PREA Facility Audit Report: Final

Name of Facility: Western Massachusetts Regional Women's Correctional Center
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 01/26/2026

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:** 01/26/2026

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	12/09/2025
End Date of On-Site Audit:	12/11/2025

FACILITY INFORMATION	
Facility name:	Western Massachusetts Regional Women's Correctional Center
Facility physical address:	701 Center Street, Chicopee, Massachusetts - 01013
Facility mailing address:	

Primary Contact

Name:	Tina Mateus
Email Address:	tina.mateus@sdh.state.ma.us
Telephone Number:	413-730-6804

Warden/Jail Administrator/Sheriff/Director	
Name:	Sheriff Nicholas Cocchi
Email Address:	nick.cocchi@sdh.state.ma.us
Telephone Number:	413-547-8000

Facility PREA Compliance Manager	
Name:	Tina Mateus
Email Address:	tina.mateus@sdh.state.ma.us
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Keisha Williams
Email Address:	keisha.williams@sdh.state.ma.us
Telephone Number:	413-547-8000

Facility Characteristics	
Designed facility capacity:	335
Current population of facility:	190
Average daily population for the past 12 months:	169
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

Age range of population:	18-72
Facility security levels/inmate custody levels:	Medium / Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	185
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	181

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:	
10	• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.17 - Hiring and promotion decisions • 115.31 - Employee training • 115.32 - Volunteer and contractor training • 115.33 - Inmate education • 115.35 - Specialized training: Medical and mental health care • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information • 115.53 - Inmate access to outside confidential support services • 115.64 - Staff first responder duties
Number of standards met:	
35	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-09
2. End date of the onsite portion of the audit:	2025-12-11

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, YWCA

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	335
15. Average daily population for the past 12 months:	169
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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	186
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	5
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	11
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	76
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	This reflects the staff present on the first day of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
41. 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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At least one inmate was interviewed from each housing unit.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Two randomly selected inmates resulted in additional targeted category inmate interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. 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.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2

55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. 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.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This was discussed with staff who regularly work in the specialized housing area, the PCM and the Superintendent. Overall observations and evidence accumulated did not lead to any evidence otherwise.
57. 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	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. 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
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	25
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. 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)

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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Volunteer Coordinator, Grievance Coordinator, food service staff, staff grill staff, union representative, Unit Manager, Program Manager
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. 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
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. 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
70. 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.

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	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.

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

79. 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	8	0	8	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	10	0	10	0

80. 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	2	0	2	0
Staff-on-inmate sexual harassment	7	0	7	0
Total	9	0	9	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	2	2
Staff-on-inmate sexual abuse	0	2	0	0
Total	0	5	2	2

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	4	3	0
Total	0	4	5	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	10

86. 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
88. 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)
89. 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	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. 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)

92. 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	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	9
94. 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	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. 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)
97. 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	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	7
99. 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)
100. 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)
101. 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

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

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

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

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan4/1/2025 to 3/31/2026 · Organization Chart - WCC · Interview with the PREA Coordinator · Interview with the PREA Compliance Manager (PCM) · Interview with the Superintendent (Agency Head) · Interview with the Assistant Superintendent (Facility Head) · Observations during the audit · FAQ

	The following policy excerpts demonstrate the facility's commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse. 3.5.3 PREA Plan: *This document is available to all Hampden County Superintendent's Department (HCSD) Employees, Volunteers, Contractors and Interns. It provides mandatory information on issues of Sexual Misconduct (See P&P 1.3.1 Human Resource Manual Protocol 28) and regulations promulgated from the Prison Rape Elimination Act (PREA). All Employees, Volunteers, Contractors, and Interns are expected to abide by the policies and protocols contained therein. This Policy and Protocol is reviewed annually and/or updated as necessary.* *The HCSD maintains a working environment free from all forms of sexual harassment, retaliation or intimidation. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will not be condoned or permitted.* *In accordance with M.G.L. Chapter 268, Section 21A the HCSD will investigate and prosecute any Employee, Contractor, Volunteer, or Intern found to have engaged in any sexual relations with any inmate. In criminal prosecution of such misconduct, the law deems an inmate is incapable of consent. Acts of sexual contact or sexual misconduct with an inmate, as well as retaliation against an inmate are prohibited. In addition, invasion of privacy, acts of intimacy, or anything other than purely professional relationships with inmates are prohibited and violators are subject to appropriate discipline.* *Employees are required to report any and all incidents of sexual harassment/ misconduct or inmate sexual misconduct. There is "zero tolerance" for any inmate to inmate sexual encounters or staff to inmate sexual encounters.* Evidence reviewed/analyzed by provision: (a)Policy, as illustrated above, outlines the commitment to, goals for achievement and efforts to prevent, detect and respond to sexual abuse and sexual harassment. The complete policy is fifty-eight (58) pages and documents details of how the agency will comply with all the PREA standards; excerpts are additionally noted throughout this report. Definitions of prohibited behaviors are addressed in this policy (and noted in the narrative to standard 115.87). (b)The organization chart for the Main Institution demonstrates that the agency PREA Coordinator has a direct link to the Assistant Superintendent and then to the Superintendent. Additionally, this person serves as the Assistant Deputy Superintendent/Medical Compliance Officer. During his interview, he indicated he has been actively involved in the efforts to prevent, detect and respond to sexual abuse and sexual harassment since being assigned to the position. The auditor has observed this during this audit and previous audits for this agency. He affirmed that he has the time and authority to ensure such efforts are met. The interview with the

	PREA Coordinator and Superintendent confirmed to the auditor that he is given authority to work directly with the Superintendent, security, medical/mental health staff and internal investigators in conjunction with the Assistant Superintendent on any PREA issues that arise in his role as the PREA Coordinator. This was evident to the auditor during the on-site audit. (c) The agency has appointed a PREA Compliance Manager (PCM), who also serves as the Standards and Training Supervisor. The interview with the PCM supports that she had sufficient time and authority to address all matters regarding PREA. Her position as the Standards and Training Supervisor has a direct link to the Assistant Superintendent. The audit observed the interaction during the onsite audit. Her role as the Standards and Training Supervisor ensures she is actively involved with all aspects of the operations to ensure the facility meets PREA standards. This was observed by the auditor during the onsite audit. Summary of evidence to support the finding of compliance: Policy reinforces the requirements of the provisions of this standard. Interviews with the Superintendent and Assistant Superintendent provided assurance to the auditor that the law and the requirements to prevent, detect and respond to sexual abuse, sexual harassment and retaliation are an integral part of the operations at this facility. Interview with the PREA Coordinator and PCM all demonstrate a commitment to compliance with all PREA standards, demonstrate during interviews and observations of interaction with staff that they have authority and are involved in all processes to ensure the requirements are met and are effective. In accordance with the FAQ clarification, issued by the DOJ, the PREA Coordinator does have access to the Superintendent, and Assistant Superintendents and demonstrated to the auditor his influence in managing PREA related duties as well as access to all areas of the facility. Observations made during the audit process which include the interaction with all levels of staff by the PREA Coordinator, PCM all levels of staff, and with the inmate population, showed that the PREA Coordinator and PCM are keenly involved with the overall operations of the agency. With the level of commitment by the PREA Coordinator, PCM and the other OCMS for this agency demonstrates that the agency exceeds the requirements of the standard.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · MOU with Massachusetts Department of Correction

	· Agreement for the Use of the Hampden County Superintendent's Department for the Pre-Arraignment Holding · MOU with BOP · PAQ The PAQ indicated that there is no contract for the confinement of inmates since the last PREA audit. The following policy excerpts demonstrate compliance with all provisions of the standard. 3.5.3 PREA Plan Contracting with Other Entities for the Confinement of Inmates states, *1. When the HCSD contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with the PREA standards.* *2. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.* Evidence reviewed/analyzed by provision: The auditor reviewed the current contractual arrangements for the Hampden County Sheriff's Office to hold inmates on behalf of other operations. Summary of evidence to support the finding of compliance: The PAQ indicates there are no contracts during the PREA audit cycle for confinement of inmates; as indicated, they hold inmates for other agencies. The auditor found no reason to dispute that they contract for the confinement of inmates during the audit process. Policy supports the requirements in the event that they do enter into contracts for the confinement of inmates from this agency. Therefore, this standard is not applicable – compliant.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Document showing average daily population for the previous 12 months

· Security Staffing Plan

· Staffing Plan Annual Review 7/1/2025 agency

· Review of documentation of rounds 2023, 2024, 2025 up to present all three shifts all rounds recorded

· Interview with the Superintendent

· Interview with the PREA Coordinator

· Interview with the PCM

· Interviews with Supervisors formal and informal - (Captain and Lieutenant)

· Random staff interviews

· PAQ

The PAQ indicates that the average daily population since the last PREA audit is 165 The staffing plan is predicated on an inmate population of 165. The facility reports there have been no deviations from the staffing plan.

The following policy excerpts demonstrate compliance with all provisions of the standard.

3.5.3 PREA Plan states, *In order to maintain a safe and secure environment, staff and post assignments are assigned by shift as necessary. The Assistant Superintendent of Human Resources maintains a complete listing of Post Assignments for all facilities. The Assistant Superintendent of Human Resources and the Chief of Security maintains and reviews annually the shift relief factor for each facility as to maintain optimum staffing to meet the safety, security, and care & custody of the inmate population.*

The HCSD ensures that each facility develops, documents, and makes best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facilities shall take into consideration:

a. Generally accepted detention and correctional practices;

b. Any judicial findings of inadequacy;

c. Any findings of inadequacy from Federal investigative agencies;

d. Any findings of inadequacy from internal or external oversight bodies;

e. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);

f. The composition of the inmate population;

g. The number and placement of supervisory staff;

h. Institutional programs occurring on a particular shift;

i. Any applicable State or local laws, regulations, or standards;

j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

k. Any other relevant factors.

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

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 pla

The HCSD has a policy and practice of having supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment (see Supervisor Post Orders). This policy and practice is implemented for all shifts (see MI/WCC P&P 3.1.1/3.1.3 Pod/Unit Supervision, 3.4.1/3.4.3 Restrictive Housing Unit, and 4.1.8/3.5.6 Inmate Orientation). It is a violation of this policy to for staff to alert other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

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 currently, 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.

	(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. (6) The composition of the inmate population was analyzed. It notes an increase in the mentally ill population resulting in this facility opening a unit for Evaluation and Stabilization. (7) The number and placement of supervisory staff have been reviewed and determined to be adequate. Review of rounds and staffing occur regularly. (8) Institution programs occurring on a particular shift have a detailed evaluation of the time and days of the programs occurring. (9) Any applicable State or local laws, regulations, or standards are reviewed. Staff discussed with the auditor that changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for substance abusers, treatment/ searches of transgenders and other areas. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is additionally analyzed in the Annual Report. (11) No other relevant factors have been identified. (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. It was reported and confirmed through 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 is conducted. Review of the staffing plan confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented; the auditor concludes that the analysis was credible to conclude this. Both the Superintendent, PREA Coordinator and nine additional executive staff members are present, including the PCMs. (d) Electronic logbooks entries were provided with the pre-audit documentation - 2023, 2024 and 2025 all three shifts, all rounds recorded electronically shifts. The auditor asked staff during random interviews if the supervisor comes through the unit regularly, if the time was the same every day and if anyone is alerting them to the rounds being conducted by the supervisor. All interviews confirmed that they do not know when the supervisor is coming to their assigned post for the check, and they are not being alerted to the supervisor making rounds. Additionally, they confirmed

	knowledge that they are not to alert others when the supervisor is making rounds. Formal and informal interviews with supervisory staff confirmed to the auditor that they conduct rounds at different times, in different directions and do not believe that staff have been alerted to their rounds. Summary of evidence to support the finding of compliance: Review of the policies, staffing plan, interviews with staff such as corrections officers, supervisors, Superintendent and PREA Coordinator all supported the finding of compliance.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · 4.1.7 Court Order Holding of Juveniles · Part I, Title XVII, Chapter 119 and Section 58 The following policy excerpts demonstrate compliance with all provisions of the standard. 3.5.3 PREA Plan states, Youthful Inmates (See MI/WCC P&P 4.1.7/3.5.2 Court Ordered Holding of Juveniles) 1. The HCSD will not place a youthful inmate in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The HCSD shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. 2. In areas outside of housing units, the HCSD shall either: a. Maintain sight and sound separation between youthful inmates and adult inmates, or b. Provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. 3. Absent exigent circumstances, the HCSD shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

	4.1.7 Court Order Holding of Juveniles indicates that if the agency received a court order to hold a juvenile pending trial as adults, they are to be housed separately. Evidence reviewed/analyzed by provision: (a)(b)(c) Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services, this is referred to as the Raise the Age Bill. During the audit, neither auditor saw nor heard anything to dispute that no youths are housed at this facility. Summary of evidence to support the finding of compliance: The law prevents the facility from housing inmates under the age of 18 yrs. old. In the rare event this occurs, policy requires they be housed separately. The physical plan affords options for housing a juvenile separately, however this has not occurred since the law was passed. Observations and policy confirm this to be true and therefore it is deemed not applicable – compliant.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · 3.1.9 Inmate Searches · Cross Gender, Transgender and Intersex Clothed Pat Search written guideline · Training Curriculum Searches and Contraband · Training Records for security staff who have completed Transgender & Intersex Inmate Searches · PREA Gender Announcement directions/instructions · Documentation of this gender announcement · Interviews with random staff · Interviews with random inmates · Interviews with targeted category inmates · Observation of “Male in the unit announcement” generated from the computer · Observations of showers and toilet facilities

	· Observation and review of video monitoring · PAQ The PAQ indicates that there have been zero cross-gender visual searches. The following policy excerpts support compliance with the provisions of this standard: 3.5.3 PREA Plan *The HCSD does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners (See MI/WCC P&P 3.1.8/ 3.1.11 Searches)* *The HCSD does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.* *All cross-gender strip searches and cross-gender visual body cavity searches of female inmates must be authorized by the appropriate Supervisor and shall be documented.* *Inmates will be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.* *A facility-wide announcement is made by the Central Control Room (CCR) informing inmates that staff of the opposite gender of the inmate population will be entering the inmate housing unit to provide care, custody and services throughout the shift. This announcement is made at the beginning of each shift.* *In order to be consistent with PREA Standard 115.15 Limits to Cross-Gender Viewing and Searches, that requires staff of the opposite gender to announce their presence when entering an inmate housing unit, staff maintain the following protocol.* *PREA Standard 115.15 requires staff of the opposite gender to announce their presence when entering an inmate housing unit. This is sometimes referred to as the "cover-up rule" and is intended to put inmates on notice when opposite-gender staff may be viewing them. The announcement is required anytime an opposite-gender staff enters a housing unit and may be fully realized by requiring the announcement only when an opposite-gender staff enters a housing unit where there is not already another cross-gender staff present. For example, at the Main Facility, this means that an announcement is not required if the Pod Floor Officer is female and vice versa for the WCC.* *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.

Consistent with PREA standard 115.16 the agency shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Accordingly, the Pod Floor Officer will display the female laminated placard to supplement the verbal cross-gender announcement in male units with inmates who are deaf or hard of hearing (and visa versa at the WCC). Any unit housing deaf or hard of hearing inmates shall display the placard whenever a cross gender staff member is present on the unit.

3.1.11 Inmate Searches states, *Except in Exigent Circumstances and with prior approval of the AS Special Operations, visual searches are always performed in relative privacy with as much dignity as possible by security Personnel and conducted by staff of the same sex as the inmate. Whenever possible, another staff person of the same gender or gender identity as the person being searched, will be available in the area of the search to assist. If there are valid safety or security concerns regarding the inmate's choice of officer to conduct the search, the Assistant Superintendent/designee should be contacted prior to the search being conducted. Cross gender pat searches of inmates shall be conducted in relative privacy with as much dignity as possible. Visual searches shall be conducted by one security personnel and a second security personnel within ear shot, except in an emergency as determined by the Superintendent/Facility Administrator or Designee (AS Special Operations).*

Intrusive body cavity searches, manual or instrumental, shall not be conducted unless all of the following have occurred:

a. Probable cause has been determined by staff through reasonable belief that the inmate is carrying contraband or other prohibited material;

b. Authorization has been given by the Superintendent/facility administrator;

c. Search warrant has been obtained

d. The body cavity search shall be done by qualified health care personnel at the hospital after a warrant is obtained.

Additionally, this policy provides detailed information on when searches are conducted and the type of searches (Pat Search, Body Scanner, Visual Search, Body Cavity Search).

Evidence reviewed/analyzed by provision:

	(a) As indicated, policy restricts cross-gender strip searches or cross-gender visual body cavity searches except if there are exigent circumstances. This includes cross-gender pat searches of female inmates/detainees. The auditor observed several female officers during the onsite tour which led her to conclude that there would not likely be an exigent circumstance due to staffing that would require cross gender searches. This included a female officer assigned to intake during first and second shifts. (b) Programming for female detainees is not restricted; this facility houses only female inmates. Additionally, a programming schedule was provided to the auditor for review to support this. (c) Policy requires that cross-gender searches be documented. The facility provided documentation reflected in the electronic jail management system (JMS) demonstrating how cross gender searches would be documented. (d) The auditor was provided documentation that reflected that cross-gender announcements are documented in the electronic logbook as the “PREA Announcement”. This document reflected announcements from 5/1/2022 to 5/5/2022. All random staff interviews and random inmate interviews confirmed that this cross-gender announcement is made every time a male staff enters the unit. They additionally confirmed that inmates are able to shower, use the toilet and change clothes without being seen using the toilet, showering or changing clothes absent incident viewing. The auditor observed the showers in each occupied unit. They have separate stalls with adequate curtains, mesh on the top and bottom and solid canvas for the middle. One inmate expressed to the auditor that breasts can be viewed from the top level. The audit, while touring the next facility, went to the top level to observe showers and found that this is not true. Toilets and sinks are located in the inmate rooms. They are located on the opposite corner of the door opening. Staff can comprehend that someone is using the toilet but cannot see any genitals. Additionally, during the tour the auditor observed the area where visual strip searches are conducted in Intake. It provided appropriate privacy for the inmate during this process. It is located in a separate room, with a shower area for removing clothing while ethe officer views from a safe distance. No camera is in this area. During the tour, the auditor and escort team was announced prior to entering the unit; this did not appear to be odd based on the observations of the inmates in the unit at the time. The view of the monitoring supports that opposite gender staff cannot view buttocks, or genitalia; they do not show views of the cells, bathroom or showers. The auditor reviewed the mandatory training on cross-gender supervision presentation. It includes information on male and female difference, differences when working with female offenders, myths, rules and boundaries, communication skills, address inmates/residents by last name, and a review of the requirements for this standard. (e)(f) These provisions are not applicable. Summary of evidence to support the finding of compliance: Policies which support compliance, staff interviews which demonstrated knowledge of these requirements

	from training received, the training curriculum, training records, and overall observations made during the audit process provide ample evidence to support the finding of compliance. Staff and inmate interviews confirmed that they can shower, use the toilet and change clothes without being viewed by opposite gender staff. The auditor is finding this facility is compliant with this standard.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · 4.5.9 Special Needs and Services · Power Point Training: ADA and PREA · Inmate Handbook – English and Spanish · Language Line contract · Interview with the Superintendent · Interview with intake staff · Interviews Inmates LEP or disabled · Interviews with random staff · Observation/use of Language Interpretation services · Observations of Sign Language Interpretation Services – Video Relay Phone · PAQ The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Inmates with Disabilities and Inmates who are Limited English Proficient. (See MI/WCC P&P 4.5.9/4.2.10 Special Needs Inmates) states, *1. The HCSD takes appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual*

harassment. These steps shall include (when necessary to ensure effective communication with inmates who are deaf or hard of hearing) providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the HCSD ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The HCSD is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

2. The HCSD takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

3. The HCSD does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under Protocol 6D, Staff First Responder Duties of this P&P, or the investigation of the inmate's allegations.

4.5.9 Special Needs and Services supports the following:

Special Needs

A mental and/or physical condition that requires different accommodations or arrangements than a general population offender normally would receive. Offenders with special needs may include, but are not limited to, the emotionally disturbed, developmentally disabled, mentally ill, physically handicapped, chronically ill, the disabled or infirm and the drug or alcohol addicted. The twenty-nine-page policy addresses specifically the following: Special Needs Treatment Plans, Management of chronic disease, Mental Health Services and aids needed for those impaired physically.

Evidence reviewed/analyzed by provision:

(a) Inmates' accommodation needs are assessed at intake by an intake nurse. Additionally, the Inmate Handbook informs inmates of the following:

10.01.11 Reasonable Accommodation of Special Needs

The WCC recognizes and follows the guidelines of the American's with Disabilities Act. If you have a special needs concern and feel that you need accommodations, you may sign up for sick call at the Officer's Workstation, to address your concerns with Health Services staff.

The WCC provides a process to address inmate requests for special accommodations

	which may fall under the American with Disabilities Act (ADA) or other provisions of state and federal law. You may request a review of any medical/mental health special needs via the sick call process. See Sick Call. The facility has a video relay phone available for deaf and hard of hearing inmates. The auditor observed documentation demonstrating that staff receive training specific to PREA and ADA during their annual PREA training. (b) There is a contract for Language interpretation services. During random staff interviews, many are aware of the availability of the language line services which can be used, if needed. The auditor tested the language line services. The auditor was provided the Inmate Handbook which is available in English Spanish. Posters throughout the facility were provided in both English and Spanish. Interviews were conducted with inmates where English is there second language; however, none needed an interpreter. (c) The PAQ reports that there have been no instances where an inmate was used to interpret during a PREA investigation in the previous 12 months. The auditor found no reason to dispute this fact during the audit process. All staff interviews confirmed that another inmate would not be used to interpret for an inmate making a PREA allegation or any part of the PREA requirements (intake, investigation, etc). Summary of evidence to support a finding of compliance: Policy supports the requirements of the standard. Random staff interviews, PREA coordinator interview, and the interview with the Superintendent support that inmates with disabilities and limited English inmates will be provided the resources to ensure they have equal participation and benefits from the requirements of this standard. Contracts with a language line service, demonstration of the availability of the language line service, availability of information throughout the institution in English and Spanish, and interviews with limited English inmates and those with cognitive challenges all provide the auditor with sufficient evidence to support a finding of compliance.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Employment Application · Candidate Information Questionnaire

	· PREA Annual Performance Review · Documents - Personnel files of those hired and promoted in the past 12 months · Documentation staff background checks · Employee Handbook · Contractor personnel files · Interviews Human Resource staff · PAQ The PAQ indicates that ten (10) staff have been hired who may have contact with inmates in the previous twelve months. There were ten (10) contractual staff hired within the previous 12 months who may have contact with inmates. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Hiring and Promotion Decisions states, *1. In reference to the HCSD Human Resources Policy (See P&P 1.3.1 Human Resources Policy Manual), the Department does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—* *a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);* *b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or* *c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.* *2. The HCSD considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.* *3. Before hiring new employees who may have contact with inmates, the HCSD will:* *a. Perform a criminal background records check;* *b. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*

4. The HCSD also performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

5. The HCSD conducts a criminal background records check at least every five (5) years of current Employees, Contractors, Volunteers and Interns who may have contact with inmates.

6. The HCSD shall ask all applicants and employees who may have contact with inmates directly about previous sexual abuse misconduct described in paragraph (1) of this section in written applications and/or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The HCSD also imposes upon employees a continuing affirmative duty to disclose any such misconduct.

7. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

8. Unless prohibited by law, the HCSD provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Evidence reviewed/analyzed by provision:

(a)(b)(g) The auditor reviewed the application process. The application process specifically asks all applicants to answer the questions (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. It also asks if the candidate has engaged in or been accused of engaging in sexual harassment. These questions are also addressed on the Annual Performance evaluations with employees. The interview with the HR Manager confirmed this requirement for newly hired and promotional staff. The Interview with the Human Resource Director indicates that they had not had a candidate with a history of sexual harassment which required consideration. The Candidate information provides definitions related to sexual abuse in conformance with definitions in the PREA law. Candidates sign acknowledging they have a continuing affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time they are employed by, contract with or volunteer for the Hampden County Sheriff's Office. They additionally sign acknowledging that all statements and answers given are true and correction. Lastly, an additional signature acknowledges the following: "I hereby affirm that I have read and understand that the information, which I have provided, on this Candidate Information Questionnaire is true and complete to the best of my knowledge. I agree that any omission or falsified information shall subject me to disqualification from further consideration for employment and shall be considered justification for my immediate dismissal if discovered at a later date."

	The auditor requested and reviewed six (6) personnel files - two (2) contractual files and two (2) personnel files of recently promoted staff person which demonstrated the addressing of the required questions in provision (a), and newly hired employees which demonstrated reference checks, questions in provisions (a) and (b) and thorough background checks. The auditor was provided documentation that all contractual staff, promotional staff and employees have a background check conducted yearly. (f) As stated, this is included in the application process on the applicant forms. It was confirmed to the auditor that promotional candidates complete a new application; therefore, addressing these questions again. The Employee Handbook has a section on PREA, reinforcing the zero tolerance and prohibited behavior, requirement to immediately report any knowledge or suspicions, or any information regarding inappropriate sexual behavior timely and to the Shift Commander. (h) Per the interview with the Human Resource Director, their office has not had to provide information to another agency about a prior employee. Upon receipt of a release of records, this information would be provided. Summary of evidence to support the finding of compliance: Policy, interviews with the PREA Coordinator, Human Resource Director, and review of documentation from personnel files all provided the auditor with consistent, sufficient information to support that the provisions of the standard are in policy, and policy is followed. Background checks are conducted yearly, exceeding the five-year requirement.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · PREA Vulnerability Assessment · Interview Superintendent · Interview Assistant Superintendent · Observations · PAQ The PAQ indicates the facility has not acquired any new facilities but has made substantial expansions or modifications of existing facilities since the last PREA audit

	and has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. 3.5.3 PREA Plan states, Upgrades to Facilities and Technologies. *1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the HCSD considers the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse.* *2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the HCSD considers how such technology may enhance the Department's ability to protect inmates from sexual abuse.* Evidence reviewed/analyzed by provision: (a)(b) The auditor observed during the tour of the facility that the unit (minimum) was closed, and one additional housing unit. The Superintendent and Assistant Superintendent confirmed that PREA (prevention, detection and response to sexual assault and sexual harassment) will be included in the review and decision regarding any camera upgrades and/or modifications to the physical plant. It is addressed during the Annual PREA Vulnerability Assessment. Summary of evidence to support the finding of compliance: The PAQ notes there have not been any changes to the physical plant or video monitoring since the last PREA audit. Policy noted above supports that sexual abuse and sexual harassment prevention will be considered when making changes to the physical plant or upgrading the camera system. The interviews with the Superintendent and Assistant Superintendent supports this as well. The auditor finds there is sufficient evidence to support the finding of compliance with the standard provisions.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the Investigator · Investigator Training curriculum – uniform evidence protocol and source · Interview with Regional SANE Coordinator for Commonwealth of Massachusetts · Program Goals, Regional SANE Coordinator

	· PREA Evidence Kit · MOU with YWCA. · Massachusetts State Police website · PAQ The PAQ indicates there no forensic medical exams, no SANE/SAFE exam no exams performed by a qualified medical practitioner during the previous twelve months. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Evidence Protocol and Forensic Medical Examinations. (See P&P 4.5.11 Medical/Legal Issues) *1. To the extent the HCSD is responsible for investigating allegations of sexual abuse, the Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.* *2. The HCSD offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility (Baystate Medical), without financial cost, where evidentiary or medically appropriate. These examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department documents its efforts to provide SAFEs or SANEs.* *3. The HCSD makes available to the victim a Victim Advocate from the YWCA Rape Crisis Center. If the YWCA Rape Crisis Center is not available to provide victim advocate services, the Department has a qualified staff member. The Department's staff will document the efforts to secure services from the YWCA Rape Crisis Center.* *4. As requested by the victim, the victim advocate or qualified HCSD staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.* *5. The requirements of paragraphs (1) through (4) of this section shall also apply to:* *a. Any State entity outside of the Department that is responsible for investigating allegations of sexual abuse in prisons or jails; and* *b. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.* Evidence reviewed/analyzed by provision: (a)(b) To assist with ensuring that a uniform evidence protocol is used, the facility

	maintains a PREA Response Kit and checklist of contents. Investigators were trained in conjunction with the Massachusetts Department of Correction Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. The Massachusetts State Police addresses evidence and processes it at the State Police Crime Lab. The auditor found on the website the following: Furthermore, the Massachusetts State Police website states, 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. (c)(d) Policy supports that all victims of sexual abuse will be offered a forensic exam,, with no cost to the victim. The interview and research on the internet further support that this state has a statewide organized system for ensuring that SANE exams are available for all who need them. The interview with the SANE Coordinator for the Commonwealth of Massachusetts confirmed that there are SANE certified hospitals throughout the state. All efforts will be made to include sending a SANE certified nurse to a site when needed. She indicated they have been successful with providing this level of exam for several years. Requests for an advocate are automatically addressed by the hospital. Plus, the MOU with the YWCA, which also provides emotional support services to all inmates, confirmed that it will provide victim services to inmates/residents who are transported to the local hospital. The Commonwealth of Massachusetts SANE program has the following Program Goals: The goals of the SANE Program are to: · Certify a cadre of sexual assault nurse examiners to respond 24 hours a day at designated emergency departments across the Commonwealth; · Provide specialized medical-legal exams for victims of sexual assault, 12 years of age or older; · Enhance existing community-based response systems for victims of sexual assault; improve and standardize data on the incidence of sexual assault victims seeking treatment in Massachusetts hospital emergency departments and; · Increase the rates of identification, prosecution and conviction of sexual

assault

perpetrators through a standardized procedure for the collection of forensic evidence

from victims of sexual assault.

The Role of The Sexual Assault Nurse Examiner

The role of the Sexual Assault Nurse Examiner (SANE) is to provide specialized examination and care to victims of sexual assault 12 years of age or older.

Specifically, SANEs will:

· Assess, provide care for, and document the sings and symptoms of physical and

emotional trauma;

· Collect, document, preserve, maintain custody of, and transfer forensic evidence to law

enforcement authorities;

· Consult with the ED Physician regarding the provision of medical treatment,

medication orders, and readiness for discharge;

· Provide services in the ED, OR and ICU with appropriate hospital staff and equipment

to meet SANE standards of care;

· Assess risk and offer prophylaxis for pregnancy;

· Assess risk and offer prophylaxis for sexually transmitted disease and HIV;

· Provide education to the patient throughout the examination process;

· Develop and discuss a discharge and aftercare plan with the patient;

· Cooperate with law enforcement authorities during court proceedings and;

· Complete mandatory reporting forms.

(f) As indicated to the auditor in interviews and policy, if the Massachusetts State Police becomes involved, they will both ensure a qualified victim advocate is present, if requested, and ensure a SANE exam is conducted. The auditor finds this credible based on the PREA certifications of the Lockup facilities, operated by the State Police.

Summary of evidence to support the finding of compliance: Policy excerpts, review of investigations, investigator training, Massachusetts State Police website and interviews with the investigator, and PREA Compliance Manager support compliance. A PREA kit is available to help process evidence appropriately. Staff interviews supported that staff were aware of the requirements and actions needed to preserve

	evidence. The Regional SANE Coordinator confirmed that SANE exams are available to this population. The Director of the YWCA confirmed that in accordance with the MOU, they will provide advocacy services for all inmates who request one during a SANE exam, or forensic exam. The policy is posted on the agency website.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · 3.1.7 Special Teams · Flow chart (directs process for sexual abuse and sexual harassment investigations) · PREA Process Map · HCSO website hcsoma.org/public-information/prison-rape-elimination-act/ · Interviews Superintendent · Interview Investigative Staff · Documentation of investigations · PAQ The PAQ indicates there have been elven allegations resulting in administrative investigations for sexual abuse or sexual harassment allegations. The following policy excerpt supports compliance with 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 Office 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 regards to any time limits or constraints set forth by policy and/or law, accurate consolidation of all information and documentation obtained by the unit, and retaining said factual information.

d. The CIU-Unit Commander ensures that the final conclusion, as a result of an investigation, is forwarded to the appropriate individual(s) in writing.

F. Criminal Investigation Notification

1. At the time of the alleged incident, the Special Operations Supervisor will notify the Criminal Investigation Supervisor of the following:

a. Serious injury to an 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)(b)(c)The interview with the investigator provided the auditor with the following information: The agency has a Criminal Investigative Unit (CIU), supervised by a trained sexual assault investigator with prior experience investigating sexual assault in the community. A flow chart has been developed to clarify when an administrative investigation will be completed or when it will be referred to the CIU. The CIU Captain does and has worked closely with the Massachusetts State Police and District Attorney for matters that are criminal that occur in the Main Institution, WCC or pre-release program all operated by the Hampden County Sheriff’s Office. The flow chart and PREA process map outlines when investigations are referred to the CIU and how

	staff monitor the progress. The interview with the Superintendent confirmed to the auditor the agency's commitment to ensure that all allegations of sexual abuse and sexual harassment are completed by the appropriate investigator. Review of the twenty investigations confirmed to the auditor that all allegations of sexual abuse and sexual harassment are referred to the appropriate investigator. Summary of evidence to support the finding of compliance: The complete policy can be viewed on the website at hcsdma.org . Review of policy, investigations as well as interviews with the Superintendent and investigator support that any suspicion or knowledge of sexual abuse, sexual harassment, neglect, or retaliation will be reported to the supervisors through to the shift commander to the investigators. Review of the investigations supported this requirement.

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Staff training records · Acknowledgement of completion · Interview Training Coordinator (PCM) · Interviews random staff · PAQ · FAQ The PAQ indicates that all employees who have contact with inmates were trained on PREA requirements as outlined in the provision. It initially occurs in the academy or new staff orientation classes. PREA is addressed in yearly mandatory training. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Employee Training - *1. The HCSD trains all employees who may have contact with inmates on (See P&P 1.4.1 Staff Training and Development Plan):* *a. Its zero-tolerance policy for sexual abuse and sexual harassment;*

	b. How to fulfill their responsibilities under Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; *c. Inmates' right to be free from sexual abuse and sexual harassment;* *d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;* *e. The dynamics of sexual abuse and sexual harassment in confinement;* *f. The common reactions of sexual abuse and sexual harassment victims;* *g. How to detect and respond to signs of threatened and actual sexual abuse;* *h. How to avoid inappropriate relationships with inmates;* *i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and* *j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.* *2. The training is tailored to the gender of the inmates at the employee's facility. The employee receives additional training if they are reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.* *3. All current employees who have not received such training are trained within one (1) year of the effective date of the PREA standards (August 20, 2012), and the Department provides each employee with refresher training every two (2) years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which employees do not receive refresher training, the Department provides refresher information on current sexual abuse and sexual harassment policies.* *4. The Department documents via employee signature or electronic verification (Training Database), that employees understand the training they have received.* The facility provided documentation demonstrating that the following PREA courses are accessible through their PodNet training: PREA Auditor's 15 Questions PowerPoint Cross Gender Training Form Transgender and Intersex Inmate Pat Search Video Cross Gender Announcement Video NIC PREA Audit Process and Instrument Overview Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Course

	NIC PREA Coordinator’s Roles and Responsibilities NIC Investigating Sexual Abuse in a Confinement Setting Evidence reviewed/analyzed by provision: (a)The auditor was provided with the training lesson plan for PREA. It addresses the following: The auditor reviewed the PREA training power point presentation. Topics included the following: review of the law and its evolution, review of statistics, definitions of staff on 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. All staff interviewed validated they are receiving training in the required topics. All staff indicate they receive the training annually (exceeding the standard) 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. All staff interviews thoroughly demonstrated to the auditor that they have received the training and that it addresses the topics required. Documentation was provided that ensured the auditor that this course is a part of the mandatory training requirements for 2025. (b) Several slides in the training power point are dedicated to the different experiences and reactions of sexual abuse based on gender. As the agency operates male and female facilities, all staff receive this information on both genders. (c) Documentation was provided showing all employees, current and newly hired, have received this training. All staff confirmed they receive this training every year. PREA refresher training, as stated to the auditor, is available through PodNet. (d) Documentation of annual mandatory training confirms the following: In signing this training form on this date and time, I certify that I have reviewed and understand the aforementioned Policies, Training Course/Curriculum and materials present in the In-Service PODNet database. Several examples were provided to the auditor for review with the preaudit documentation. 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 understand the training they received. The interview with the Training Coordinator (PCM) confirmed the process. This provides the auditor with ample evidence to support the finding of compliance. The facility exceeds the standard by ensuring all staff receive the training annually.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · 1.7.1 Volunteers/Interns/Service Providers · Contractor Orientation Training · Review volunteer/contractor/vendor training records · Interview contractual staff · Interview with the Volunteer Coordinator · Interview with a volunteer · PAQ The PAQ indicates there are 181volunteers and contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The following policy excerpt supports compliance with 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 inmates have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.* *2. The level and type of training provided to volunteers, interns and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers, interns, and contractors who have contact with inmates shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual*

	harassment and informed on how to report such incidents. *3. The Department maintains documentation confirming that volunteers, interns, and contractors understand the training they have received.* 1.7.1 Volunteers/Interns/Service Providers additionally reinforces the process on how volunteers are selected and trained. Evidence reviewed/analyzed by provision: (a)(b)(c) A PowerPoint specific to contractual staff was provided to the auditor for review. Included in this 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. An interview with the contractual staff (agency nurse) confirmed that she has been educated on the requirements of PREA and her role in preventing, detecting and responding to sexual abuse or sexual harassment. Training records were provided to the auditor with pre-audit documentation that reflected that volunteers sign an acknowledgment regarding PREA which informs them of the following: the law, zero tolerance, full enforcement of the state law. Additionally, volunteers sign acknowledging receipt of the Volunteer Resource Handbook and agree to abide by the Rules and Regulations. The interview with the Volunteer Coordinator relayed to the auditor the process for a volunteer initiating service and maintaining service at this agency. She confirmed that after applying and screening for appropriateness, a security clearance is conducted. Upon approval an 8-hour orientation is scheduled which addresses PREA. An acknowledgement is signed and noted in the database. PREA is reviewed yearly, as applications are reviewed yearly based on the submission of renewal by the volunteer. Volunteer records were provided forty-one (3) files were reviewed. All had appropriate documentation acknowledging PREA and training were observed. An interview with a volunteer on site during the audit confirmed at the requirements as described. Summary of evidence to support the finding of compliance: Based on review of the policy, information provided to contractual staff and volunteers, review of the training documentation, interview with the contractual staff, interview with a volunteer, and interview with the volunteer coordinator, the auditor finds sufficient evidence to support the finding of compliance with this standard. The auditor finds the facility exceeds the standard by ensuring volunteers receive a yearly review of this required information.

115.33	**Inmate education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

	related to this standard: · 3.5.3 PREA Plan · 4.1.5 Housing Placement and Orientation · 3.3.1 Inmate Handbook · Inmate Handbook (English and Spanish) · Brochures/pamphlet English and Spanish · Educational material Voices program · Observation of posters · Demonstration of the intake process and orientation · Interviews Intake staff · Interview with staff who conduct orientation · Interviews with randomly selected inmates · PAQ The PAQ indicates that 1880 inmates were admitted that were given information at intake, 591 stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents. The following policy excerpts demonstrate compliance with the requirements of this standard: 3.5.3 PREA Plan states, *C. 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.

4.1.5 Housing Placement and Orientation

Background:

The Inmate Handbook includes inmate rights, rules, behavior expectations and program/service descriptions as well as other information the inmate needs to know regarding the facility and operations.

The Inmate Handbook is the basis of orientation. The Inmate Handbook is developed consistent with the policies and procedures and standards. (See 3.3.1 Inmate Handbooks)

Newly admitted inmates receive written and oral orientation in the language in which the inmate is fluent. This includes but it's not limited to: Rules and regulations, disciplinary regulations, health services, mail, visiting, and program services. Completion of orientation shall be documented signed and dated by the inmate and staff person presenting the orientation.

New Intakes are visually searched in Intake.

Inmates will be on New Intake Status for at least 72 hours.

All new intakes participate in the Orientation process within 72 hours of the inmate's arrival to the Housing Unit.

A risk assessment is conducted for each inmate upon admission or within forty eight (48) hours of admission when they are admitted to the WCC by the Admission/ Discharge Assistant and a Qualified Health Care Professional (QHP). (See 4.5.14 Suicide Prevention)

A PREA assessment is conducted for each inmate upon admission or within Seventy two (72) hours of admission when they are admitted to the WCC by the Admission/ Discharge Assistant and a Qualified Health Care Professional (QHP). (See Core PREA Policy 3.5.3) New Intake Status inmates in Unit 1A with a known predator or potential predator (KP/PP) identifier may only be housed together unless SOLO cell indicated.

The Correctional Case Worker, reviews all orientation materials with each inmate including:

	Sexual assault treatment and prevention pamphlet, *PREA Orientation* *The Correctional Case Worker reviews the Inmate Handbook with the inmate which includes: (See 3.3.1 Inmate Handbooks)* *Facility rules and sanctions,* *Mail and visiting procedures,* *Transportation options for visitors,* *Grievance procedures,* *Applicable fees, charges or co-payments,* *Description of services, programs and eligibility requirements,* *Sick call, and* *Pretrial release options.* *Program expectations and conduct.* 3.3.1 Inmate Handbook states, Handbook Distribution The WCC staff distributes Inmate/Resident Handbooks. (See 4.1.5 Housing Placement and Orientation and 4.1.1 Booking) If an inmate cannot read, WCC staff provides Inmate/Resident Handbook information by either reading to the inmate or through an audio or videotape. (See 4.1.5 Housing Placement and Orientation) The Administrative Assistant files in the 6 Part File the signed Inmate/Resident Handbook Acknowledgement of the inmate acknowledging she has received the Handbook. (See 4.1.1 Booking and 4.1.5 Housing Placement and Orientation). Evidence reviewed/analyzed by provision: (a) Inmates are offered a pamphlet during the booking process by the nurse during the one-on-one intake interview. The Inmate Handbook is available in English and Spanish. Interviews with limited English inmates whose primary language was Spanish confirmed to the auditor they were asked what language was their primarily language and provided the materials. The PREA Pamphlet has the following information: How do I protect myself Zero Tolerance

	Law enforcing staff misconduct is a crime What to do if you are sexually assaulted How to report Rape Crisis center Hotline (English and Spanish) Information on how to preserve physical evidence Consequences for perpetrating sexual abuse or sexual harassment The Inmate Handbook informs inmates of the following: PREA Pamphlet: PREA law Zero tolerance National Rape Crisis Center – phone Definitions of Sexual Abuse and Sexual Harassment National Rape Crisis Center phone number (toll free) Counseling services, confidential toll free, no PIN required Consequences of committing sexual abuse or sexual harassment (b) Orientation is conducted when needed. The auditor observed orientation conducted by staff in the orientation pod, showing a brief video and explaining the information in the video. Documentation of attendance at orientation was provided to the auditor through a random request. This request yielded documentation of attendance at orientation for the following dates: 5/2025, 9/2025, 10/2025, 11/2025, and 12/2025,The auditor viewed the video. It is geared towards female inmates, approximately 20 minutes long, shows a discussion forum and scenarios showing what to avoid from other inmates and staff, and how to get help. (c) This does not apply to this facility. They have been actively involved with PREA compliance since 2015. The auditor finds this credible as the turnover at this facility is quick. Moreover, the auditor asked to speak with the inmate housed at the facility the longest since 2019. She confirmed that she has attended training regarding PREA and that the facility provides information on how to report (i.e. posters), how to preserve physical evidence. (d) See comments in 115.16. (e) Documentation of intake was provided for the same randomly requested inmates. Inmates are provided the Handbook and pamphlet on sexual assault during the intake process. The interviews with the inmates confirmed that the handbook is available to them on the inmate tablets.

	(f) Numerous posters providing information on PREA were visible throughout the facility, minimally several in each housing unit. Information is posted in Spanish and English. They are colorful and strategically located to ensure they are accessible and readable. Posters have the following information: “Sexual abuse is a crime. Even if you live behind a fence, it’s still against the law if you are a victim of sexual assault, sexual harassment or staff sexual misconduct report it now! Notify a Hampden County Sheriff’s Dept. Staff member, request to speak with the PREA Manager/PREA Coordinator at your facility, call the Rape Crisis Center Hotline” . This included the phone number TTY number, and Spanish language 24 hr. helpline. Inmates interviewed acknowledged that they knew of PREA by reading the posters. Additionally, every time an inmate uses the phone, they hear a message regarding PREA which includes a two-digit number for if they want to report an allegation of sexual abuse or sexual harassment, and another two digit number if they wish to talk to a rape crisis counselor. All inmates interviewed confirmed they were aware of the PREA law, and how to report. The inmate is able to access these services before being required to use their PIN; there is no recording or monitoring. The auditor tested this system during the onsite audit and confirmed the availability, confidentiality and anonymity. This is what the inmates described to the auditor when asked about how to make a report. The auditor was informed by staff and inmates that the PREA video is shown in the units weekly. The auditor was provided a presentation on the Voices Program which offers additional information regarding sexual abuse/victimization and PREA. With this the auditor concludes that the facility exceeds the standard requirements. Summary of evidence to support the finding of compliance: Policy, review of information provided to the inmates, observations of the intake process, evidence of the reporting line, demonstration of orientation, interview with inmates, review of randomly requested documentation and interview with the intake staff (nurse) provided the auditor with ample evidence to support the finding of compliance, exceeds compliance.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interviews Investigative staff · Training completion docs

	· Curriculum for investigators · Regular PREA Training documentation for investigators · PAQ # of investigators agency The PAQ indicates there are twelve staff who have received the specialized PREA training for investigators, plus the CIU Captain. The following policy excerpt supports compliance with 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) Training is conducted with the Massachusetts Department of Correction investigator training, Massachusetts Municipal Police, PREA Grant training. The auditor reviewed documentation showing that the investigators have received regular PREA training in addition to the specialized PREA training. The interview with the facility designated investigator confirmed that she and the other trained investigators have received the specialized training and do attend regular PREA training annually. (b) The auditor reviewed the training curriculum conducted with the Massachusetts Department of Correction staff.. The training curriculum addressed the following topics over a course of three days: Introduction to Sexual Assault Investigation Defining PREA Evidence Protocol Interviewing, including Miranda and Garrity Investigative Outcomes

	Documentation Post Allegation (c) Training certificates were provided and reviewed for the investigators. Summary of evidence to support the finding of compliance: Policy supports the requirements of the standards. Interview with the investigator demonstrated knowledge regarding Miranda and Garrity warnings, interviewing victims, dynamics of abuse in a confinement setting and evidence collection. Investigators are on call if needed. She indicated they are being notified of any need to initiate investigations immediately. The interview confirmed that they also attend regular PREA training.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interviews with medical staff · Interviews with mental health staff · Training curriculums · Training records, regular PREA training and specialized training · PAQ The PAQ indicates that the facility has thirteen medical and mental health staff, 100% have received specialized training for investigators. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, 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)(b)(c) Facility staff are used in the area of medical health and mental health. Medical staff do not conduct forensic exams; they are transported to a local hospital. The auditor spoke to the Mental Health Director and the Nurse Administrator who both confirmed that medical staff receive specialized medical and mental health training. The auditor was provided with documentation that medical and mental health staff have been trained in regular PREA training and specialized training. All medical and mental health staff interviewed (four total) confirmed they receive training 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 in additional to regular PREA training annually. They also review a power point slide entitled, A Sexual Assault Evidence Collection kit/SANE overview, developed by the Regional SANE Coordinator for this area. (b) This is not applicable to this facility; SANE exams are conducted at the local hospital. However, staff at this facility receive a training presentation on SANE Exams conducted by the Commonwealth of Massachusetts Regional SANE Program Coordinator) documentation provided, confirmed with the interview with the Regional SANE Coordinator), therefore, exceeding the standard requirements. Summary of evidence to support the finding of compliance: Policy supports the requirements of the standard. Interviews with the medical and mental health staff, and review of training documents (completion of training and the curriculum) provided the auditor with sufficient evidence to support the finding of compliance. The auditor gives a finding of exceeds as the specialized training required yearly.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Documentation of PREA risk assessment · Risk Assessment criteria · PREA Alert report · Random review of inmate's risk assessments · Interview PREA Coordinator · Interview with randomly selected inmates · Interview with staff who conduct risk assessments (intake and 30-day review) · Demonstration of the intake process · PAQ · FAQ The PAQ indicates that 1186 inmates who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility (100%), 591 who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Screening for Risk of Sexual Victimization and Abusiveness states, *1. All inmates shall be assessed during an Intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The assessment is conducted using an objective screening instrument in the PREA Database (See MI/WCC P&P 4.1.1/3.5.1 Inmate Admissions/Booking and 4.2.1/3.6.1 Classification.)* *2. The Intake screening ordinarily takes place within seventy-two (72) hours of their arrival at the facility.* *3. The Intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:* *a. Whether the inmate has a mental, physical, or developmental disability;* *b. The age of the inmate;* *c. The physical build of the inmate;*

d. Whether the inmate has previously been incarcerated;

e. Whether the inmate's criminal history is exclusively nonviolent;

f. Whether the inmate has prior convictions for sex offenses against an adult or child;

g. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

h. Whether the inmate has previously experienced sexual victimization;

i. The inmate's own perception of vulnerability; and

4. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in assessing inmates for risk of being sexually abusive.

5. Within a set time period, not to exceed thirty (30) days from the inmate's arrival at the facility (exigent any security or safety concerns, i.e. temporary hospitalization, etc.), the facility reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

6. An inmate's risk level shall be reassessed by their Counselor/CCW 30 days after the initial date of entry and again when warranted due to a referral, request, incident of sexual abuse/harassment, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

7. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, screening questions asked pursuant to:

a. Whether the inmate has a mental, physical, or developmental disability;

b. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

b. Whether the inmate has previously experienced sexual victimization;

d. The inmate's own perception of vulnerability.

8. The HCSD implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Evidence reviewed/analyzed by provision:

(a)(b) Policy supports that an intake screening is conducted on all inmates entering the system. This intake is completed within hours of arrival (based on interviews and observations during the onsite visit).

	(c)(d)(e) An example of a completed Risk Assessment was sent to the auditor with the pre-audit documentation. The objective screening tool used considers the following information: Risk of Sexual Victimization · former/current victim of prison rape or sexual assault · history of sexual activity while in custody · youthful (under 18) or elderly (65 and over) · small physical stature · developmental, physical or mental health disability · perception of or self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming (area for notes for the screener) · experienced sexual victimization outside the correctional setting within the past year · verbalizes fear for personal safety/shows vulnerability · first incarceration · criminal history exclusively nonviolent · prior or current convictions for sex offense against an adult or child Predatory factors include: · History of institutional predatory sexual behavior · Conviction for sex offense against adult or child · Current charge for sex offenses against adult or child · Convictions for Violent Offenses (including domestic violence) · History of strong arming or assaults while in custody · History of sexual activity while in custody The risk screen developed and used at this facility addresses all of the requirements of the provision of this standard. The screen addresses more detail regarding sexual victimization specifically questions pertaining to prior use of protective custody due to sexual victimization while incarcerated. The screen is completed upon arrival by the medical staff and reviewed by intake staff. There is a place for the subjective assessment in the risk screen. The Jail Management System (JMS) based on the answers calculates the answers, a scale is provided for how one is designated as a victim or a predator. Interviews with staff who complete the risk assessment verified to the auditor that they will make a notation if they believe an inmate is

	demonstrating effeminate mannerisms but will also note the response given the by individual. Therefore, the procedure is compliant with the clarifications in the FAQs for this standard. Additionally, the auditor observed the intake process; it was conducted in the health care operation, in a room privately with the nurse. If conducted at the intake area, the auditor was shown the room where the interview would be conducted, it is a private setting. (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 and uses her own system to ensure no one is missed for the reassessment. All inmate interviews (for those who have been at the facility over thirty days) confirmed to the auditor that a reassessment was completed in person by the case manager within 30 days of arrival. The auditor requested and received initial and 30-day risk assessments for the first inmate to arrive for each month for the last twelve months. This request yielded documentation of initial and 30 day follow risk assessments for the following dates: November 2024, February 2025, May 2025, September 2025, October 2025, November 2025, and December 2025, demonstrating institutionalization of the process. (g) The PCM indicated that she assures that new information generates an updated risk assessment when referred by staff, when requested by staff, when an investigation has been completed which revealed information that warranted a new risk assessment. (h) The interview with the Intake staff and PCM confirmed that the agency would not require an inmate to answer sensitive questions - (d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. Inmate interviews confirmed that they did not believe they would be disciplined if they did not respond. (i) Per the interview with the Intake staff and the PREA Coordinator, Risk assessments are maintained in the JMS which has appropriate controls on which staff can access the data. An alert will be prompted when placing a victim near an aggressor, but this is the only information staff can see that are not a part of the designated staff who have access. Summary of evidence to support the finding of compliance: Policy supports compliance with all aspects of the standards. Inmates acknowledged being asked questions on the risk assessment. Inmates were asked if they felt they would be disciplined for not answering the questions; they answered no. Interview with the intake staff and PREA Coordinator supports compliance with completing the risk screen upon arrival. Appropriate controls on the information are in place by maintenance in a secure office and access to the JMS. Random request for documentation from the previous twelve months confirmed compliance.

115.42	**Use of screening information**

	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Notification of Status · WCC Central Classification minutes · Interviews PCM · Interview staff who conduct risk screens · Interview PREA Coordinator · Interview with the Program Manger The facility reports there were 5 inmates designated as vulnerable, 10 potentially vulnerable, 3 known aggressors, 2 potential aggressors on the day of the audit. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Use of Screening Information and Transgender/Intersex Inmates - *1. The HCSD uses the information from the Risk Screening Tool (required by Protocol 4:A) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.* *2. The Department makes individualized determinations about how to ensure the safety of each inmate.* Evidence reviewed/analyzed by provision: (a)(b) The facility ensures that inmates who are potential predatory and potentially vulnerable are not housed in the same area or same room. The PREA Alert system, embedded in the JMS, ensures this as well. The auditor spoke with the Program Director who also indicated that she would be aware if a designated aggressor and designated victim were in the same area. Security staff are present and would help to monitor if programing needs warranted that they be in the same area. Email notification of victim or aggressors are sent to the following: Supervisors, Mental Health staff, and programming staff. The facility uses the screening criteria of potential victim and potential predator to assist in monitoring status. Additionally, the auditor was provided meeting minutes from classification meetings in which inmates deemed as a sexual victim or sexual aggressors are reviewed with a multi-disciplinary team.

	(c)(d)(e)(f)(g) This standard provisions are deemed not applicable. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Interviews with all staff and targeted category inmates and overall observations provided the auditor with sufficient evidence to support the finding of compliance. The auditor concludes the facility exceeds the standard by use of the potential category and classification meetings.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Observations: During the tour of Restricted Housing · Interviews Superintendent · Interviews Staff who supervise Restrictive Housing · PAQ The PAQ states that no inmates have been placed in involuntary protective custody due to their high risk of sexual victimization. The auditor found no evidence to dispute this during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *Protective Custody – (See MI/WCC P&P 4.2.1/3.6.1 Classification)* *1. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.* *2. Inmates placed in segregated housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document:*

	a. The opportunities that have been limited; *b. The duration of the limitation; and* *c. The reasons for such limitations.* *3. The facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days.* *4. If an involuntary segregated housing assignment is made pursuant to paragraph (1) of this section, the facility shall clearly document:* *a. The basis for the facility's concern for the inmate's safety; and* *b. The reason why no alternative means of separation can be arranged.* *5. Every thirty (30) days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.* Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) Policy reflects compliance with the provisions of the standards. The PAQ states that no inmates have been placed in restrictive housing for protective custody to separate a victim from his abuser. The auditor found no reason to dispute this fact during the audit process. Due to the physical plant, the facility has numerous options for placing an inmate for separation from her abuser without having to resort to placement in protective housing status. The interview with the Superintendent confirmed that specialized/restrictive housing will be used as a last resort. Interviews with one supervisor of the restrictive area (Secure Treatment Unit) and one officer who was working in this area support that they have no knowledge of inmates who are alleged victims, or at risk for victimization being placed in this unit. Summary of evidence to support the finding of compliance: Based upon the written authority, observations and these interviews, the auditor finds the facility is substantially compliant with this standard.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan

	· Inmate Handbook · PREA Intake Information – pamphlets · Evidence of reporting phone number · Review of Investigations · Documentation of a verbal PREA report with follow up documentation · MOU with YWCA · Interview with Reporting Hotline Supervisor · EAP Informed Consent and Limits of Confidentiality form · PREA posters - observations · Interviews randomly selected inmates · Interviews randomly selected staff The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *Inmate reporting – (See MI/WCC 3.1.6/3.1.10 Reporting of Incidents and 3.3.3/WCC Inmate Handbooks)* *1. The HCSD provides multiple internal ways for inmates to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.* *2. The Department provides toll free calls via the pod/unit phones for inmates to report sexual abuse or sexual harassment to the YWCA Rape Crisis Center (who will work with the inmate to report the sexual abuse/harassment to Department officials).* *3. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.* *4. The Department contracts with Concern/EAP of the River Valley Counseling Center to provide a method for staff to privately report sexual abuse and sexual harassment of inmates (see Form Concern/EAP Informed Consent & Limits of Confidentiality).* Evidence reviewed/analyzed by provision: (a)(b) As illustrated in the response to standard 115.33, the Handbook includes information on how to report in detail. The review of the investigations reflects that inmates are aware of how to report. Inmates are provided information regarding how to makes reports in at intake via the pamphlet and Inmate Handbook, and PREA

	posters viewed throughout the facility. Additionally, they view a short video during orientation, available in English and Spanish, with the staff person who runs orientation. Investigations were initiated based on numerous avenues: third party, verbally to staff, grievances, verbally to mental health and medical staff. All inmate interviews support knowledge of several options. Inmates have a hotline number which can be called without using a personal identification number (PIN) which goes directly to the YWCA (separate from access to the rape crisis counselors). This is noted on PREA posters throughout the facility; posters are located next to the phones. Most inmates were knowledgeable regarding this number being available. The auditor received evidence of use of the line during the audit (report made forwarded to the facility immediately). The MOU with the YWCA reflects this separate reporting process. The auditor confirmed and observed that all inmates have access to phones, including the restrictive/special management housing who have access during their out of cell time. Additionally, inmates have been issued tablets which allow them to make phone calls from their tablet. The auditor interviewed the supervisor for the hotline aspect who confirmed that they will allow anonymous reports and do transmit them immediately. The auditor observed this during the onsite audit. (c) The provision requires that staff shall accept reports made verbally, in writing, anonymously, from third parties and shall promptly document any verbal reports. Staff interviews confirmed that staffs are aware of this expectation and support compliance, including reporting suspicions to their immediate supervisor, stating that this information is well received and handled appropriately by the supervisors. Review of the investigations supported that reports are made verbally to staff, documented and reported immediately to their supervisor and/or the Shift Commander, per the Response Plan. (d) The policy and training support that EAP has been designated as the outside reporting entity for staff. Ten out of twelve staff knew this, the other two interviews required prompting, then they recalled they could call this number. The auditor was provided with the Informed Consent form for staff when making a report to this program. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Staff and inmate interviews acknowledge there are multiple methods for filing a complaint. Investigations were initiated based on numerous avenues. Information provided at orientation, in the Inmate Handbook, PREA pamphlet and posters educate inmates on the numerous methods for reporting. There is a way to report outside the agency (tested by the auditor) which allows the inmate to remain anonymous with immediate transmission to the facility of the allegation. This evidence provided the auditor with the confidence to support the finding of compliance.

115.52	**Exhaustion of administrative remedies**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Review of investigations initiated by grievance · Inmate handbook · Interview Grievance Coordinator · Interviews with random inmates · Observations of grievance form availability The PAQ indicates there have been the following: · five grievances regarding sexual abuse · zero emergency grievances · five grievances regarding sexual abuse that reached final decision within 90 days · zero grievances requiring an extension; zero grievances that took longer than 70 days · zero grievances written in bad faith · zero third party grievances · five grievances alleging imminent risk of sexual abuse The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan *The Department does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse (See MI/WCC P&P 3.5.2/3.3.3 Inmate Grievance.)* *The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.* *The Department does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.* *Nothing in this section shall restrict the Department's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.*

	The Department will ensure that; *a. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and* *b. Such grievance is not referred to a staff member who is the subject of the complaint.* *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.* *Computation of the ninety (90) day time period shall not include time consumed by inmates in preparing any administrative appeal.* *The HCSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.* *At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.* *Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, will be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of inmates.* *If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.* *If the inmate declines to have the request processed on their behalf, the Department will document the inmate's decision.* *The Department has a procedure for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.* *After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the facility will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, will provide an initial response within forty-eight (48) hours, and will issue a final Department decision within (5) five calendar days. The initial response and final Department decision shall document the facility's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*

	The Department will discipline an inmate for filing a grievance (report) related to alleged sexual abuse where the Department demonstrates that the inmate filed the grievance in bad faith (false allegation). For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f)(g) Inmate Handbook has the following information for the inmates: 11.07.04 Grievance Regarding Sexual Abuse In regard to writing grievances regarding sexual abuse-there is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse (however, normal time limits apply to any portion of a grievance that does not allege an incident of sexual abuse). Regarding allegations of sexual abuse, you are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, nor will such grievance be referred to a staff member who is subject of the complaint. The HCSD shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (Following an investigation into an inmate's allegation that he or she suffered abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfound). Computation of the 90-day time period shall not include time consumed by the inmate in preparing any administrative appeal. The HCSD may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filling requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

	If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the HCSD shall document the inmate's decision. If you believe that you are at risk of imminent sexual abuse, you are to inform your counselor, correctional caseworker, or other unit staff and/or Health Services staff and complete a GRIEVANCE/APPEAL FORM showing the emergency. Also, write emergency on this form. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the HCSD shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final HCSD decision within 5 calendar days. The initial response and final HCSD decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The interview with the Grievance Coordinator confirmed that any grievance received will be closed out and referred to the investigators for investigation. The auditor randomly, informally asked inmates about the availability to obtain a grievance form; those asked indicated there is no problem with obtaining the form or getting the grievance formally filed. The auditor observed the availability of grievance forms in the housing units while touring the facility. Review of investigations demonstrated they were initiated by a grievance. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the Grievance Coordinator confirmed the grievance is processed and timelines/requirements noted in policy would be followed. Review of the investigations allowed the auditor to review the process when an investigation is initiated by a grievance. The Inmate Handbook educates the inmates on the grievance process regarding sexual abuse. Observations of grievances and interviews with inmates all provided sufficient evidence to support the finding of compliance.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

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

· 3.5.3 PREA Plan

· PREA brochure

· PREA Posters

· Inmate Handbook

· MOU

· Interviews random inmates

The following policy excerpt supports compliance with this standard:

3.5.3 PREA Plan

Inmate Access to Outside Confidential Support Services - (See MI/WCC P&P 3.3.3/WCC Inmate Handbooks)

1. The HCSD provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

2. The facility informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

3. The Department maintains a memorandum of understanding (MOU) with the YWCA Rape Crisis Center who provides the inmates with confidential, emotional support services related to sexual abuse. The Department maintains copies of these agreements.

The Inmate Handbook provides the following information:

Prison Rape Elimination Act (PREA) information The WCC has zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. 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 or 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. The MOU with the YWCA confirms agreement to provide the following services (as summarized by the auditor): · Provide a rape crisis counselor at the hospital · Provide survivors counseling, information and continued care. HCSD agrees to respect the confidentiality of such counseling to the extent permitted by safety and security considerations · YWCA will provide free, confidential counseling to survivors who are under the responsibility of the HCSD. This can include 12 sessions in person and is not contingent on cooperating with any level of the investigation. · YWCA is mandated to report threats of suicide, threats of homicide, abuse/ neglect of a child, someone with a disability or someone over the age of 65. · Continued care after the SANE exam. · Provide a Rape Crisis Hotline number to inmates. HCSD agrees to respect the confidentiality of all calls to that hotline and allow calls to the hotline to be unmonitored and unrecorded. YWCA ensures that all counselors assigned to the hotline are properly training. · YWCA provides a point of contact for questions, concerns or collaborations. · There is no charge for any services listed. Evidence reviewed/analyzed by provision: (a)(b)(c) The facility does provide the inmates with access to outside victim advocates for emotional support by giving them the mailing address and telephone number. It is posted in the unit and also noted in the Inmate Handbook, instructing inmates that the number is toll free and confidential (no pin required). This affords the inmates reasonable communication. This is in accordance with an MOU established with the YWCA. The auditor tested the inmate phone during the onsite visit and was able to reach the advocate no PIN number was needed, there was no message that it was monitored or recorded. Most interviews with the random and targeted inmates knew of the service as they recalled it is posted by the phone, and there is a message on the phone before a call can be connected offering this service. The interviewees further elaborated that they did not need nor desired to use that service. Phones are available in the housing units and additionally on inmate tablets, affording reasonable communication. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The MOU with YWCA, testing on the phone

	access for inmates, information provided at intake in the Inmate Handbook and on the PREA posters and inmate interviews all supports the finding of compliance. The auditor finds the facility exceeds the standard by offering the service through a confidential phone line and the accessibility of the phones and ability to conduct a confidential conversation through the issuance of tablets that afford inmates to make phone calls.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · PREA brochure · PREA Posters · Interviews random inmates · Inmate Handbook 3.5.3 PREA Plan states, Third-Party Reporting *The HCSO has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly (via the website) information on how to report sexual abuse and sexual harassment on behalf of an inmate.* *The Inmate Handbook provides the following information:* *Prison Rape Elimination Act (PREA) information The WCC has zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. 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 or 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. Evidence reviewed/analyzed by provision: (a)(b)(c) The facility does provide the inmates access to outside victim advocates for emotional support by giving them the mailing address and telephone number. It is posted in the unit and also noted in the Inmate Handbook, instructing inmates that the number is toll free and confidential (no pin required). This affords the inmates reasonable communication. This is in accordance with an MOU established with the YWCA. The auditor tested the inmate phone during the onsite visit and was able to reach the advocate no PIN number was needed, there was no message that it was monitored or recorded. Most interviews with the random and targeted inmates knew of the service as they recalled it is posted by the phone but indicated they had no need or desire to use that service. Inmate interviews acknowledged the availability of this service as it is part of a pre-recorded message all inmates hear before making their phone calls. Phones are available in the housing units which are appropriately spaced to afford reasonable communication if making a call of this nature. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The MOU with YWCA, testing on the phone access for inmates, information provided at intake in the Inmate Handbook and on the PREA posters and inmate interviews supports a finding of compliance.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Observations · Interviews random staff · Interviews medical & mental Health staff · Interview PREA Coordinator · Inmate Handbook · Interview with the investigator

· Review of investigations

The following policy excerpt supports compliance with this standard:

3.5.3 PREA Plan states, Staff and Department Reporting Duties -

The HCSD requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Department; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

Unless otherwise precluded by Federal, State, or Local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to part (A)(1) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

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.

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)(b) Interviews with staff revealed that staff are keenly aware of the requirement to report immediately any suspicion, knowledge or information on sexual abuse, sexual harassment, retaliation and/or staff neglect that may contribute to sexual abuse or sexual harassment. Review of the investigations and interviews with the investigators support that an immediately notification is made. Staff was also keenly aware of the requirement to maintain confidentiality after the allegation is made.

(c) The interviews with medical and mental health staff confirmed to the auditor their awareness that they need to report. The PREA Pamphlet informs the inmates that all staff have a duty to report any sexual abuse or sexual harassment and specifically indicates that medical and mental health practitioners. Three investigations were initiated by inmate reports to mental health staff and medical staff.

(d) This facility does not house inmates under the age of 18. Per the Massachusetts State Law, Elder abuse states, Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community. Vulnerable persons violations would be forwarded to the appropriate agency by the investigator

	through the CIU office. (e) Review of the investigations and interview with the investigators support that all allegations are referred to the investigators for review and investigation. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Overall observations of the audit tasks such as interviews with staff, including medical and mental health, administrators, investigators, review of state laws, and investigations support knowledge of the requirement for reporting, process for reporting and need to maintain confidentiality.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interviews Superintendent · Interview Assistant Superintendent · Interview Random staff · PAQ The PAQ indicates there have been no times the facility determined that an inmate was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *When the HCSD learns that an inmate is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the inmate.* Evidence reviewed/analyzed by provision: Policy, physical plant, camera monitoring and staff interviews support the fact that the facility is prepared and willing to protect any inmate from any risk of harm. As indicated in response to 115.42, the facility ensures that key staff are notified of when a person is designated as a victim so that staff are more observant of this individual. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the Superintendent and the Assistant Superintendent confirmed that an inmate at imminent risk of sexual abuse

	or any imminent risk of harm shall have immediate action taken to ensure his safety. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Inmate interviews illustrated to the auditor that staff are approachable. Correction Officers and supervisors confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the inmate before the suspected event occurred. Based on this and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview Superintendent · Notifications to other agencies · PAQ The PAQ indicates that two allegations were received that inmates were abused while confined at another facility, zero allegations of sexual abuse were received from another facility. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Reporting to Other Confinement Facilities - *1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.* *2. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.* *3. The Department shall document that it has provided such notification.* *4. The facility/department head that receives such notification will ensure that the allegation is investigated in accordance with these standards.* Evidence reviewed/analyzed by provision:

	(a)(b)(c) As indicated, there was one allegation that was reported to other facilities. (d) The interview with the Superintendent confirmed that any receipt of allegations that occurred at his facility will be immediately reported to the investigators for investigation. Documentation of this process was provided to the auditor in the PAQ. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The policy, review of notification forms/ investigations and interviews with the Superintendent provided the auditor with sufficient evidence to support the finding of compliance. There is a process in place to ensure the requirements of this standard are met.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · PREA Training Curriculum – Academy, mandatory training records · Pocket Planner First Responder duties · PREA Flow Chart · Interviews with randomly selected staff – security and non-security staff · PAQ The PAQ indicates that during the previous 12 months: There were three allegations of sexual abuse o Two times the first security staff member to respond separated the alleged victim and abuser o Two times staff was notified within a time period that still allowed for the collection of physical evidence. o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, two times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence o Of these allegations where staff were notified within a time period that still allowed

	for the collection of physical evidence, two times the first security staff member to respond to the report requested 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: o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, two times the 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: o There was one incident of alleged sexual abuse in which a non-security staff member was the first responder o There was one incident of alleged sexual abuse in which a non-security staff member was the first responder requested the alleged victim not take any actions that could destroy physical evidence o There was one incident of alleged sexual abuse in which a non-security staff member was the first responder notified security staff The following policy excerpts support compliance with this standard. 3.5.3 PREA Plan Staff First Responder Duties - *1. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:* *a. Separate the alleged victim and abuser;* *b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;* *c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and* *d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.* *e. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.* *2. Security Supervisor Responsibilities -* *Ensure the victim and the perpetrator have been separated.*

	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 *Ask the questions- WHO assaulted you? WHEN did they assault you? WHERE did they assault you? HOW did they assault you?* *Notify CIU and Medical.* *Ensure reports have been written by the reporting staff member.* Evidence reviewed/analyzed by provision: (a)(b) Policy, training curriculum, First Responder duties and all staff interviews provided the auditor with evidence to support that they understand their role if they are the first to response to an allegation of sexual abuse or sexual harassment. This included interviews with non-security staff. Summary of evidence to support the finding of compliance: Policy and all randomly selected staff interviews, including the informal interviews all indicated to the auditor that staff are aware of their duties should be the first to respond to an incident where there is potential evidence. 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. Observations during the tour reflected that correctional officers are assigned to all areas of the facility; no volunteer, contractual staff or program staff were isolated from correctional staff when conducting their job with inmates in the area. Based on the training curriculum and pocket planner issued to all staff, the auditor finds that the facility exceeds the requirements of the standard provisions.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · PREA Training Curriculum · Interviews with randomly selected staff

	· Interview Superintendent · Interview with Shift Commander · PREA Incident Reports · Response Cards- pocket planners · Observations - PREA kit The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, 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

f. 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.

This information is reinforced in the training curriculum provided to staff regarding PREA.

Evidence reviewed/analyzed by provision:

The auditor interviewed the Shift Commander. The details of the response plan were reiterated to the auditor demonstrating knowledge of the plan and location of the PREA evidence kit.

Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Review of the coordinated plan, review of the training curriculum which reinforces the actions of the plan, interview with all staff who are knowledgeable regarding the plan, and staff response cards all provided the auditor with sound evidence that the plan is detailed, and coordinates actions among

	staff first responders, medical and mental health practitioners, investigators, and facility leadership.

115.66	**Preservation of ability to protect inmates 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 · HCSCOA contract · NCEU Officer and Supervisors contract · Interview with the Assistant Superintendent · Interview with a union representative (President) The following policy excerpt supports compliance with this standard: PREA Plan states, 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)(b) 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. A brief interview with one of the union presidents confirmed that the union has no issue if the facility determines that a staff should be reassigned pending a sexual abuse investigation. 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 the finding of compliance.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interviews Superintendent · Interview Assistant Superintendent · Interview with designated staff members charged with monitoring for retaliation - PCM · Retaliation Monitoring Reports) all provided for the previous 12 months with the PAQ) · PAQ The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Department Protection against Retaliation states, *1. The Department has established this policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates which staff members/departments are charged with monitoring*

retaliation.

2. The Department employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

3. For at least ninety (90) days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and will act promptly to remedy any such retaliation. The Department will monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department will continue this monitoring beyond 90 days if the initial monitoring indicates a continuing need.

4. In the case of inmates, this monitoring will also include periodic status checks.

5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department will take appropriate measures to protect that individual against retaliation.

6. The Department's obligation to monitor for retaliation will terminate if the facility determines that the allegation is unfounded.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f) The PCM is designated as the person responsible for retaliation monitoring. She confirmed she does check in with the inmates weekly and would extend the monitoring beyond 90 days if deemed warranted. The PREA Coordinator remains informed of the progress. All retaliation monitoring reports were provided to the auditor for review. They demonstrated concise, through review of the status of the inmate for the time frame required (ceased if unfounded). The form addresses the requirements of the provisions. They reflected that monitoring starts at the initiation of the report, involved face to face meetings typically weekly, and review of housing changes, program reports, and disciplinary reports. She indicated she has not had to monitor staff who may fear retaliation yet but would if deemed necessary in accordance with the requirements of the standard.

Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Interview with the designated retaliation monitor supported compliance based on her responses to questions, experience at the facility and specific documentation he provided showing how he accomplishes this task. The interviews with the Superintendent, Assistant Superintendent, and PREA Coordinator support that the facility will protect anyone who fears retaliation. The physical plant affords numerous options to change housing, if needed. In an extreme circumstance, they can make arrangements with another county jail to have him placed there. The auditor finds there is sufficient evidence to support the finding of compliance.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview Superintendent · Interview staff who supervise specialized/restrictive housing · PAQ The PAQ indicates there has been no incident where an inmate who suffered sexual abuse was held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Post-Allegation Protective Custody. *Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of Protocol 4:C (Protective Custody).* Evidence reviewed/analyzed by provision: Interviews with staff who regularly supervision special housing and the Superintendent both confirmed to the auditor that placement for an inmate who is alleged to have suffered sexual abuse has not occurred. The Superintendent reinforced that there are numerous options available to ensure a safe placement before use of special management. He noted that policy is in place should the options reviewed lead to that placement to ensure the provisions of the standard are met. See comments to 115.43. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The PAQ indicates they have not had to use restrictive housing to protect an inmate who is alleged to have suffered sexual abuse. Policy addresses the requirements in the event of an occurrence in the future.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Written document directing when CIU investigates or another trained investigator investigates allegations. · Letter to Law Enforcement · Observations · Interviews investigative staff · Interview inmates who reported sexual abuse · Interview with the Superintendent · Interview with the PREA Coordinator · Investigative reports · Retention schedule · PAQ PAQ indicates one substantiated allegation of conduct that appeared criminal were referred for prosecution since the last PREA audit. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Criminal and Administrative Department Investigations. *1. When the HCSD conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.* *2. Where sexual abuse is alleged, the Department will use investigators who have received special training in sexual abuse investigations pursuant to Protocol 3:D:1 Specialized Training: Investigations.* *3. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.* *4. When the quality of evidence appears to support criminal prosecution, the Department will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*

5. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. The HCSD will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

6. Administrative Investigations:

a. Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and

b. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

7. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with attached copies of all documentary evidence, where feasible.

8. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

9. The Department will retain all written reports referenced in paragraphs (6) Administrative Investigations and (7)Criminal Investigations of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

10. The departure of the alleged abuser or victim from the employment or control of the HCSD will not provide a basis for terminating an investigation.

11. Any State entity or Department of Justice component that conducts such investigations will do so pursuant to the above requirements.

12. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Evidence reviewed/analyzed by provision:

(a)(d) The investigator interviewed the Captain, CIU, for the facility during a previous audit. Additionally, the auditor interviewed the main investigator for this facility. The interview with her and review of the investigations confirmed that she has received referrals for all allegations of sexual abuse and sexual harassment. She confirmed that criminal investigations are referred to CIU. He would in turn be the liaison with the Massachusetts State Police if he felt it warranted a referral, and also the liaison with the District Attorney. He has qualifications to conduct criminal investigations for incidents in any of the facilities operated by the HCSD. One investigation was initiated due to a third-party allegation. Staff interviews confirmed that they would refer a third-party complaint to the investigators via supervisors.

(b) All designated investigators received training. See 115.34

	(c) The interview with the investigator and review of the investigations confirmed that any relevant evidence is gathered to include physical, DNA, electronic monitoring data and interviews of all parties who may have relevant information. A database is maintained to consult if there were prior investigations involving individuals. (e)The interview with the investigator confirmed that she concludes credibility on the collaborating evidence. She confirmed that polygraph or truth telling devices are not used. The investigator confirmed the District Attorney's office would be consulted before conducting compelled interviews. (f) The investigator confirmed that staff actions or failures are inherently part of every investigation. All investigations are organized in consistent format. The investigator related to the auditor what each part contains. The auditor observed the investigative report for every investigation reviewed. (g)(h) Criminal investigations can be conducted by the Massachusetts State Police Unit of the Hampden County Prosecutor's Office. Criminal investigations started at the facility use the same organization format. The HCSD has written to all law enforcement agencies operating in the county and the Commonwealth of Massachusetts notifying them of the Prison Rape Elimination Act standards. (i) The auditor asked where and how evidence is maintained; the area was described to support that they are maintained in a secure area with limited, controlled access at the Main Institution, or in the PCM office at the WCC. (j) Many investigations reviewed did have the accused or accuser leave the facility, yet the investigation continued. Additionally, this was confirmed in the interview with the investigators. (k) Auditor not required to audit this provision. (l) If the state police investigate, the CIU Captain confirmed that he is the main contact at the Superintendent's Office who remains informed of the progress of the investigation. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Twenty investigations were reviewed and demonstrated compliance with the standards. The auditor concluded they are initiated promptly, are thoroughly investigated, and actively seek evidence from all potential witnesses and resources. Interview with the main PREA investigator confirmed compliance with all the provisions of the standard. The auditor finds there is sufficient evidence to support the finding of compliance with all provisions.

115.72	**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 excerpt supports compliance with this standard: 3.5.3 PREA Plan Evidentiary Standard for Administrative Investigations states, *The Department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.* The interview with the investigator confirmed this, review of the investigations supported this standard of evidence. Review of the training curriculum supports that a preponderance of evidence is used to determine when an allegation is substantiated, unsubstantiated or unfounded. Review of the investigations led the auditor to conclude that the investigators determined their findings based on a preponderance of evidence for administrative hearings. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. Policy excerpts noted above as well as review of the investigations and interviews with the investigators support compliance with this standard.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Review of all notifications for investigations for the previous 12 months · Interview Superintendent · Interviews with investigative staff · Interviews with inmates who reported sexual abuse The PAQ indicates that there were three investigations conducted alleging sexual

	abuse and sexual harassment in the twelve-month review period, two notifications were provided to inmates of the findings. One investigation was conducted by an outside agency - ongoing. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, Reporting to Inmates 1. Following an investigation into an inmate's allegation that they suffered sexual abuse in a HCSD facility, the Department will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 2. If the Department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. 3. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department will subsequently inform the inmate (unless the Department has determined that the allegation is unfounded) whenever: a. The staff member is no longer posted within the inmate's unit; b. The staff member is no longer employed by the Department; c. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or d. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 4. Following an inmate's allegation that they had been sexually abused by another inmate, the Department shall subsequently inform the alleged victim whenever: a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5. All such notifications or attempted notifications will be documented. 6. A facility's obligation to report under this policy will terminate if the inmate is released from the Department's custody. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f) The auditor reviewed the notifications and concluded that they do ensure that the inmate is informed as required by the provisions, as all requirements are addressed. One completed notification to an inmate was provided with the pre-audit documentation. The interview with the investigator supports the obligation of

	the investigator or PCM to complete the notification. Two inmates were interviewed who had been involved in a sexual abuse/harassment allegation and confirmed to the auditor that they were informed of the results, further commenting that everything was handled efficiently. Summary of evidence to support the finding of compliance: Policy excerpts demonstrate compliance with the requirements. The attachments ensure that the requirements are reflected in the notification. The interview with the investigator and review of the notices provided sufficient evidence to support the finding of compliance.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the Superintendent · Interview with the Assistant Superintendent · PAQ · Review of the investigations The PAQ indicates that no staff have been terminated, nor referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy. The auditor found no reason to dispute this during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan Discipline states, *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.* Evidence reviewed/analyzed by provision: (a)(b)(c)(d) Dialogue with the Superintendent, investigators, and PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The PAQ notes that no staff have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. This conclusion was additionally based on review of the investigations, formal interviews and informal conversations with staff and inmates. Interviews with the Superintendent and Assistant Superintendent support that these requirements will be followed.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interviews Superintendent · PAQ The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an inmate in the previous 12-month reporting period. The auditor found no evidence to dispute this statement during the audit process. The following policy excerpt supports compliance with this standard: 3.5.3 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 inmates and will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. *2. The facility will take appropriate remedial measures, and will consider whether to prohibit further contact with inmates, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor, volunteer, or intern.* Evidence reviewed/analyzed by provision: (a)(b) Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no volunteers or contractors have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interview with the Superintendent supported that these requirements will be followed and the volunteer or contractor would not be allowed contact with inmates pending the outcome of the investigation. Summary of evidence to support the finding of compliance: Policy, interviews and overall observations allowed the auditor sufficient evidence to support the finding of compliance with all provisions of the standard.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Memo Superintendent to PREA Coordinator · Interviews Superintendent · Interview with the Mental Health Director · Interview with staff who conduct disciplinary hearings · Inmate Handbook · PAQ The PAQ indicates there have been one administrative findings, zero criminal findings of inmate-on-inmate sexual abuse. The auditor found no reason to dispute this during the audit process.

	The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *Disciplinary Sanctions for Inmates* **-** *1. Inmates will be subject to disciplinary sanctions/mandated programming pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.* *2. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed/ mandated programming for comparable offenses by other inmates with similar histories.* *3. The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.* *4. The Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.* *5. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.* *6. The HCSD prohibits all sexual activity between inmates and will discipline inmates for such activity.* Additional policies that support the disciplinary process are as follows: 3.3.4 Major Violations – Disciplinary Hearings 3.3.3 Minor Violations 3.3.2 Inmate Rules and Discipline The Inmate Handbook provides information on disciplinary violations, offenses, informal/formal proceedings for minor offense, formal proceedings for major offenses and the sanctioning schedule. Disciplinary violations relating to sexual abuse or harassment include the following: 11.02.03 Disciplinary Sanction for inmates (Sexual Abuse Related) Inmates shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the inmate engaged in inmate-on inmate sexual abuse or following a criminal finding of guilty for inmate-on inmate sexual abuse.

	Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conducted 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) The Inmate Handbook and policy support that formal discipline will be conducted if there is a substantiated allegation of sexual abuse or sexual harassment on another inmate. The interview with the Superintendent confirmed to the auditor that sanctions would be commensurate with the nature and circumstances of the offense. The interview with the Mental Health Director confirmed that an inmate's mental status would be reviewed prior to determining disciplinary sanctions. The interview with the Mental Health Director confirms that her staff could work with an individual individually to address these issues, if she was willing. It would not be a requirement for release. The letter to the PREA Coordinator, policy, interview with staff who conduct disciplinary hearings (Assistant Deputy for Security) and information given to the inmates confirm that the agency would not discipline an inmate for sexual contact with a staff unless it was determined that staff did not consent to such contact. Disciplinary charges, as provided in the inmate handbook, reflect that sexual abuse and sexual misconduct between inmates do not receive the same disciplinary action. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the Superintendent supported those sanctions are proportionate to the nature and circumstance and mental disability/illness is considered when determining sanctions in accordance with policy. The interview with the Mental Health Director supports the inmate will be referred for appropriate counseling if found guilty of sexual misconduct. The Inmate Handbook educates inmates that they will be disciplined for engaging in inmate-on-inmate abuse pursuant to a formal process. Based on analysis of the evidence, the auditor finds the facility to be compliant with the requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Referrals to mental health · Documents showing limited information to custody staff · Medical Informed Consent: Disclosure of Victimization Form · Interviews Inmates who disclose sexual victimization at risk screening · Interview staff responsible for risk screening · PAQ The PAQ indicates that 100% of inmates who disclosed prior victimization during screening were offered a follow up meeting with medical/mental health practitioner. The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *Medical and Mental Health Screenings; History of Sexual Abuse.* *1. If the screening pursuant to Protocol 4:A (Screening for Risk of Sexual Victimization and Abusiveness) indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse (whether it occurred in an institutional setting or in the community), staff will ensure that the inmate is referred for a follow-up meeting with a medical and mental health practitioner within fourteen (14) days of the intake screening.* *2. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or Local law.* *3. Medical and mental health practitioners will obtain informed consent from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen (18) years.* Evidence reviewed/analyzed by provision:

	(a)(b) This is not applicable to this facility as it is a jail. (c) The auditor observed the intake process. The risk assessment is conducted at intake with medical staff. It was reported that if an inmate reports prior sexual victimization, a referral is made to mental health staff. The auditor interviewed mental health staff; this process was confirmed. An example of the referral list was provided to the auditor with the preaudit documentation to further provide evidence of this process. Documentation of a meeting with mental health was also provided demonstrating the completion of the referral. (d) The auditor was provided the secure medical and mental health information from the intake process, demonstrating how limited information is provided to custody staff. (e) Medical and mental health staff are trained to obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed during the interviews with medical and mental health staff. A form has been developed to support this consent being obtained. Medical staff obtained authorization to for Treatment, Therapy and Related Procedures specifically related to being sent to the hospital release of information. The medical record at this facility is electronic and is only shared and utilized by medical and mental health staff. Summary of evidence to support the finding of compliance: Review of policy, interviews with staff, including medical and mental health staff, support a finding of compliance. As all inmates are reviewed by medical and mental health staff, the notation of prior victimization will be addressed at the initial intake encounter. Inmates wanting to receive further mental health assistance are placed on the caseload and assessed and provided treatment according to their needs. Medical and mental health staff confirmed they obtain informed consent by having the inmate sign a form, if making a referral outside the agency related to prior victimization. This information is reaffirmed in the specialized training for medical and mental health staff. For all the reason noted, the auditor finds there is ample evidence to support the finding of compliance.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan

· Pregnancy education materials

· Sexually Transmitted disease pamphlet

· Medical review for follow up to sexual assault

· Facility Coordinated Response Plan

· Interviews with medical and mental health staff

The following policy excerpt supports compliance with this standard:

3.5.3 PREA Plan states, Access to Emergency Medical and Mental Health Services -

1. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

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

3. Inmate victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

4. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

4.5.12 Mental Health Services states, C. At the Women's Correctional Center (WCC) an emergency referral for MH services is placed by:

1. The area WCC Shift Commander/ Correctional Supervisor or Medical staff contacts the WCC MH Clinician, via phone or radio requesting a mental health emergency referral evaluation.

2. The medical staff or MH Clinician inputs the emergency referral into HealthTrax in the referral section upon receiving the emergency referral.

3. The designated Mental Health Clinician responds to the emergency referral as soon as possible (see E-G below).

4. The Correctional Security Supervisor inputs RISK alert into JMS upon requesting an emergency referral evaluation.

4.5.9 Special Needs and Services

RAPE PREVENTION

A. The Department has a written policy and Protocol consistent with the national standards of the Prison Rape Elimination Act of 2003 for the detection, prevention, reduction, and punishment of rape during incarceration.

B. The Department maintains a zero-tolerance for all sexual assaults as stated in the following; Protocol 8, Inmate Handbook, Staff Handbook, 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU), and 3.5.3 PREA Plan.

PROTOCOL IN THE EVENT OF SEXUAL ASSAULT

A. The medical and psychological trauma of a sexual assault are minimized as much as possible by prompt and appropriate health intervention.

B. Victims of sexual assault are referred to a community facility for treatment and the gathering of evidence. The following will be accomplished by the community facility. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU)

1. A history is taken and qualified health care professionals conduct an examination to document the extent of physical injury and to determine whether referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the local legal authority.

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

C. Following the physical examination, a referral is made to a qualified mental health professional for crisis intervention counseling and long-term follow-up. Also see Policy and Protocol 3.1.7 Special Teams Protocol 3: Criminal Investigative Unit (CIU)

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

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

Additional related policies include the following:

4.5.2 Emergency Medical Care

4.5.8 Health Promotion Disease

Evidence reviewed/analyzed by provision:

(a)(b) It was reported that medical staff are on duty 24 hours a day, seven days a week. Policy requires that they be immediately notified if a report of sexual abuse is made. No inmate victim of sexual abuse required emergency medical treatment,

	however in the response plan and incident review, all inmates involved are evaluated by the medical staff, regardless of the details of the incident. For clarification, as this is a jail that houses females, staff who conduct intake when provided information of sexual assault that occurred prior to arriving at the jail, the situation is assessed and transfer to the hospital for a SANE exam is provided. This is then addressed at the hospital. (c) The interview with the Nurse Administrator confirmed this. As treatment is provided at the hospital, inmates are provided with care consistent with community level of care. (d) Policy and the interview with the Nurse Administrator confirmed that treatment would be free and not based on whether the alleged victim cooperates with the investigation. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the nurse supervisor confirmed that the provisions included in the policy would occur. Therefore, the auditor found there is sufficient evidence to support the finding of compliance.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Pregnancy education materials · Sexually Transmitted disease pamphlet · Interviews with medical and mental health staff The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers -* *1. The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.* *2. The evaluation and treatment of such victims includes, as appropriate, follow-*

	up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. *3. The facility provides such victims with medical and mental health services consistent with the community level of care.* *4. Inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests.* *5. If pregnancy results from the conduct described in paragraph (4) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.* *6. Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.* *7. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.* *8. All facilities will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.* (a)(b)(c)(d) Policy supports the requirement of the standard. The interview with the Nurse Administrator, Nurse Practitioner, and Mental Health Clinician confirmed that 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 occur. All stated that services would be consistent with community level of care. Educational pamphlets are available to support this treatment. (f)(g) Policy and interview with the medical and mental health staff confirm that the inmate would not be charged for these services, testing and treatment for sexually transmitted infections may begin at the hospital or at the facility. Either way, this treatment would be provided. (h) Although policy does indicate this would occur, this is not applicable to this facility as it is a jail. Summary of evidence to support the finding of compliance: Policy, interviews review of documentation all provided ample evidence for the auditor to conclude that this facility is compliant with all provisions of the standard.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Sexual Abuse Incident Reviews · Interview with member of the Sexual Abuse Incident Review Team · Interview with the Superintendent · PAQ The PAQ indicates that there were nine criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding unfounded conclusions. The following policy excerpt supports compliance with 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. *The facility will implement the recommendations for improvement or will document its reasons for not doing so.* (a)(b)(c)(d)(e)(f) Interviews with members of the review team (PCM and Assistant Deputy of Security) confirmed that the requirements of the standard are all considered when conducting the review. Sexual Abuse Incident Review meeting minutes were reviewed. They addressed all aspects of the standard provision. Team members and titles were listed, reflecting that the appropriate staff attend the meetings. The date reflected the meeting was held within 30 days of the conclusion of the investigation. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. PREA incident reviews address all provisions of the standard. The interview with members of the incident review team confirmed that the provisions are met and addressed. Reviews are completed for both sexual abuse and sexual harassment allegations, exceeding the requirements of the standard.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the Superintendent · Interview with the PCM · SSV form · Last SSV requested by the DOJ (2020) The following policy excerpt supports compliance with this standard: 3.5.3 PREA Plan states, *The HCSD collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the PREA, Trax Casemanagement, HealthTrax, and SOU databases.* *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. *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.* *The Department also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.* *Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice no later than June 30.* 3.5.3 PREA Plan additionally includes the following: DEFINITIONS: *Agency:* *The unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.* *Agency Head:* *The principal official of an agency.* *Allegation:* *Substantiated Allegation:* *An allegation that was investigated and determined to have occurred.* *Unfounded Allegation:* *An allegation that was investigated and determined not to have occurred.* *Unsubstantiated Allegation:* *An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.* *Community Confinement Facility:* *A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post- release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential*

hours.

Contractor:

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

Detainee:

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

Direct Staff Supervision:

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

Employee:

A person who works directly for the agency or facility.

Exigent Circumstances:

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

Facility:

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

Facility Head:

The principal official of a facility.

Full Compliance:

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

Gender Identity:

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

Gender Nonconforming:

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

Inmate:

Any person incarcerated or detained in a prison or jail.

Intern:

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

Intersex:

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

Jail:

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

Juvenile:

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

Juvenile Facility:

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

Law Enforcement Staff:

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

Lockup:

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

(1) Under the control of a law enforcement, court, or custodial officer; and

(2) Primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

Medical Practitioner:

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

Mental Health Practitioner:

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

Pat-Down Search:

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

Preponderance of the Evidence:

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

Prison:

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

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

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

Rape Crisis Center:

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

Resident:

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

	Secure Juvenile Facility: *A juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows residents access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.* *Security Staff:* *Employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.* *Sexual Abuse:* *For purposes of this part, Sexual Abuse includes;* *(1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and* *(2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern.* *Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:* *(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;* *(2) Contact between the mouth and the penis, vulva, or anus;* *(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and* *(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.* *Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern includes any of the following acts, with or without consent of the inmate, detainee, or resident:* *(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;* *(2) Contact between the mouth and the penis, vulva, or anus;* *(3) Contact between the mouth and any body part where the staff member, contractor, volunteer, or intern has the intent to abuse, arouse, or gratify sexual*

desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, volunteer, or intern has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer or intern has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, volunteer or intern to engage in the activities described in paragraphs (1)-(5) of this section;

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

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

Sexual Harassment includes:

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

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

Staff:

Employees.

Strip Search:

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

Transgender:

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

Volunteer:

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

Voyeurism:

	(by a staff member, contractor, intern, or volunteer) – an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions; requiring an inmate to expose their buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions. *Youthful Detainee:* *Any person under the age of eighteen (18) who is under adult court supervision and detained in a lockup.* *Youthful Inmate:* *Any person under the age of eighteen (18) who is under adult court supervision and incarcerated or detained in a prison or jail.* Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) The interview with the PREA Coordinator confirmed that he last received a request for the Survey on Sexual Victimization in 2024. He utilizes the requirements needed to complete the SSV form to collect data in addition to the definitions noted in policy, consistent with the definitions provided by the Department of Justice. This facility does not use a private facility for the confinement of its inmates. He states he collects data from investigations, risk assessments and incident reviews. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the PREA Coordinator provided additional evidence to support the finding of compliance.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the Superintendent · Interview PREA Coordinator · Link to website hcsoma.org · Prison Rape Elimination Act Annual Report 2024

	The following policy excerpt supports compliance with 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)(b)(c)(d)(e)(f)The Annual Report addresses audits, investigations, findings, training, Goals, Objectives and Strategic Planning, and a comparison to previous years, 2022, 2023 and 2024. The interview with the Superintendent confirmed that incident based sexual abuse data is used to assess and improve prevention, detection and response policies. He confirmed that he does approve the reports. It is available on the agency website. Review of the report indicated that no redactions were required. Summary of evidence to support the finding of compliance: Policy reflects compliance with the provisions of the standards. The annual report is located on the website. The interview with the Superintendent supports the process and use of information. The report compares statistics from 2022 to 2024. There is an analysis of possible trends, identification of problems areas and corrective actions.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · 3.5.3 PREA Plan · Interview with the PREA Coordinator · Documentation that it is on the website · Historical data since 2014 The following policy excerpt supports compliance with 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)(b)(c)(d)Policy reflects compliance with the provisions of the standards. The interview with the PREA Coordinator supports that data is securely maintained and will be maintained for the required 10 years. In addition, data is available on the website for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024. Summary of evidence to support the finding of compliance: Based on the above, the auditor finds this standard to be in compliance.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Posters announcing the audit were strategically placed throughout the facility. They indicated that the facility will be undergoing an audit for compliance with the United States Department of Justice’s National Standards to Prevent, Detect, and Respond

	to Prison Rape under the Prison Rape Elimination Act (PREA) dates provided. The auditors name and address were provided for any inmates who wanted to correspond prior to the commencement of the auditor. Confidentiality was explained as follows: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: · if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); · allegations of suspected of child abuse, neglect or maltreatment; · in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction. No letters were received. The auditor was allowed access to all areas of the facility, access to interview any staff or inmate requested and the ability to observe activities as requested.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Ten audit reports are available for review on the agency website at hcsoma.org.

Appendix: Provision Findings		
115.11 (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
115.11 (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 facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (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? (N/A if no deviations from staffing plan.)	na
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (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 inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	**Inmates with disabilities and inmates 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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes
115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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
115.17 (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
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	no

	whichever is later.)	
115.21 (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
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (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
115.21 (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
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (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
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (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 criminal investigations. See 115.21(a).)	na
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	**Inmate education**	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	**Inmate education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (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
115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	**Protective Custody**	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate 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 inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (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 an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (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 inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (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
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (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
115.65 (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
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (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 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (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 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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

115.71 (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
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (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
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	yes

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

115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (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
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (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 inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	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
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	**Access to emergency medical and mental health services**	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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

115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (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	yes

	has been determined to be unfounded?	
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (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
115.87 (b)	**Data collection**	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	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
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (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
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (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
115.88 (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
115.88 (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
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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	**Frequency and scope of audits**	

(b)		
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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 inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
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	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	