access, the auditor was able to speak with an advocate, but the message was garbled. The auditor received written verification that this has now been fixed. Finding of compliance is based on the following: Policy supports the requirements of the standard. The auditor finds that the resident responses regarding emotional support services are typical. Information is available on posters, intake information, Resident Handbook and the phone message each time a resident uses the phone. The MOU supports a strong relationship with the YWCA in which additional counseling is provided. Phones are available in each housing unit, appropriately spaced to afford reasonable communication in addition to being available throughout the day for use. Residents are informed that the phone calls will not be

	monitored or recorded.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Agency website · Interview with the PREA Coordinator · Testing of third-party reporting · FAQ The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Third-Party Reporting. 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 a resident. Evidence reviewed/analyzed by provision: The agency reports they have not received any third-party allegations in the previous 12 months. The Hampden County Sheriff's Department website, www.hcsdma.org, includes all pertinent PREA information and the agency's emphasis on zero tolerance concerning sexual abuse and sexual harassment. The posted information includes instructions on reporting incidents or suspicions of abuse that may have happened at one of the HCSD facilities. The public is encouraged to call the agency PREA Coordinator at (413) 858-0914, or by calling the Massachusetts State Police. The mailing address to the PC is also posted, as: 627 Randall Road, Ludlow, Ma. 01056. The public can also contact the Hampden County Rape Crisis Center at: YWCA of Western Mass. 1 Clough Street, Springfield, MA 01118. The YWCA Hotline is included: (800) 796-8711; Office (413) 732-3121; TTY: (413) 733-7100; and the 24 Hour Llamanos Spanish Language Helpline, at: (800) 223-5001 c/o YWCA of Western Mass. The agency website also has a link to Text-A-Tip, a tool that allows people to send anonymous tips to police over any cell phone that allows text messaging. Text-A-Tip is a joint operation of the HCSD, the Hampden County District Attorney's Office and

	the Springfield and Holyoke Police Departments. The public needs only to text to: 274637 and enter SOLVE, and then message. This supports compliance with the FAQ issued October 2015 in that it provides specific information on how to report. The auditor tested the third-party reporting number and received confirmation of its receipt. Finding of compliance is based on the following: Policy ensures compliance with the standard. The website and the visitor orientation further enhance the ability for a third party-reporting process. Therefore, the auditor finds sufficient evidence to support a finding of compliance.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Documentation of medical staff report · Interview with medial staff · Interview with mental health staff · Interview with the Assistant Superintendent · Interview with investigator · Interview with the PREA Coordinator · Interview with the PREA Managers · Review of investigation initiated by a nurse The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, 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 residents 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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. 4. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a State or Local vulnerable person's statute, the Department shall report the allegation to the designated State or Local services agency under applicable mandatory reporting laws. 5. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated Investigator (CIU), PREA Coordinator, and Facility PREA Manager. Evidence reviewed/analyzed by provision: (a) All random staff interviews confirmed to the auditor that staff are aware they need to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b) Interviews with the random staff confirmed to the auditor that staff are fully aware of the requirement to maintain confidentiality after responding to an incident and only reveal the information to those with a need to know, which included the investigation team. This requirement is addressed in training and in policy. (c) During the interview with the medical staff, it was confirmed to the auditor that residents are informed of the limitations of confidentiality and duty to report during the intake screening. The PREA Pamphlet, provided at intake states the following: Anything reported to Medical/Mental Health staff is confidential unless it is gang-related, plans of escape, a concern for your safety or a concern of other's safety, or any related security matters to include PREA related incidents. Staff have a duty to report anything that may jeopardize the safety and security of the facility. Further evidence of compliance, one PREA investigation was initiated by a report from a nurse of information revealed to her by a resident. (d) At this time, in accordance with state law the agency/facility does not house anyone under the age of 18yrs. In Massachusetts, The Elder Abuse website, https://www.mass.gov/reporting-elder-abuse-neglect, states Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community, so therefore it does not apply to incarcerated individuals. Review of the Disabled Persons Protection Commission led the auditor to

	conclude that it does apply to those confined. The PCM indicated that the agency would be contacted by the investigator. (e) The interview with the Assistant Superintendent, PREA Coordinator, PREA Manager, medical, mental health staff and investigators all confirmed that all knowledge, suspicion, retaliation, and/or staff neglect pertaining to sexual abuse and sexual harassment, including third-party and anonymous reports, are directed to the facility's designated investigators. Finding of compliance is based on the following: Policy, interviews with the Assistant Superintendent, PCM, PREA Coordinator, random staff, medical and mental health staff, all provided ample evidence to support a finding with all provisions of the standard.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · PAQ · Interviews with random staff · Interview with the Assistant Superintendent · Interview with the Assistant Deputy Superintendent The PAQ indicates that there were no incidents when the agency determined a resident was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, B. HCSD Protection Duties - When the HCSD learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident. Evidence reviewed/analyzed by provision: The interview with the Assistant Deputy Superintendent and the Assistant

	Superintendent confirmed that actions would be taken to protect a resident that any staff believed would be at risk of imminent sexual abuse. All staff interviews confirmed that if they believed that a resident was at risk of imminent sexual abuse, they could and would take immediate action to remove the resident and place him in a protected area until further action, consideration can be given. Finding of compliance is based on the following: Policy supports compliance with the standard. All staff interviews confirmed that action could and would be taken to protect the resident before abuse occurred and therefore provided the auditor with sufficient evidence to support a finding of compliance.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · PREA Notification Letter format · Documentation of compliance from 2022 · Interview with Assistant Superintendent · PAQ The PAQ indicates that zero allegations were received from a resident that he or she was sexually abused while confined at another facility, zero allegations were received from another facility of alleged abuse at HCSD. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, C. Reporting to Other Confinement Facilities - 1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. 2. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. 3. The Department shall document that it has provided such notification.

	4. The facility/department head that receives such notification will ensure that the allegation is investigated in accordance with these standards. Evidence reviewed/analyzed by provision: (a) (b) (c) Policy and the interview with the Assistant Superintendent confirmed that if information was received, it would be immediately sent to the facility head of where the alleged incident occurred by the Assistant Superintendent within 72 hours, as required by policy. One incident of this from 2022 was provided demonstrating compliance. (d) The interview with the investigator confirmed that allegations received from another agency regarding sexual abuse that occurred at this facility are investigated and reported back to that facility where the resident is housed. Finding of compliance is based on the following: Policy supports the requirements of the standard. The interview with the Assistant Superintendent acknowledged he would make the notification, and this would occur within the 72 hours as required by the standard. Information received would be immediately referred for investigation.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Pocket Planner · Interviews with random staff · Pocket Planners carried by staff · Training curriculum · PAQ The PAQ indicates the following: One allegation of sexual abuse One time the first security staff member to respond to the report separated the alleged victim and abuser One time where staff were notified within a time period that still allowed for the

	collection of physical evidence One time where the staff notified within a time period allowed or the collection of physical evidence preserved and protected any crime scene until appropriate steps would be taken to collect evidence Zero times he first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating Zero times a non-security staff member requested the alleged victim not tke any actions that could destroy physical evidence Zero times a non-security staff notified security staff The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, D. Staff First Responder Duties - 1. Upon learning of an allegation that a resident 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. Evidence reviewed/analyzed by provision: (a) (b) Policy and all random staff interviews, including the informal interviews all indicated to the auditor that staff are aware of their duties should be they be the first to respond to an incident where there is potential evidence, articulating the difference between responding to a alleged victim and responding to an alleged abuser. All indicated they will separate the residents, non-first responders indicated they would contact the nearest security staff. Many indicated that this information is

	available for reference in the pocket planner issued to them annually. The auditor was provided with a document reflecting the pocket planner information which provides staff with the first responder duties for both security and on security staff. Training provided reinforces this requirement. Finding of compliance is based on the following: Policy, training currently supports the requirements of the standard, especially regarding responses to the victim and alleged perpetrator. The staff pocket planner helps ensure staff have this information readily available should they be the first responder. For all these reasons, the auditor finds sufficient evidence to support a finding of compliance.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Interview with the Assistant Superintendent The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, E. Coordinated Response - 1. The HCSO 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 HCSO leadership (See MI/WCC P&P 4.5.9/4.2.10 Special Needs Inmates and 3.1.7/3.1.26 Special Teams.) 2. When a staff member is made aware of an incident of sexual abuse and they are not security staff, they will immediately notify security staff. 3. Security staff will notify Special Operations Supervisor of any incidents of sexual abuse. Security staff will separate the alleged victim and alleged abuser. The Special Operations Supervisor acts as the Incident Site Commander. 4. The Special Operations Supervisor will ensure that the crime scene is secured to prevent any possible contamination. 5. The Special Operations Supervisor is responsible for notifying Medical. The Special Operations Supervisor ensures that all involved parties are brought to Medical for evaluation.

	6. Medical will conduct an evaluation to document the extent of physical injury (if applicable) and to determine whether referral to Baystate Hospital is indicated. 7. If exam indicates that the victim is to be referred to Baystate Hospital, the Medical Supervisor will contact the Special Operations Supervisor. Medical will also make mental health referrals. The Special Operations Supervisor is responsible for coordinating the transportation of the individual to the hospital. 8. The Special Operations Supervisor is responsible for notifying the CIU Commander. If the CIU Commander is not available, a member of the Criminal Investigation Unit will be activated. 9. The CIU Commander/designee is responsible for notifying the emergency chain of command to include: a. Facility Administrator, b. Chief of Security, c. Assistant Superintendent of Operations, d. Assistant Superintendent of Reentry Services and Transitional Services, e. Superintendent and f. The Sheriff. g. If the incident of sexual abuse is staff involved, the Assistant Superintendent of Human Resources will be contacted. 10. The CIU Commander/designee will ensure a report is made to the Sheriff/ Facility Administrator and Chief of Security to effect a separation of the victim from their assailant in their housing assignments and immediately begin a criminal investigation. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU). 11. The CIU Commander/designee will also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated Investigator (CIU), PREA Coordinator, and Facility PREA Manager. 12. The Facility PREA Manager is responsible for facilitating a PREA investigation with a certified Sexual Assault Investigator in a Confinement Setting. The PREA Manager will ensure that the CIU team, medical response team and Special Operations duties are completed in a timely manner. 13. Per the Memorandum of Understanding with the YWCA, Baystate Hospital staff will contact the YWCA for any individual who is the responsibility of HCSO who presents for medical care and/or a sexual assault nurse’s examination. 14. The Medical Department will make a referral to the Forensic Mental Health

	Department for a qualified mental health professional for crisis intervention counseling and long-term follow-up. 15. Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate via the Medical Department. Evidence reviewed/analyzed by provision: The interview with the Assistant Superintendent supported the response plan as indicated in policy. The Response Plan clearly delineates steps to be taken by specific staff to ensure the most effective response to an alleged sexual abuse allegation to include staff first responders, medical and mental health staff, investigators and facility leadership. Finding of compliance is based on the following: The Response Plan supports the requirements of the standard and the interview with the Assistant Superintendent provided sufficient evidence for a finding of compliance.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · HCSCOA contract · NCEU Officer and Supervisors · Interview with the Assistant Superintendent The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, F. Preservation of Ability to Protect Residents 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 residents 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. Evidence reviewed/analyzed by provision: (a) The auditor reviewed the bargaining agreements and found no evidence to indicate that the bargaining unit would limit the agency's ability to remove alleged staff from contact with the known abuser. The interview with the Assistant Superintendent confirmed this. Language of the Hampden County Superior Correctional Officers Association contract and the National Correctional Employees Union contract both state, "The Sheriff or his designee shall have the right to remove, dismiss, discharge, suspend or discipline a unit member, provided that no such action shall be taken except for just cause." Both contracts were provided for review in addition to documents demonstrating they are current. (b) Auditor not required to audit this provision. Finding of compliance is based on the following: Policy, contract language and the interview with the Assistant Superintendent provided the auditor with sufficient evidence to support a finding of compliance.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Retaliation Monitoring Form · PREA Reporting & Monitoring Retaliation power point · Interview with the Assistant Superintendent

	· Interview with staff who would monitors for retaliation · Retaliation monitoring form completed · PAQ The PAQ indicates that there have been no incidents of retaliation in the previous twelve months. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Department Protection against Retaliation. 1. The Department has established this policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents 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 resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 3. For at least ninety (90) days following a report of sexual abuse, the Department shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and will act promptly to remedy any such retaliation. The Department will monitor any resident 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 residents, 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. Evidence reviewed/analyzed by provision: (a) The PREA Plan supports that the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall

	designate which staff members or departments are charged with monitoring retaliation. The interview with the Assistant Superintendent confirms that retaliation for reporting sexual abuse or sexual harassment will not be tolerated. (b) The agency form does prompt the reviewer to address the following: disciplinary report review, housing review, program review, and TRAX (medical information) review. Emotional support services would be provided by the YWCA and confirmed in the narrative regarding 115.53. For staff, these services would be provided by the Concern/EAP of the River Valley Counseling Center. (c) The retaliation review occurs for 90 days past the incident report as supported by policy, interview with the staff who monitors for retaliation and the retaliation review provided to the auditor for review. The monitoring form requires the person conducting the monitoring to assess if continued monitoring is needed at the end of the 90-day review. (d) The person responsible for retaliation monitoring indicated she does personally check in with the resident periodically and this is noted on the form. (e) (f) Policy and interviews confirm that in the event another individual who cooperated with the investigation expressed fear of retaliation, the agency would take appropriate measures to protect the individual from any retaliation. They also confirmed that monitoring concludes if the investigation is deemed unfounded. Finding of compliance is based on the following: Policy, interview with staff who monitor for retaliation, review of the form and completed monitoring provided the auditor with ample evidence to support a finding of compliance.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan April 1, 2024, through to March 31, 2025 · Letter from CIU Commander to Law Enforcement Agencies in the County · PAQ · Interview with Investigator · Interview with Assistant Superintendent

	· Interview with PREA Coordinator · Interview with PREA Manager · PAQ The PAQ indicates there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, 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 resident or staff. The HCSD will not require an resident 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. Evidence reviewed/analyzed by provision: (a)Interviews with the Assistant Superintendent, PREA Coordinator, PREA Manager and investigator all confirmed that investigations are initiated promptly, thoroughly and objectively. (b) All investigators have received the specialized training conducted by the Massachusetts Department of Corrections or another qualified training entity. See 115.34. (c) Interviews with the investigator confirmed that the investigator does gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews alleged victims, suspected perpetrators, and witnesses; and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. (d)The interview with the investigator confirmed that when the quality of evidence appears to support criminal prosecution, she only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. If this scenario were to occur, it was indicated the CIU Commander would be conducting the investigation. During the interview, the investigator confirmed that credibility is based on the statement and supporting evidence individually. She confirmed that no polygraph or truth telling devices are ever utilized. (f) The investigator confirmed that administrative investigations would be documented and would automatically include a review of the operations to ensure that staff actions are in accordance with policy.

	(g) During the interview, the investigator confirmed that criminal investigations would be documented in a written report which includes a description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. No criminal investigations occurred during the audit review period to be examined. (h) Substantiated allegations of conduct that appears to be criminal are referred for prosecution, per the interviews will the Assistant Superintendent, investigator, PREA Coordinator and PREA Manager. (i) The investigator confirmed that all written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (j) Interviews will the investigator, PREA Coordinator and PREA Manager all confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. (k) Auditor not required to audit this provision (l) Per policy and confirmation by the investigator, 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. Additionally, the letter from the CIU Commander to law enforcement agencies in the Commonwealth of Massachusetts supports this. Finding of compliance is based on the following: Policy, interview with investigator, Assistant Superintendent, PREA Coordinator and PREA Manager, and letter to the outside enforcement agencies provided the auditor with sufficient evidence to support a finding of compliance.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the investigators · Review of completed investigations The following policy excerpts supports compliance with the requirements of this standard:

	PREA Plan states, Evidentiary Standard for Administrative Investigations - The Department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Evidence reviewed/analyzed by provision: The interview with the investigator confirmed that a preponderance of evidence is used to determine the findings of an investigation. Review and analysis of the investigations confirmed this. Finding of compliance is based on the following: Policy supports the requirements of the standard. The interview with the investigator confirmed compliance giving the auditor sufficient evidence to support a finding of compliance.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · PREA Notification Letter to Resident Forms · Interview with the Assistant Superintendent · PAQ The PAQ indicates the following: Two investigations of alleged sexual abuse completed; Two investigations of alleged sexual abuse completed where the resident was notified of the results (verbally or in writing); Zero sexual abuse investigations completed by an outside agency; Zero notifications of the results of an investigation completed by an outside agency Zero substantiated cases of staff sexual abuse; Three notifications made pursuant to those investigations Three notifications provided to residents;

	The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Reporting to Residents - 1. Following an investigation into an resident's allegation that they suffered sexual abuse in a HCSD facility, the Department will inform the resident 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 resident. 3. Following an resident's allegation that a staff member has committed sexual abuse against the resident, the Department will subsequently inform the resident (unless the Department has determined that the allegation is unfounded) whenever: a. The staff member is no longer posted within the resident'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. Evidence reviewed/analyzed by provision: (a) In addition to policy, the Notification letter informs the resident that the determination of the investigation was substantiated, unsubstantiated, or unfounded. (b) The Agency is responsible for conducting the investigations. If referred to the State Police, as noted, there is a letter to them from the CIU Commander, notifying them of the PREA compliance of this agency. (c) Policy and the notification form support the requirements of this provision. Three documents provided with the PAQ demonstrated compliance with the requirements of the notification. (d) Policy and the notification form support the requirements of this provision. During the audit review period, there has been no incident that has occurred that would warrant this type of notification. (e) Based on policy, interviews and review of the notification form, the notification is documented. Finding of compliance is based on the following: Policy, interviews with the investigator, review of the notification forms all support a finding of compliance.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the Assistant Superintendent The PAQ indicates that no staff have been disciplined for violation of agency sexual abuse or sexual harassment policies; therefore, also no staff have been referred to appropriate licensing bodies. The auditor found no reason to dispute this during the audit process. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, 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. Policy mirrors the standard provision requirements. Evidence reviewed/analyzed by provision: (a)(b)(c)(d) The interview with the Superintendent supported compliance with all provisions of the standard. The PAQ indicates this has not occurred aa this facility; the auditor found no evidence to dispute this. Finding of compliance is based on the following: Policy supports the requirements of the standard. The auditor interviewed the Assistant Superintendent who confirmed

	that termination is the likely result of sexual abuse, and that licensing bodies would be notified and referral for prosecution would occur. Therefore, as no incident has occurred, the auditor finds this to be sufficient evidence to support a finding of compliance.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · PAQ · Interview with the Assistant Superintendent The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Corrective Action for Contractors, Interns, and Volunteers - 1. Any contractor, intern, or volunteer who engages in sexual abuse will be prohibited from contact with residents 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 residents, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor, volunteer, or intern. The PAQ indicates that no volunteer or contractor has been removed due to substantiated allegations of sexual abuse or sexual harassment. As such, no volunteer or contractor has been referred to relevant licensing bodies. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: (a)(b) The auditor interviewed the Assistant Superintendent who advised the auditor that in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures to prevent further contact with residents, pending an investigation. The agency would disallow entrance until such time as the investigation is completed. Finding of compliance is based on the following: Policy supports the requirements of

	the standard in addition to the interview with the Superintendent. The auditor found sufficient evidence to support a finding of compliance with the standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Resident Handbook · Interview with the Disciplinary Officer · Interview with mental health staff · PAQ The PAQ indicates that one allegation of inmate-on-inmate sexual abuse was administratively substantiated. The following policy excerpts supports compliance with the requirements of this standard: PREA Plan states, Disciplinary Sanctions for Residents - Residents will be subject to disciplinary sanctions/mandated programming pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed/ mandated programming for comparable offenses by other residents with similar histories. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The Department may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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. The HCSD prohibits all sexual activity between residents and will discipline residents for such activity. Policy mirrors the standard requirements.

	Evidence reviewed/analyzed by provision: (a) (b) Policies provide detailed information pertaining to the disciplinary process. Sanctioning minimums and maximums are addressed. (c) Policy and interviews with the disciplinary coordinator and mental health staff support those residents with mental disabilities or mental illness will have consultation with the mental health staff before a sanction imposed. (d) This facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse as confirmed by the interview with mental health staff. (e) Policy and the interview with the disciplinary officer confirmed that a resident will not be disciplined for sexual activity with staff where the staff consented. (f) This requirement is supported in policy, noting that 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. (g) This agency does prohibit sexual activity between residents. The residents are informed of the difference between consensual sexual contact and sexual abuse in the Resident Handbook. Sexual misconduct: A resident commits this violation when they engage in sexual contact, solicitation or flirtation that is not coerced with another. “Sexual contact” means the touching of the sexual or other resident part(s) of another for the purpose of gratifying the sexual desire of either party or purposely exposes their genitalia or other resident body part(s) for public view. Solicitation in the form of written, verbal or specific behavior mannerism of a sexual nature is prohibited. Flirtatious type behavior with resident(s), staff or others is prohibited. Sexual Abuse is defined in the handbook as follows: Sexual Abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into act by overt or implied threats of violence, or is unable to consent or refuse: Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. Finding of compliance is based on the following: Policy supports the requirements. Review of the Resident Handbook, interviews with disciplinary staff, mental health staff and the Superintendent all provided ample evidence to support all requirements of the standard provisions. The auditor found sufficient evidence to support a finding of compliance with the standard.

115.282	**Access to emergency medical and mental health services**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with SANE Coordinator for State of Massachusetts · Interview with medical staff · Interview with mental health staff The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Access to Emergency Medical and Mental Health Services - 1. Resident 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. Resident 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. Evidence reviewed/analyzed by provision: (a) Policy and interviews with the medical and mental health staff confirm that resident 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. (b) It was confirmed through interviews that medical staff can be available twenty-four (24) hours, seven days a week (24/7) by accessing staff at the Main Institution (jail). Mental health staff are present on-site during business hours. Crisis services 24/7 can be accessed by accessing the on-call schedule at the Main Institution.

	(c) Policy and interviews with the medical and mental health staff confirm that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This may occur at the hospital or be provided upon return to the facility. (d) Policy and interviews with the medical and mental health staff confirm that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Finding of compliance is based on the following: Policy addresses the requirements of the standard. The interviews with the medical and mental health director support that medical/mental health care is timely, prophylactic and follow up services would be provided, and services would be consistent with community standards. The auditor finds there is sufficient evidence to support a finding of compliance.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with medical and mental health staff The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Ogoing 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 residents 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. Resident 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. Resident 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 resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Evidence reviewed/analyzed by provision: (a) Policies and interviews with the medical and mental health staff confirm the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse while housed at their facilities. (b) Policies and interviews with the medical and mental health staff confirm the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (c) Policies and interviews with the medical and mental health staff confirm that the facility provides victims with medical and mental health services consistent with the community level of care. (d) Policies and interviews with the medical and mental health staff confirm that the facility provides victims with medical and mental health services (e) Policies and interviews with the medical and mental health staff confirm that the facility would provide timely and comprehensive information about access to all lawful pregnancy-related medical services. (f) Policies and interviews with the medical and mental health staff confirm resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. (g) Policy and interviews with the medical and mental health staff confirm that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any

	investigation arising out of the incident. (h) Policy supports that this would occur, however the likelihood that the perpetrator would be transferred out to a higher custody level is great. Finding of compliance is based on the following: Policy addresses the requirements of the standard. The interviews with the medical and mental health director support that medical/mental health care is timely, and that prophylactic and follow up services would be provided, and services would be consistent with community standards. The auditor finds there is sufficient evidence to support a finding of compliance.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Incident Review form · Completed incident reviews · Interview with the Assistant Superintendent · Interview with the Incident Review Team Member · Interview with the PREA Coordinator · PAQ The PAQ indicates that there were two criminal/administrative investigations of sexual abuse in the previous 12 months. The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, Sexual Abuse Incident Reviews- 1. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. 2. These reviews ordinarily occur within thirty (30) days of the conclusion of the investigation.

	3. The review team includes upper-level management officials, line supervisors, investigators, and medical or mental health practitioners. 4. The review team will: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Complete a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit the report to the facility Superintendent, PREA Coordinator, and facility PREA Manager. 5. The facility will implement the recommendations for improvement or will document its reasons for not doing so. Policy mirrors the standard provision requirements. Evidence reviewed/analyzed by provision: (a)(b) (c) (d) (e) The auditor interviewed members of the PREA team. They confirmed that the incident review team does review all instances of sexual abuse within 30 days of the investigation. They confirmed that they follow all of the provision requirements, including re-examining the area. The auditor reviewed the PREA Incident Review form. The form requires the review of the following: (1)is there a need to change policy or practice,(2) was the incident motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) an examination of the area; (4) staffing levels, (5) monitoring technology, and (6) recommendations for improvement. The auditor reviewed the Sexual Abuse Incident Reviews with the investigations for the previous twelve months and concluded that they meet all of the requirements of the standard provisions. Finding of compliance is based on the following: Policy supports the requirements of the standard. The form used (policy attachment) compels the team to address the areas required, and review of completed forms supported this is occurring. The interviews with staff on the team confirmed they are conducting the meetings as

	required. Therefore, there is sufficient evidence for the auditor to support the finding of compliance.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · SSV form · SSV 2019 last submitted; recent request received · Annual PREA reports · Interview with the PREA Coordinator · Interview with the Assistant Superintendent The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, 1. The HCSD collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the PREA, Trax Case management, 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 residents. 5. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice no later than June 30. Evidence reviewed/analyzed by provision: (a) The agency collects uniform data using the following definitions noted in the

	3.5.3 PREA Plan: Substantiated Allegation:An allegation that was investigated and determined to have occurred. Unfounded Allegation:An allegation that was investigated and determined not to have occurred. Unsubstantiated Allegation:An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Nonconsensual Sexual Act: Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; contact between the penis and the vulva or the penis and the anus including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument. Abusive Sexual Contact: Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Exclude incidents in which the contact was incidental to a physical altercation. Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another or repeated verbal statements, comments or gestures of a sexual nature to an resident by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include— Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing; repeated profane or obscene language or gestures. Sexual Misconduct: Any behavior or act of a sexual nature directed toward an resident by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors). Sexual relationships of a romantic nature between staff and residents are included in this definition. Consensual or nonconsensual sexual acts include— Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire; completed, attempted, threatened, or requested sexual acts; occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification. (b) An annual report is available on the facility webpage for 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 and 2023. A copy of the 2023 Annual report was provided to the auditor.

	(c) These definitions conform to those on the Survey of Sexual Victimization. (d)Per the interview with the PREA Coordinator, this information is maintained, reviewed and collected from all incident-based documents such as reports, investigations and sexual abuse incident reviews. (e) This facility/agency does not contract with private facilities for the confinement of residents. (f) The last SSV requested by the Department of Justice was in 2019, a copy was provided to the auditor. They report they recently received a new request. Finding of compliance is based on the following: Policy, review of the Annual reports, and interview with the PREA Coordinator and Assistant Superintendent support that the facility maintains appropriate documentation, reviews and analyses the information, and makes efforts towards improvement on an annual basis; therefore, providing sufficient evidence to support a finding of compliance.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan · Annual PREA reports · Agency website http://hcsdma.org/public-resources/prea/ · Interview with the Assistant Superintendent · Interview with the PREA Coordinator · Interview with the PREA Manager The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, 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. Evidence reviewed/analyzed by provision: (a) The annual reports reflect the review of data collected and aggregated for the calendar year. A paragraph is provided to reflect on corrective action and continued compliance and improved effectiveness with complying with the PREA standards. (b) The report does include a comparison of current year to previous years statistics. (c) The interview with the Assistant Superintendent confirmed that he and the Sheriff approve the report before it is published, as required by the policy. The auditor accessed the report which is available for review on the agency website. (d) No redactions were required on the Corrective Action Plan. Finding of compliance is based on the following: Policy supports the requirements of the standard. The updated Annual report provides a comparison of each year to the previous year. The interview with the PREA Coordinator and the Assistant Superintendent support that the requirements of the standards are addressed annually, the report is approved by the agency head (Sheriff). The auditor finds sufficient evidence to support a finding of compliance.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, reviewed, analyzed and retained the following evidence related to this standard: · 3.5.3 PREA Plan

	· 1.6.1 Information Management Systems · http://hcsdma.org/public-resources/prea/ · Interview with the PREA Coordinator The following policy excerpts supports compliance with the requirements of this standard: 3.5.3 PREA Plan states, 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. Evidence reviewed/analyzed by provision: (a) Policy and the interview with the PREA Coordinator confirm that data collected is securely retained. The CIU Commander ensures files are secured in his office, other information is retained securely in the TRAX or JMS system. This office is located at another location. (b) Annual reports are available on the website for 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 and 2023. As stated, this agency does not contract with private agencies. (c) No information in the report required redaction. (d) The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise, in accordance with policy and confirmed during the interview with the PREA Coordinator. Finding of compliance is based on the following: Policy, review of the annual reports found on the agency website, and the interview with the PREA Coordinator supports that there is sufficient evidence for a finding of compliance.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence reviewed/analyzed by provision: (a) (b)Hampden County Sheriff's Office Western Mass. Recovery and Wellness Center is one of five facilities operated by the Sheriff's Office. This is their third audit. (c) No referral or recommendation has been made by the Department of Justice regarding this facility. (d) The PREA Resource Audit Instrument used for Community Confinement is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2022 was used to guide the audit process. (e) Documentation used to support compliance was provided by the agency/facility. (f) (g)(h) See comments in the report. (i) The auditor was not denied access to or copies of any documents requested. (j) The auditor has retained documents used to determine compliance. They have been scanned and uploaded into the Online Audit System. (k) (l) Methodology is described in the narrative sections for each standard. The auditor was able to view and analyze video monitoring stations at the facility. (m) The auditor was allowed to conduct private interviews with residents, and staff. (n) Posters were visible during the audit. The auditor asked residents if they saw the posters and/or were aware of the audit. Most did not indicate yes but were not concerned about sexual abuse or sexual harassment. No confidential correspondence letter was received from staff or residents. (o) The auditor communicated with the victim advocacy organizations and the SANE Coordinator for the state via a phone interview.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Final Audit Reports for all operations of this agency are available for review on the agency website.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	**Hiring and promotion decisions**	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	**Use of screening information**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	**Use of screening information**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	**Use of screening information**	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	**Data collection**	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes