

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

☐ Interim ☒ Final

Date of Report August 29, 2019

Auditor Information

Name: Amy Fairbanks	Email: fairbaa@comcast.net
Company Name: AJF, Correctional Consulting & Auditing, L.L.C.	
Mailing Address: 3105 S. Martin Luther King Jr. Blvd #236	City, State, Zip: Lansing, MI 48910
Telephone: (517) 303-4081	Date of Facility Visit: July 10-12, 2019

Agency Information

Name of Agency: Worcester County Sheriff Department (WCSO)		Governing Authority or Parent Agency (If Applicable): Commonwealth of Massachusetts	
Physical Address: 5 Paul X Tivnan Drive		City, State, Zip West Boylston, MA 01583	
Mailing Address:		City, State, Zip:	
Telephone: (508) 854-1800		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission:

Agency Website with PREA Information: <https://worcestercountysheriff.com/facility/prea/>

Agency Chief Executive Officer

Name: Lewis G. Evangelidis	Title: Sheriff
Email:	Telephone: (508) 854-1800

Agency-Wide PREA Coordinator

Name: NA	Title:
Email:	Telephone:

PREA Coordinator Reports to:		Number of Compliance Managers who report to the PREA Coordinator	
Facility Information			
Name of Facility: Worcester County Jail and House of Correction			
Physical Address: 5 Paul X Tivnan Drive West Boylston, MA 01583			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number (508) 854-1800			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
<p>Facility Mission: The primary mission of the Worcester County Jail and House of Correction is to protect society from criminal offenders. The Worcester County Sheriff's Office addresses this mission by pursuing the following goals: A. Safely and humanely housing inmates at the least restrictive security level practical and still protect the public. B. Providing opportunities for inmates to rehabilitate and reintegrate themselves into the community. C. Providing prudent management over resources (human, financial and physical) allocated to the facility. D. Establishing and implementing policies, procedures and practices which are in compliance with applicable laws, and strive to meet the state Standards for County Correctional Facilities, the American Correctional Association Standards for Adult Local Detention Facilities, the Standards of the National Commission on Correctional Health Care and PREA. E. Identifying, evaluating and implementing creative and practical approaches (existing as well as new) to achieve the facility's mission in a cost-effective manner. F. Informing and educating the public as to Worcester County Jail and House of Correction's mission, goals and role in the Criminal Justice System. G. Providing a safe, professional and rewarding work environment for staff.</p>			
Facility Website with PREA Information: https://worcestercountysheriff.com/facility/prea/			
Warden/Superintendent			
Name: David H. Tuttle		Title: Superintendent	
Email davidt@sdw.state.ma.us		Telephone: (508) 854-1802	
Facility PREA Compliance Manager			
Name: Keith Hamilton		Title: Captain	
Email: khamilton@sdw.state.ma.us		Telephone: (508) 854-2826	
Facility Health Service Administrator			

Name: Lynne Gillis		Title: Health Service Administrator (HSA)	
Email: lygillis@correctcaresolutions.com		Telephone: (508) 854-1852	
Facility Characteristics			
Designated Facility Capacity: 884		Current Population of Facility: 921	
Number of inmates admitted to facility during the past 12 months			4549
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2306
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			4206
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-80	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			55 days
Facility security level/inmate custody levels:			Maximum, medium, minimum
Number of staff currently employed by the facility who may have contact with inmates:			618
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			65
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			5
Physical Plant			
Number of Buildings: 21		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		13	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		36	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are 561 cameras strategically located that monitor operations at the facility.			
Medical			
Type of Medical Facility:		Ambulatory Care Clinic with a medical Housing unit for detoxification	
Forensic sexual assault medical exams are conducted at:		Local Hospital (St. Vincent's Medical Center)	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			179
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			7

Audit Findings

Audit Narrative

On July 10-12, 2019 an audit was conducted at the Worcester County Jail and House of Correction to determine compliance with the Prison Rape Elimination Act (PREA) standards finalized August 2012. The auditor was actively involved in on-site audit activities from 8:00am to 6:00pm Wednesday, 8:00am to 6:30pm Thursday and 8:00am to 4:00pm Friday. The facility was previously audited; a final report dated in July 2016 reflected compliance with all standards. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to an informational request from the agency, forwarding a proposed contract, and being awarded the contract.

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility May 23, 2019, more than six weeks prior to the audit. They were posted in English and Spanish, noting that correspondence would be confidential as defined as follows: "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. "

Posters announcing the audit were in orange and white colors, providing salience throughout the facility. Photographs were provided to the auditor with the pre-audit documentation to provide further evidence of their posting. One letter was received in response to this announcement prior to the commencement of the audit.

The Pre-Audit Questionnaire (PAQ) and corresponding documentation for each standard was received June 3, 2019, through PowerDMS. The PAQ was reviewed and determined to need minor corrections which were adjusted during the on-site audit; an updated version was provided to the auditor.

Documents reviewed for this audit received through Power DMS include the Pre-audit questionnaire (PAQ), policies, contracts, accreditation reports, external auditing reports, population reports, aerial views of the jail, training curriculums, staff training records, contract/volunteer training records, logbooks, meeting minutes, population reports, sexual abuse incident review meeting minutes, and sexual abuse and harassment data.

Prior to the audit numerous activities were conducted relevant to the audit. They include a search on the internet. The annual reports for the Agency and prior audit reports were available on their website. News articles pertaining to the jail were reviewed; they were not related to concerns with the Prison Rape Elimination Act. The auditor also reviewed the State's laws regarding juveniles, vulnerable adults, mandatory

reporting requirements and confidentiality requirements for certified sexual abuse counselors. The auditor notified the Prisoners' Legal Services (PLS) of the upcoming audits by email. The Worcester District Attorney is the agency who will accept reports of allegations of sexual abuse and sexual harassment, including anonymously and provide immediate transmission of these reports to the facility. The Pathways for Change community organization provides advocacy services and emotional support services via a free confidential phone call accessible to the inmate population phones. A tentative schedule was sent to the facility one week prior to the audit.

A brief formal meeting was held with the PREA compliance team, the Asst. Superintendent/Chief Financial Officer and Assistant Superintendent for Operations and the auditor the morning of the first day of the audit. The following items were discussed: purpose of audit, goals and expectations, and a tentative schedule. Tentative schedules were developed regarding the tour, interviews and review of additional documentation. The facility arranged for interviews to be held in a private setting. Rosters of staff and inmates were provided; a list of random and targeted interviews was developed. Randomly requested documentation was collected and provided to the auditor.

A complete tour of the facility was conducted on all three days of the audit. While touring, random and targeted interviews were conducted in addition to random selection of staff for interviews. The following areas and operations were visited and observed: inmate living areas, medical operations, intake operations/holding cells, laundry services, library/education areas, chapel, programming areas, visiting area, and food service operations. All areas of the facility were visited that have inmate access. During the tour, the following was observed: PREA posters, camera monitoring, posters announcing the audit, posters continually educating the population and staff regarding PREA, blind spots, supervision practices, availability of grievance forms and the process to filing a grievance.

Formal interviews were conducted with the following: Sheriff, Superintendent, PREA Coordinator/PREA Manager, medical staff (Health Services Administrator, Mental Health Director, nurse – conducts intake), Director of Human Resources, three investigators (inmate on inmate investigations, employee investigations), training staff, twelve (12) corrections officers/sergeants from all areas of the facility and each shift to include one from the restrictive housing unit, lieutenant (who conducts unannounced rounds), two sign language interpreters (contractual), lieutenant (intake/classification), who conducts retaliation monitoring, and one volunteer who was present during the audit.

A total of 30 inmate interviews were conducted. Targeted inmate interviews included the following:
two with limited English
one self-admitted as bi-sexual
three who self-reported as having prior victimization

one inmate who required assistive devices for mobility

two deaf/hard of hearing inmates

one legally blind inmate

two cognitively impaired inmates

one inmate in restrictive housing

four inmates who had reported sexual abuse

one inmate who had written in response to the audit postings

Inmate interviews were held in private interview rooms. Inmates were interviewed from each housing unit. No youthful offenders are housed at this facility. One transgender inmate arrived the facility during the audit. The auditor, with permission, was able to observe the intake process. She transferred out to court the next day; therefore, a follow up interview could not be conducted.

While on-site, additional random documents were requested or reviewed and are noted throughout the report. This included a list of investigations from 1/1/2018 to present (along with the investigation file) and access to grievances filed for the same time period. The auditor was allowed access to view any and all critical incident reports. Camera monitoring operations were also examined. On-site documentation review included personnel files, inmate/resident files, investigations, intake and orientation records, volunteer records and training records.

Investigations are conducted by the Special Security staff. If they involve an allegation against staff it is investigated by Internal Affairs. The following had occurred during the previous 12 months. There were 74 investigations total in a 12-month period (July 1, 2018 to June 30, 2019). Of those thirty-two (32) were deemed to not meet the definition of a PREA allegation (in accordance with definitions established by the standards). IN addition, many allegations were documented but the reported incident had occurred years ago and no investigation could be launched. Seven (7) were reported about incidents that occurred at other facilities (notifications were sent as required).

The auditor reviewed twenty investigations closely. It yielded the following assessment:

Three (3) staff on inmate sexual abuse allegations

Three (3) staff on inmate sexual harassment allegations

Five (5) inmate on inmate sexual abuse allegations

Nine (9) inmate on inmate sexual harassment allegations

Zero retaliation allegations however one allegation of retaliation was received by the auditor during the audit and was forwarded to the PREA Manager for follow up action (the original case had been deemed unfounded).

One investigation was deemed substantiated, twenty-three (23) investigations were deemed unsubstantiated, six investigations were deemed unfounded. The auditor reviewed the appropriate notifications and monitoring retaliation documentation where it was warranted.

Investigations demonstrated investigations initiated due to a report from another correctional institution, third party report, inmate reports to staff, inmate reports to

mental health staff, reports made to the hotline, and reports made via the grievance system.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see and obtain copies of any documentation requested.

Post-Audit Phase: The documents requested and received were reviewed, interview notes, observations noted and documentation was analyzed. A final report was prepared.

Facility Characteristics

The Worcester County Jail and House of Corrections are located in West Boylston, Massachusetts. This facility houses both sentenced and pretrial inmates (males) who are under the jurisdiction of the Worcester County Sheriff's Office. It is located in a remote area covering approximately 272 acres. The original facility, built in 1973, contained ten buildings and presently encompasses two thirds of the entire facility with the remainder containing additional housing units and some administrative areas. This includes a separate building that houses work-release inmates. An addition was built in 1990 and is known as the Modular Complex Building. The Main Jail is completely separated from the Modular Complex and Work Release Building. Another addition, the Annex, is a separate operation approximately 300 yards from the main jail. It has open dorms and houses what is considered special safety needs inmates. The four operations have dedicated visiting rooms, recreation areas and control centers. Housing units are mission specific and include a Mental Health Unit, Special Management, Medical Unit, Residential Treatment, and sentence and pretrial/pre sentenced units of varying custody levels. Count of the first day of the audit was 909, 873 inmates on site, 36 off the grounds. Because the population has so many individualized needs, all inmates are feed at their housing unit. For housing units with difficult missions (A-1, A-2 restrictive housing, secure mental health needs), female staff are not assigned. This includes the Disciplinary Detention Area (four cells) where mental health observation cells are located.

Security staff are assigned to housing units and provide direct supervision of the operations. The majority of the staff are Worcester county (state) employees. Wellpath, Inc. is contracted to provide medical services, Advocates (a local organization) is contracted to provide mental health services. The agency operates a produce area in which food is donated to the community, horses are maintained for the Worcester Police Department, and there is a shelter dog program (project Good Dog) to help socialize dogs who would have otherwise been euthanized to be adopted.

The Main Jail and the "Mods" have Recovery Maintenance, Anger Management, Domestic Violence Awareness Class, Substance Abuse Education. One building houses the residential substance abuse treatment program, STOP. Other programming in this unit includes Smart Recovery, Balancing Life insobriety, Recovery maintenance,

Anger management, Victim impact, parenting class, AA/NA, Dual diagnosis group and helping Men Recover. This is a 6-month program. A similar program called Short Stop is a 3-month program. It too includes substance abuse education, recovery maintenance, anger management, victim impact, parenting class, and living in balance. Education classes include High School Equivalency, Adult Secondary Education, and English for non-native speakers. Two community colleges provide plastics/OSHA and math/writing. They have a ServSafe certification program, employability skills programming, digital literacy and Mass Hire Center Orientation.

Summary of Audit Findings

Number of Standards Exceeded: 1

§115.31 – Employee Training

Number of Standards Met: 44

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
 §115.12 - Contracting with other entities for the confinement of inmates §115.13 – Supervision and Monitoring §115.14 – Youthful Inmates §115.15 – Limits to Cross-Gender Viewing and Searches §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient §115.17 – Hiring and Promotion Decisions §115.18 – Upgrades to Facilities and Technology §115.21 – Evidence Protocol and Forensic Medical Examinations §115.22 – Policies to Ensure Referrals of Allegations for Investigations §115.32 – Volunteer and Contractor Training §115.33 – Inmate Education §115.34 – Specialized Training: Investigations §115.35 – Specialized training: Medical and mental health care §115.41 – Screening for Risk of Victimization and Abusiveness §115.42 – Use of Screening Information §115.43 – Protective Custody §115.51 – Inmate Reporting §115.52 – Exhaustion of Administrative Remedies §115.53 – Inmate Access to Outside Confidential Support Services §115.54 – Third-Party Reporting §115.61 – Staff and Agency Reporting Duties §115.62 – Agency Protection Duties §115.63 – Reporting to Other Confinement Facilities §115.64 – Staff First Responder Duties §115.65 – Coordinated Response §115.66 – Preservation of ability to protect inmates from contact with abusers §115.67 – Agency protection against retaliation §115.68 – Post-Allegation Protective Custody §115.71 – Criminal and Administrative Agency Investigations §115.72 – Evidentiary Standard for Administrative Investigations §115.73 – Reporting to Inmate §115.76 – Disciplinary sanctions for staff §115.77 – Corrective action for contractors and volunteers §115.78 – Disciplinary sanctions for inmates §115.81 – Medical and mental health screenings; history of sexual abuse §115.82 – Access to emergency medical and mental health services §115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers §115.86 – Sexual abuse incident reviews §115.87 – Data Collection §115.88 – Data Review □ for Corrective Action §115.89 – Data Storage, □ Publication, and Destruction □ §115.401 – Frequency & Scope of Audits §115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

115.35 Mental health staff training records could not concisely demonstrate that they had received the specialized training. Additional slides were developed and presented to the mental health staff; documentation of the additional training and confirmation of the review by mental health staff were provided to the auditor prior to the completion of the final report.

115.64 The auditor requested that the policy regarding first responders be clarified to ensure that the victim is requested to not take actions that would destroy evidence. This was completed before the end of the first day of the audit.

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency has a policy, Prison Rape Elimination Act (PREA) which addresses the following:

(1) PURPOSE

The purpose and scope of this policy is to provide guidelines to address prohibited and/or illegal sexually abusive behavior involving inmate perpetrator against alleged inmate victim or Sheriff's Office suspected employee, contractor or volunteer perpetrator against an inmate victim.

Worcester County Sheriff's Office (WCSO) is committed to Zero Tolerance prevention and elimination of sexual abuse perpetrated against inmates by staff members or other inmates. Meeting the objectives set forth within the Prison Rape Elimination Act of 2003 is a major priority for the Sheriff's Office and an ongoing focus for staff efforts at all levels of this organization.

Under definitions it states,

PREA Coordinator

A person assigned/appointed by the Sheriff who coordinates the WCSO compliance with the Department of Justice's (DOJ) Rule on the National Standards to prevent, detect, and respond to prison rape pursuant to the Prison Rape Elimination Act of 2003 (PREA).

A. Policy Statements

1. *The Department has a zero tolerance policy for any conduct that constitutes sexual relations with or sexual abuse of inmates. (PREA 115.11)*
2. *The Department has a zero tolerance policy for discrimination and mistreatment of inmates on the basis of sexual orientation or gender identity.*
3. *The Department shall appoint a PREA Coordinator. The PREA Coordinator shall be appointed by the Sheriff or his designee. The PREA Coordinator will have direct access to the administration and sufficient time to prioritize the implementation and monitoring of PREA. (PREA 115.11(b))*

The policy provides definitions in accordance with the PREA law to ensure there is consistency in application of efforts to prevent, detect and respond to sexual abuse/sexual harassment towards inmate allegations. It is 22 page policy with information that outlines the agency's efforts to prevent, detect and respond to sexual abuse/sexual harassment towards inmate allegations.

The auditor interviewed the PREA Team. This includes the Asst. Deputy Superintendent, Captain (who also works in training), and two Policy/Procedure/Audits and compliance staff. All elaborated on the teamwork and communication which ensures they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. They indicated that meetings are conducted three times a week with all department heads, including investigations, medical and mental health staff. This meeting discusses the concerns of the operations and any issues regarding PREA compliance, including PREA incident reviews. The interview conducted with the Superintendent supported this.

The auditor gave this facility a finding of compliance based on the following: After reviewing the documentation prior to the on-site audit, conducting the on-site audit with the PREA team members' direct involvement and support (observations), the documentation (policy, appointment letters) and interviews with the Sheriff, Superintendent, PREA Coordinator and PREA Manager, the auditor finds sufficient evidence to support a finding of compliance with this standard.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide

for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No
☒ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The auditor gave this facility a finding of compliance based on the following: It was reported by the Superintendent and PREA team that this agency does not contract for the confinement of inmates with private agencies or other entities. During the audit process, formal and informal conversations and observations gave the auditor no reason to dispute this.

Standard 115.13: Supervision and monitoring

115.13 (a)

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

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

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall ensure that each facility it operates shall develop, document, and make its 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, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. (b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with

the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan. (d) Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

The PAQ states that the average daily population is 1037; the staffing plan was predicated on a population of 1251, pursuant to a Consent Decree. The PAQ indicates that the facility does not deviate from the plan; overtime is used when needed to meet the designated staffing levels. This was supported by the interview with the Superintendent.

The auditor reviewed the staffing plan provided by the facility. It confirms in the plan that WCSD has had no judicial finding of inadequacy, no findings of inadequacy from Federal investigative agencies and no findings of inadequacy from internal or external oversight bodies. There is a consent decree in place that the capacity cannot exceed 1252. The plan provided a detailed assessment of the composition of the inmate population, number and placement of supervisory staff, and institutional programs occurring on a particular shift. The Superintendent indicated that programming occurs until approximately 8:00pm. During the tour, the auditor was directed to cameras and mirrors that enhance supervision. The facility is accredited by the American Correctional Association (ACA) demonstrating the use of sound correctional practices. The auditor was also provided with Department of Public Health inspections to review. In order to further evaluate compliance, the auditor requested and received staffing rosters for all three shifts for the 6th day for the last 6 months. These documents further demonstrated compliance, noting no reduction in staffing occurred; there was compliance with the staffing plan.

Interviews with the Superintendent and the PREA team all confirmed that this staffing plan is developed based on the eleven criteria noted in the standard.

In order to further verify compliance, the auditor requested and received documentation of unannounced rounds for a 24-hour day (July 1, 2019). Facility logbooks are electronic; review of the documentation along with a random check during the tour of unannounced supervisory rounds are occurring. Interviews with supervisory staff (formal and informal) supported that they conduct unannounced rounds by conducting them on different times, different directions. They indicated they are not aware of any incident where staff alerted other staff that they were conducting these rounds. Informal inquiry with corrections officers confirmed they do not alert other staff when the supervisor is making rounds. Observations during the audit supported that there is sufficient staffing, providing direct

supervision in addition to escorted and controlled movement.

Finding of compliance based on the following: The auditor concluded that prevention of sexual abuse and harassment is taken serious at this facility. The observations, interviews, policy, staffing plan, randomly requested evidence of unannounced rounds all demonstrated compliance will all aspects of this standard.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

The standard has the following requirements: (a) A youthful inmate shall not be placed 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. (b) In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

(c) Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies 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.

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 or heard anything to dispute that no youths are housed at this facility.

The auditor gave this facility a finding of compliance based on the following: Interviews (Superintendent, PREA team) support that youthful offenders as defined as under 18 years of age, are not housed at this agency/facility. During the audit process, formal and informal conversations and observations gave the auditor no reason to dispute this.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

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

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The standard has the following requirement: (a) The facility shall 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. (b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. (d) The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

924.06 Search Policy states,

1. Searches

Searches will be conducted in a manner which will avoid unnecessary force, embarrassment or indignity to an inmate.

3. Strip searches

Strip Searches of inmates are to be conducted in relative privacy with as much dignity as possible by security personnel of the same sex as the inmate, except in an emergency.

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

Cross gender pat searches shall be conducted in relative privacy with as much dignity as possible; however, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.

The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The inmate to be searched shall be given verbal instructions so as to ease and expedite the situation.

Body Cavity Search

a. There will be no intrusive body cavity searches performed for security purposes.

Intrusive body cavity searches shall be conducted only when the following have occurred:

February 2019 WCSO 924.06 - 11

- 1) Probable cause has been determined by staff through reasonable belief that the inmate is carrying contraband or other prohibited material;
- 2) Authorization has been given by the Sheriff or designee; and
- 3) Search warrant has been obtained.

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

b. Under no circumstances may a correction

Prison Rape Elimination Act (PREA) policy states,

D. Searches

The Department shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. (PREA §115.15(a) and WCSO 924.06 - Searches)

The Department shall not conduct cross-gender pat down searches except in exigent circumstances. (WCSO 924.06 - Searches)

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. (PREA §115.15)

Inmates shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. (Staff monitoring via the camera system shall ensure that this is enforced.) (PREA §115.15 (d) and WCSO 924.06 - Searches)

Transgender or intersex inmates shall have the option of choosing to be strip searched by staff members of either gender. (WCSO 924.06 - Searches)

The Department shall not physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status unless it is done as part of a broader medical examination conducted in private by a medical practitioner. (PREA §115.15 (e) and WCSO 924.06 - Searches)

The PAQ indicates that no cross-gender pat searches, strip searches, or body cavity searches have occurred at this facility in the past 12 months. Informal inquiries throughout the audit confirmed this has not occurred. This does not include when female staff are requested to perform the strip search/pat search by a transgender female inmate, which became an option afforded to transgender/intersex inmates in 2019 to be compliance with the State of Massachusetts Crime Reform Bill of 2018. PREA policy states that transgender or intersex inmates shall have the option of choosing to be strip searched by staff members of either gender. All staff interviews confirmed they have been appropriately trained to conduct pat searches and/or strip

searches of transgender/intersex inmates. During the audit, two female staff did conduct a strip search of a transgender female per her request.

The PREA policy indicates that the Department shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. It also states that the facility shall not conduct cross-gender pat down searches except in exigent circumstances. It requires that all cross-gender pat down searches (of female inmates), cross-gender strip searches and cross-gender body cavity searches be documented. Worcester County female inmates are housed at Western Massachusetts Regional Women's Correctional Center (WCCI), which is located in Chicopee, Massachusetts. They may be pat searched or strip searched during transportation. Review of training criteria confirmed that at the PREA refresher training there is a section dedicated to train staff on cross-gender and transgender inmate searches.

PREA policy and the training curriculum both support that the Department shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, policy states it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. All staff interviews confirmed knowledge of and compliance with this requirement.

PREA policy further states that inmates shall 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. During the tour, the auditor observed all showers, toilets and sinks and found modifications made (i.e. shower curtains, barriers, or doors) were in place to afford inmates as much privacy as possible while not restricting staff from ensuring their safety. Ninety five percent (95%) of inmate interviews and all staff interviews confirmed that inmates are able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. In addition, the intake area has a body scanner. The intake area uses a body scanner to discover potential contraband when processing an inmate into the facility. At the time of the audit, only male staff in the area was trained in how to interpret the scan. The auditor witnessed the transgender female being asked how she felt about this; she indicated she was fine with having a male staff view the scan. The facility is reported to the auditor they are working towards having female intake staff trained for this scenario.

The auditor finds this facility compliant with this standard. As stated above, policies support the requirements of the standard. The auditor was appropriately announced during the tour of the facility when entering male housing units. Approximately 95% of the inmate interviews confirmed that opposite gender staffs are announced when they enter the unit and they can shower, perform bodily functions, and change clothing

without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. The policy supports that cross-gender searches will not be conducted unless there are exigent circumstances. Interviews and observations during the audit confirm this requirement is being met.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) The agency shall take 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 agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such 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 agency shall 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, limited reading skills, or who are blind or have low vision. An agency 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. (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. (c) The agency shall 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 § 115.64, or the investigation of the inmate's allegations.

Policy that ensures inmates are not denied 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 is 934.03 – SPECIAL ACCOMMODATIONS FOR INMATES. It states, *This policy is intended to address inmate requests for special accommodations which may fall under the Americans with Disabilities Act or other provisions of state and federal law. Programs, activities and services will operate in a manner which provides for the full and nondiscriminatory participation of an inmate with special needs in all areas which do not threaten the security of the institutions or the personal safety of the inmate with a special need.*

D. Inmates with hearing and or speech disabilities, and inmates who wish to communicate with parties who have such disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD). Telephone with volume control shall also be made available to inmates with hearing impairments AMERICANS WITH DISABILITIES ACT (ADA) COORDINATORS

A. The Health Services Administrator is designated as the Medical Department ADA Coordinator for the purpose of coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates with disabilities on a department wide basis.

At no time will an inmate assist another inmate in performing any basic life function.

B. The Assistant Deputy Superintendent of Inmate Programs or his designee is designated as the Institution ADA Coordinator for the purpose of coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates with disabilities.

940.01 - ADMISSION AND ORIENTATION states,

During the Admissions process, the Receiving Department staff shall ensure that each Inmate receives an Inmate Handbook (English or Spanish) or oral orientation information in a language in which the inmate is fluent, to include but not be limited to:

Rules and Regulations, Disciplinary Regulations, Health Services, Mail, Visiting and

Program Services. Information about sexual abuse/assault, including prevention/intervention, self-protection, reporting sexual abuse/assault and treatment and counseling, shall be communicated orally and in writing in a language clearly understood by the inmate, upon arrival at the facility. Should there be a language or literacy barrier, assistance is available to inmates through their assigned caseworker.

4. One telephone call may be placed by an inmate during the admission process. All other calls will be determined by the Housing Unit Assistant Deputy Superintendent and assigned caseworker.

5. If an inmate cannot read, orientation materials are read to the inmate by a staff member. For inmates who do not speak English, interpretive services will be scheduled for translation services. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.

Physical and intellectual disabilities are assessed at intake as all inmates are immediately seen by medical staff and a mental health counselor. The auditor observed this while observing intake activities. Interviews with most inmates deemed to have physical disabilities supported that they are not denied an equal opportunity to participate in or benefit from all aspects of the WCSD's efforts to prevent, detect and respond to sexual abuse and sexual harassment allegations.

The auditor also reviewed posters with information about PREA were observed in English and Spanish throughout the facility. Inmate interviews, both randomly selected and those with limited English confirmed that the posters have remained posted in the units. The auditor was provided documentation that confirmed the use of a language line service.

The PAQ indicates that another inmate has not been used to interpret for the performance of first responder duties. This was confirmed by all interviews with randomly selected staff. Therefore, the auditor found no reason to dispute this. Many staff indicated they would find a bi-lingual staff person, and many knew of the ability to use a language line service.

Finding of compliance based on the following: The interview with the Superintendent confirmed that the agency is committed to ensuring that inmates who are disabled or have limited English speaking will not be denied participation or benefits of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. During the tour, the auditor observed the posters in English and Spanish. Interviews with inmates who have physical disabilities, cognitive disabilities, and/or limited English skills led the auditor to believe the facility is compliant with the requirements of this standard. The facility demonstrated their commitment to this by the use of sign language interpreters and arranged for their assistance for the auditor to conduct an interview with a deaf inmate who could not read well.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) The agency shall 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— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. (c) Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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. (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. (e) The agency shall 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. (f) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. (h) Unless prohibited by law, the agency shall 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.

The PAQ states that 65 staff have been hired in the previous 12 months, who may have contact with inmates.

Prison Rape Elimination Act (PREA) policy states,

G. Human Resources

1. The Department shall consider any incident 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. (PREA §115.17 (b) (1))

2. The Department shall conduct thorough background investigations on all potential staff and shall not hire anyone who was engaged in sexual abuse in a correctional environment, who has been convicted of engaging in or attempting to engage in sexual activity facilitated by force or who has been civilly or administratively adjudicated in these types of activities. (PREA §115.17 (a)(1) and WCSO 914.02- Hiring / Selection)

a. The Department shall conduct criminal background record checks at least every five (5) years for current employees and contractors who may have contact with inmates. (PREA §115.17 (e) (1))

914.02 - SELECTION AND HIRING states, G. Hiring

1. Correction Officers

a. A criminal record investigation shall be conducted consisting of a warrant check and Board of Probation check to ascertain whether there are any criminal convictions which would preclude them from employment at the WCSO, see applicable CMR. A more extensive background investigation may be conducted as needed.

psychological examination and drug screening, the applicant may begin initial employment as a correction officer recruit. During this training period, August 2018
914.02 - 9

2. Non-Correction/Non-Law

d. A criminal record investigation shall be conducted consisting of a warrant check and Board of Probation check to ascertain whether there are any criminal convictions, which would preclude them from employment at the WCSO, see applicable CMR.

The auditor reviewed a blank application packet. The application has a section which asks the applicant the following questions: (1) Has the applicant 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 the applicant 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 the applicant been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section required questions on the application.

The auditor asked to review the last four new applicants to confirm compliance with the requirements. All documentation reviewed demonstrated compliance with this requirement (completed application with the questions addressed, background checks conducted, reference checks conducted, affirmation that they must provide true and accurate information or they may be disqualified from consideration or immediately dismissed if discovered at a later date).

The PREA policy requires that the Department consider any incident 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. Although no examples of this has occurred; the interview with the Human Resource Director confirmed that they would consider incidents of sexual harassment before hiring or promoting anyone at this facility. She further confirmed that all promotions only occur from within the facility; therefore they have knowledge of this background information before consideration for the promotion.

The PREA policy established that a background check is conducted on all applicants, and the facility shall not hire or promote anyone who may have contact with inmates/residents, and shall not enlist the services of any contractor, intern, advocate or volunteer who may have contact with inmates who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, been convicted of engaging or attempting to engage in sexual

misconduct 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 been civilly or administratively adjudicated to have engaged in sexual misconduct. The PREA policy also requires that a background check be conducted on all staff and contractors at least every five years. The auditor randomly requested to see documentation that background checks have been conducted on all staff/contractors with the last name beginning with D, M, and T. This yielded 146 examples of completed background checks which demonstrated compliance with the requirement that they have been conducted every five years.

Finding of compliance based on the following: As stated above, the interview with the Human Resource Director, policy noted and review of randomly requested documentation all provided the auditor sufficient evidence to support a finding of compliance.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The standard has the following requirement: (a) When designing or acquiring any new facility

and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The PAQ indicates that the agency has not made any substantial expansion or modification of existing facilities since the last audit, one building is under construction (there is only the framework at the time of the audit). The interview with the Superintendent confirmed that they shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse and, they are continually upgrading the video surveillance system to ensure this as well.

Finding of compliance based on the following: Policy, interview with the Superintendent and observations made during the tour support that the one modifications or expansions is underway, and that the agency does use video technology to enhance the ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed

after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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. (c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall 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 agency shall document its efforts to provide SAFEs or SANEs. (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a 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. (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization 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. (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails. (h) For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be 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.

The PAQ indicates there have been no incidents requiring a forensic medical exam, SANE, SAFE or other exam by a qualified medical practitioner. During the audit process, the auditor found this to be credible. The facility is prepared to ensure this in the event of a need based on the information below:

Prison Rape Elimination Act (PREA) policy states,

D. Investigations / Evidence

1. The Special Services Division will investigate all allegations of sexual abuse and sexual harassment, including third party reports of sexual abuse and sexual harassment. These investigations shall be conducted promptly, thoroughly and objectively by a PREA trained investigator following U.S. Department of Justice, Office on Violence Against Women National Protocol for Sexual Assault Medical Forensic Examinations, 2d (April 2013) (PREA §115.71 (a-b)) All investigations shall be completed even if the alleged abuser or alleged victim is no longer employed at WCSO or is no longer in its custody.

a. If it is determined that a crime may have been committed, the Special Services Division will contact the Worcester County District Attorney's office and shall begin a cooperative investigation with these agencies.

1) When evidence is collected at an outside hospital, the Investigating Officer(s) shall retain it. If the alleged perpetrator is a staff member, Special Services will contact the District Attorney's Office or local law enforcement agency to retain the evidence.

A determination of possible referral to an outside hospital with a rape crisis unit shall be made by the medical staff.

1) If the determination is made that the inmate should be sent to an outside hospital and the inmate victim consents, the alleged victim shall be sent to St. Vincent's Hospital. At St. Vincent's hospital the inmate will meet with a Sexual Assault Nurse Examiner (SANE) program where he will receive preventative treatment.

The Department will attempt to maintain a memorandum of understanding with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

All services provided to an alleged victim shall be done at no cost to the alleged victim, regardless of whether they cooperate with the investigation or name their alleged abuser.

An MOU with local hospitals has been provided to the auditor, demonstrating cooperation with the agency in the event that an inmate/offender is sent to this hospital for a SANE exam. The auditor was provided a copy of the MOU with the Pathways for Change which confirms that they will make a victim advocate (rape crisis counselor) available at the hospital (Worcester Medical Center/St. Vincent's hospital) This agreement is in effect until April 2022. An additional document provided to the auditor to support they meet the requirements is the National Protocol dated April 2013. Criminal cases would be handled by the Massachusetts State Police. At the following website for Massachusetts at <https://www.mass.gov/service-details/the-prison-rape-elimination-act-prea-of-2003>, it states,

State Police PREA Policy

The Massachusetts State Police 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. To that end, the Massachusetts State Police has implemented policies to prevent, detect, and investigate sexual abuse and harassment within its confinement facilities. It is the State Police's policy to detect and investigate sexual abuse by an employee, vendor, contracted agency, volunteer, detainee or other non-Department member with a business association with the State Police. Detainees who are subject of sexual abuse or sexual harassment are strongly encouraged to report the behavior. All complaints will be investigated thoroughly and completely, whether criminally or administratively, whichever is most appropriate.

Finding of compliance based on the following: Policy, review of the MOU with the local hospital who provides SANE/SAFE services, MOU for victim advocate services, interview with the Director of Pathways, evidence protocols, and website referenced gave the auditor sufficient evidence to believe that the requirements of this standard would be met as the written authority is in place.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. (d) 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. (e) 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.

Prison Rape Elimination Act (PREA) policy states,

D. Investigations / Evidence

1. The Special Services Division will investigate all allegations of sexual abuse and sexual harassment, including third party reports of sexual abuse and sexual harassment. These investigations shall be conducted promptly, thoroughly and objectively by a PREA trained investigator following U.S. Department of Justice, Office on Violence Against Women National Protocol for Sexual Assault Medical Forensic Examinations, 2d (April 2013).

a. If it is determined that a crime may have been committed, the Special Services Division will contact the Worcester County District Attorney's office and shall begin a cooperative investigation with these agencies.

1) When evidence is collected at an outside hospital, the Investigating Officer(s) shall retain it. If the alleged perpetrator is a staff member, Special Services will contact the District Attorney's Office or local law enforcement agency to retain the evidence.

The interview conducted with the Superintendent verbally confirmed that all allegations of sexual abuse or sexual harassment are referred for administrative or criminal investigations. The auditor reviewed investigations with three investigators who also confirm they have been properly and promptly notified of any allegations of sexual abuse and sexual harassment in a timely manner.

Review of the investigations supported that all allegations are referred to the investigators. The investigators confirmed they are on call. This affords them the ability to come to the facility and initiate an investigation immediately. They all confirmed they have a strong cooperative arrangement with the District Attorney and Massachusetts State Police. This policy is available on the website at <https://worcestercountysheriff.com/facility/prea/>.

Finding of compliance based on the following: Policy, interview with the Superintendent, review of investigations, review of the National Protocols all demonstrated compliance with the requirements of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?
☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' right to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (b) Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. (d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The PAQ supports that 100% of staff have been trained. The auditor spoke with the training staff who is also the PREA Manager. All random staff interviews confirmed a sound understanding of the requirements of PREA, confirming they are trained on the required topics.

Prison Rape Elimination Act (PREA) policy states, **H. Training**

- 1. All staff shall be trained in detection of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and in the reporting structure when allegations or suspicions of sexual abuse arise.*
 - a. The Training Division shall maintain a training plan to ensure that all Department staff are educated in their responsibilities concerning PREA.*
- 2. All staff with inmate contact shall be trained in the following:*
 - a. The Department's zero tolerance policy for sexual abuse and sexual harassment.*
 - b. Detection, prevention, reporting and response to sexual abuse or sexual harassment.*
 - c. Inmates' rights to be free from sexual abuse and sexual harassment.*
 - d. The rights of staff and inmates to be free from retaliation for reporting sexual abuse and /or sexual harassment.*
 - e. The dynamics of sexual abuse and sexual harassment in confinement.*
 - f. The common reactions of victims of sexual abuse and sexual harassment.*
 - 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 LGBTI inmates.*
 - j. How to comply with laws related to mandatory reporting of sexual abuse to outside authorities.*
- 3. The Training Department shall maintain all documentation.*

The auditor reviewed the training curriculum. It addresses the following: history of the law; purpose and goals of the law; zero tolerance; definitions associated with the law; inmates cannot legally consent to sexual relations, all reports are to be made to the Senior Shift Officer immediately, staff who violate the law are subject to disciplinary action up to termination; inmates shall be able to shower, use the toilet, etc. without female staff watching; transgender/intersex inmates will not be examine to determine genital status; an intake assessment is completed, community service providers are available for sexual abuse/sexual harassment counseling; sexual abuse grievances have specific criteria, retaliation is not allowed; medical and mental health requirements, investigations and evidence; how false allegations will be addressed; PREA posters, insurance that inmates who are LED or disabled will be ensured access to measures to prevent sexual abuse/harassment; signs of victimization, dynamics of sexual abuse (who are more victimized, who are predators), dynamics of sexual harassment, avoiding inappropriate behavior with inmates, and speaking effectively with inmates regarding sexual orientation, and mandatory reporting laws.

The auditor requested and received documentation demonstrating that all staffs have received annual PREA training in the previous 12months. All staff reported that they received this training every year, therefore, exceeding the requirements of the standard.

Finding of compliance based on the following: As described above, the policy, training curriculum, interviews with the training staff, random staff interviews, and randomly requested documents (showing that staff sign indicating they received and understand

the training) all support a finding of compliance, exceeds compliance as the training is provided annually.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall ensure 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. (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Prison Rape Elimination Act (PREA) policy includes volunteers and contractors in all definitions related to PREA. The volunteer orientation plan ensures that volunteers receive information about PREA and sign acknowledging receipt and understanding of the training. PREA is addressed in the Orientation session for new employees which is reported to include contractual full time employees.

The auditor was allowed access to all volunteer and contractor files. Four were randomly pulled; all contained documentation supporting the requirements of this standard. Signature sheets indicate that the volunteer/contractor acknowledges and understands the training they received. The auditor was able to interview one volunteer who had been providing services for seven years. She too supported that she has been appropriately educated about the law, the policy and her responsibilities to prevent, detect and respond to any sexual abuse or sexual harassment concerns of inmates/residents. Interviews were also conducted with contractual staff; all confirmed they understand their responsibility and the importance of this obligation. Finding of compliance based on the following: Review of policy, interview with the volunteer and contractual staff, and the access to all records with the ability to randomly select files gave the auditor sufficient evidence to support that the requirements of this standard are being met.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

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

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse

and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. (c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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. (d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. (e) The agency shall maintain documentation of inmate participation in these education sessions. (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Prison Rape Elimination Act (PREA) policy states,

Inmates shall receive PREA information in the Inmate Orientation Handbook as well as during Medical Intake, and shall be responsible for familiarizing themselves with it. (Sexual Abuse / Assault / PREA Reporting Acknowledgement – Attachment 5/6).

a. Inmates shall be notified that they may call the confidential hotline to report allegations of sexual abuse / harassment.

The PREA Coordinator shall work with the members of the Command Staff to develop a communication plan that will educate and inform inmates about prisoner sexual violence. The plan will include oral and written information regarding prevention / intervention, self-protection, reporting sexual abuse/assault/harassment, and treatment and counseling

During the on-site audit, the auditor was able to observe intake activities. This process demonstrated that the inmate was thoroughly assessed and educated individually about PREA by the nursing staff. The auditor observed the process for providing the inmate with the handbook prior to leaving the intake area.

The auditor reviewed the inmate handbook. PREA information addresses zero tolerance, how to report, including anonymous and third party, victim support services, availability of a hotline, and availability of rape crisis services – telephone number and address, no cost, confidential.

Posters are visible throughout the facility, especially secured above the inmate phones that provide meaningful information to the inmate population such as how to report and reinforcing the zero tolerance. They are posted in English and Spanish. Inmate interviews confirmed knowledge of these posters and most acknowledged receipt of the handbook. They indicated they were educated that they should not have to fear retaliation for making a report. Many stated, "they take it seriously here."

In order to assess compliance, the auditor requested and received documentation showing the first fifteen inmates who arrived in June who had attended orientation had documentation of participation, documentation of signing for information at intake and their risk assessment. It was reported that typically, within an hour all incoming inmates

are assessed by the intake officer, classification staff, nurse and mental health staff who further addresses disability needs and language needs. The language line is available to the staff for assistance with this process (as confirmed by the interview with an intake staff who conducts the initial risk assessment).

Finding of compliance based on the following: Review of the documentation (including randomly requested documentation), observations made during the on-site audit, interviews with the intake Captain and random interviews with the inmates all provided the auditor sufficient evidence to support a finding of compliance.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency 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 agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. (d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The PAQ indicates that the agency has seven investigators that have completed the specialized training. Interviews with three of the investigators supported that they have received the specialized training. Certificates of completion were provided for all seven. The auditor also confirmed on the documents for all staff that the three investigators interviewed had also received the regular PREA training all staff receives.

Prison Rape Elimination Act (PREA) policy states,
Investigator training shall include but not limited to:

- a. How to properly conduct sexual abuse complaints and will properly use Miranda and Garrity warnings;*
- b. How to gather and preserve direct, circumstantial and DNA evidence;*
- c. How to interview alleged victims, suspected perpetrators and witnesses; and*
- d. Conduct a review of prior complaints involving he suspected perpetrator shall be conducted.*

Investigators attend the Sexual Assault Investigator Training (SAIT), provided by the Massachusetts Department of Corrections. SAIT is generally a 3-day, comprehensive, training program. The training curriculum addresses the following topics: Introduction to Sexual Assault Investigation; Defining PREA; Evidence Protocol; Interviewing, including Miranda and Garrity; Investigative Outcomes Documentation; and Post Allegation responsibilities. The auditor requested and received documentation showing that the

three investigators involved in the investigations reviewed had completed specialized training (SAIT) through the in addition to general training provided to all employees.

Finding of compliance is based on the following: Review of the policy, interview with the investigators, and review of training records all provide sufficient evidence to support a finding of compliance.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

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

Auditor Overall Compliance Determination

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

This standard has the following requirements: (a) The agency shall ensure 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 agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

The PAQ reports that the facility has 65 medical/mental health staff, and 100% compliance with training. Interviews with the medical and mental health staff support that medical and mental health staff have been training in the additional areas of (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 in addition to other training. The auditor viewed training documents supporting that medical staff have received specialized training. The Wellpath, Inc. training curriculum reinforces this requirement; staff are notified they are due for training electronically and sign acknowledging the training electronically. Although the observations of and conversations with the mental health staff alone provided the auditor with sound evidence to support that these staff are competent in the added training requirements, the training curriculum could not specifically support this. The auditor requested the facility to develop additional specialized training for the mental health staff, based on the requirements of the standard, with the support of training provided on the PREA Resource Center. This was completed, and forwarded to the auditor for review before the report was finalized. Documents showing medical and mental health staff have also received regular PREA training had been provided to the auditor.

Finding of compliance is based on the following: Interviews with the medical and mental health staff did confirm to the auditor that they have attended regular PREA training and

were confident regarding their role in the following: (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. Medical staff, who work for Wellpath, Inc. complete an additional training; the curriculum was reviewed by the auditor and it does meet these requirements. However, as the mental health staff are from another agency, training records were not as clear. As noted above, additional slides were developed and presented to the mental health staff. The auditor was provided documentation confirming this which therefore gave the evidence needed by the auditor to support a finding of compliance.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) 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. (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility. (c) Such assessments shall be conducted using an objective screening instrument. (d) The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. (e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. (g) An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. (h) Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. (i) The agency shall implement 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.

Prison Rape Elimination Act (PREA) policy states,

F. Classification

- 1. The Department shall perform an intake screening to obtain and use information about the inmate's history to reduce the risk of sexual abuse by or upon the inmate within twenty four (24) hours of the inmate's being booked or upon transfer to the facility, excluding weekends. (Worcester County Sheriff's Office Internal Housing Risk Form—Attachment 2 in XJail)*
- 2. The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) the questions regarding: (PREA §115.41 (h))*
 - a. Whether or not the inmate has a mental, physical, or developmental disability;*
 - b. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;*
 - c. Whether or not the inmate has previously experienced sexual victimization; and*
 - d. The inmate's own perception of vulnerability.*
- 3. Within a set time period, not to exceed thirty (30) days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Also, the inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears*

on the inmate's risk of sexual victimization or abusiveness. (Re-Assessment Screening Form – Attachment 3 in Jail)

The risk assessment is part of the Offender Manager System (OMS). Access to the information gathered is controlled by restricting it to only those with a need to know. This was reported to be those who make assignments, medical staff, and supervisors. This fact was confirmed by interviews with the PREA team. The auditor was demonstrated the system for how to ensure a thirty-day assessment tracked to ensure it is completed. It too is built into in the OMS system. When due, between day 15 and day 30, a case manager will reassess the inmate to determine if additional information was received that would warrant an updated assessment. The auditor reviewed 15 randomly requested risk assessments. The Risk Assessment addresses all questions as required by the standard in addition to the following: History of protective custody, history of domestic violence, and gang activity. As noted in the narrative, intake staffs who regularly conduct the risk assessments were interviewed. Both confirmed that inmates are not disciplined for not answering questions. Four inmates were randomly asked during their interviews; they all confirmed they did not fear discipline for not answering the questions. The auditor observed the process; the inmates are questioned in a private setting. In addition, the auditor observed the specific intake process for one incoming offender during the audit. No inmates are detained solely for civil immigration purposes.

Finding of compliance is based on the following: The policy, risk assessment, interviews with the PREA Coordinator, PREA team members, and intake staff who conducts the risk assessment and makes housing assignments and the observation of the process for one inmate.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian,

gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall use information from the risk screening required by § 115.41 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. (b) The agency shall make individualized determinations about how to ensure the safety of each inmate. (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. (e) A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Prison Rape Elimination Act (PREA) policy states,
4. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

5. *The Department shall attempt to ascertain information about any gender nonconforming appearance or identification as a LGBTI inmate and whether the inmate may be vulnerable to sexual abuse. (WCSO 942.00 - Classification)*
6. *The Department shall use all relevant information to make classification and programming decisions with the goal of keeping all inmates safe and free from sexual abuse. (WCSO 942.00 - Classification)*
8. *LGBTI inmates shall not be classified based solely such identification or status. (WCSO 942.00 - Classification)*
LGBTI status shall not be an indicator of likelihood of being sexually abusive. (WCSO 942.00 - Classification)
9. *Vulnerable inmates shall be classified in the least restrictive environment that is operationally feasible that will ensure their safety. (WCSO 942.00 - Classification)*
10. *All LGBTI inmates shall have access to health care that addresses their specific needs. (WCSO 942.00 - Classification)*

Assigned housing is decided on an individual basis. The auditor specifically looked into cells that housed two inmates to assess any concerns with their placement. These observations supported cell placement is individually assessed to possible prevent potential problems (age, physical build, etc.). During the intake process, the auditor did witness the transgender female inmate that was received was given consideration to her own views regarding cell placement and search preferences.

There were no transgender inmates housed at this facility during the time of the audit; however, as noted, the auditor was able to observe intake for a transgender female who only remained at the facility overnight. A process is in place for the PREA Coordinator to ensure that a transgender/intersex needs are individually assessed at least twice yearly in addition to normal facility reviews. Separate shower times would be provided in accordance with policy. After touring the unit and based on interviews with the PREA team, this facility does not have a dedicated wing or area for the placement of transgender/intersex inmates.

Finding of compliance is based on the following: The policy and documents reviewed, forms in place, observations of the intake process, brief discussion with the transgender female received and interviews with staff gave the auditor sufficient evidence to support a finding of compliance.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) 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 a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. (b) Inmates placed in segregated housing for this purpose shall 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 shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. (c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. (d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged. (e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

PAQ states that no inmates have been placed in restrictive housing due to being a high risk for sexual victimization. In the event that all other avenues have been reviewed, a form has been developed to ensure that if inmates placed in segregated housing for this purpose shall 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, this form shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. (c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The form directs staff to document that if an involuntary segregated housing assignment is made, the facility shall document: (1) The basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged.

Prison Rape Elimination Act (PREA) policy states,

7. Inmates shall be segregated from others only as a last resort when less restrictive measures are inadequate to keep them and others safe.

a. Inmates who are segregated shall receive the opportunity to exercise daily and shall receive any legally required educational programming. Segregated inmates shall also receive daily visits from a medical or mental health clinician and shall have access to other programs and work details to the extent that is operationally possible. (WCSO 942.00 - Classification) If the WCSO restricts access to programs, privileges, education, or work opportunities, the WCSO shall document the following:

- ☐ *The opportunities that have been limited;*
- ☐ *The duration of the limitation; and*
- ☐ *The reasons for such limitations.*

b. The facility shall assign inmates to involuntary segregation housing only until alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

c. If involuntary segregation housing assignment is made the WCSO shall document the following:

- ☐ *The basis for the facility's concern for the inmate's safety; and*
- ☐ *The reason why no alternative means of separation can be arranged.*

d. Every 30 days, the WCSO shall afford each inmate a review to determine whether there is a continued need for separation from the general population. The classification department will complete the 30 day assessment using page 2 of the PREA Incident Form (Attachment 4).

e. Any use of segregation housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to all above requirements.

The auditor toured the restrictive housing area and specifically visited each cell to observe the inmates and ask them regarding their wellbeing. One inmate from this housing unit was interviewed.

The interview with the Superintendent confirmed that the facility will explore all other options before placing someone at risk for sexual victimization in this setting. In the event this should occur, policy will afford that they receive the required access to programs, privileges, education and work to the extent possible. As noted in the narrative, one staff person was interviewed who works in this area. The interview yielded no concerns to the auditor. The facility has numerous options available that would provide safety in the event that an inmate does get victimized by another inmate (this was described in the audit narrative).

Finding of compliance is based on the following: Review of the policy, interview with the Superintendent, staff who supervises the area and observations during the tour, and the form devoted to ensuring the inmate receives appropriate access to programs and services as required by the standard provided the auditor with sufficient evidence to support a finding of compliance. During the auditor process, the auditor found no reason to dispute the statement that no one has been placed in restrictive housing due to being a high risk for sexual victimization.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall provide multiple internal ways for inmates to privately report sexual abuse and 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. (b) The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. (d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Posters observed throughout the tour, in Spanish and English, reinforce this information (zero tolerance, make a report to anyone, reporting to a hotline, how to call the Pathways to Change counselling service). They were posted by the phones making access to these calls easier. PREA is addressed in the Inmate handbook. One page is dedicated to educating the inmates on the following: zero tolerance, a telephone hotline (it is a universal number), address for the Worcester District Attorney if the inmate wants to report outside the agency and the phone number to contact Pathways for Change, noting that it is a free, confidential hotline to a rape counselor. Most inmates interviewed knew what PREA was and this is was their right to be free from sexual abuse, sexual harassment and free from retaliation if they needed to report a concern. Most inmate interviews confirmed they were aware and believed they could report privately and anonymously. Most inmates interviewed were aware that a third-party allegation could be made (by them on behalf of another inmate or by their family). Approximately half however, needed slight prompting or clarification of the question with a hypothetical situation.

Health staff conduct an individual orientation that specifically addresses the following topics for PREA: immediately report any sexual contact with any person, it will be taken seriously, a telephone hotline is available, you can report to any person, the phone number for the Pathways to Change is provided (noting it is free, not monitored, no need to place on PIN list). It does reinforce that false allegations, or allegations not made in good faith can result in disciplinary action. It also provides the phone number and address for the Worcester District Attorney's office.

Staff was keenly aware of the methods for inmates to report. When staff were asked about how they could report privately, approximately half indicated based on the situation they could go to the person's supervisor privately, some mentioned they could report to the person they felt most appropriate to report to (not necessarily having to follow chain of command), some mentioned going to Human Resources, a few indicated they too could call the hotline numbers.

The auditor tested the hotline from an inmate phone. A PIN is needed for the call to go through to a voice messaging system. A code word was left with the instructions to report it to the PREA team member when received. He had the word less than 20 minutes after the call was placed.

From July 2018 to present, the hotline has been called twenty-four (24) times (documentation provided to the auditor).

Finding of compliance is based on the following: The policy demonstrates compliance with the standard, providing specific information on the options available to staff and inmates. The observations of the posters and the information provided to inmates at intake by health care staff, inmate interviews, and staff interviews all provided substantial evidence to support a finding of compliance.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. (b)(1) The agency shall not impose a time limit on when an inmate may submit a

grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. (c) The agency shall ensure that— (1) 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 (2) Such grievance is not referred to a staff member who is the subject of the complaint. (d)(1) The agency 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency 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 agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.(4) 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. (e)(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency 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 agency decision within 5 calendar days. The initial response and final agency 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. (g) 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.

PAQ reports there have been no grievances regarding sexual abuse, 0 emergency grievances, 0 grievances written in bad faith and # of third-party grievances.

934.02 - INMATE GRIEVANCE PROCEDURES states,
Formal Filing: Staff Responsibilities

a. No action will be taken against an inmate as a result of submitting a grievance unless the grievance threatens the secure and orderly operation of the facility or if statements made are knowingly false or misleading.

Upon receipt of a grievance, the IGC will forward a written decision within fifteen (15) working days approving or denying the grievance to the inmate.

2. Emergency Grievance

a. In cases where the grievance is of an emergency nature, it shall be immediately addressed by the IGC who will verify the emergency and, if appropriate, consult with the Superintendent regarding disposition.

b. The IGC shall reply to the inmate as soon as possible concerning final disposition of the grievance.

The Sheriff or designee may waive the above time limits under extenuating circumstances not to exceed an additional thirty (30) working days.

c. If the grievance indicates a substantial risk of imminent sexual abuse, the grievance will be immediately addressed by the IGC who will provide an initial response within forty-eight (48) hours and a final decision within five (5) days.

2. Upon receipt of the appeal, the Superintendent or his designee:

a. Will request the appropriate records of the investigation from the IGC.

b. May interview the IGC or the inmate.

c. Within thirty (30) working days, will deliver a written response to the IGC and the inmate, which shall be signed by the inmate to verify receipt of the appeal and a copy forwarded to the inmate thereafter.

Prison Rape Elimination Act (PREA) policy states, H. Filing a Grievance / Submitting a Complaint

1. An inmate who alleges sexual abuse may file a grievance at any time without submitting it to a staff member who is the subject of the complaint. The grievance will not be referred to a staff member who is the subject of the complaint. (WCSO 934.02 - Grievances)

a. There shall be no time limit on submitting a grievance alleging sexual abuse.

2. Third parties including staff members, attorneys and outside advocates may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. This policy prohibits the use of inmate interpreters, inmate readers, or other types of assistants except in limited circumstances where 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.

a. 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.

b. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The auditor was given full access to view all grievances since January 2018 to present. During all random interviews with inmates it was confirmed that grievances are readily available. Policy supports compliance with all subparts of the standard requirements.

Finding of compliance is based on the following: The policy, interview with the PREA team access to the grievances, observations on the tour, and randomly requested

inmates all given the auditor sufficient evidence to support a finding of compliance with this standard.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. (b) The facility shall 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. (c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Prison Rape Elimination Act (PREA) policy states,

b. Inmates who are the victims of sexual abuse shall be offered medical and mental health evaluations and treatment services. These evaluations shall include access to Pathways Advocate services, follow up services, treatment plans and referrals for continued care even when the inmate is no longer in the facility. Furthermore, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The inmate handbook addresses the following: **VICTIM SUPPORT SERVICES**

The Worcester County Sheriff's Office partnered with Pathways for Change (former Rape Crisis Center) to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-870-5905.

The Pathways 24 hour Hotline is free, confidential, unmonitored and unrecorded.

The posters visible throughout the facility have the following information:

The WCSO partnered with Pathways for Change (former Rape Crisis Center) to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-870-5905. The Pathways 24 hour Hotlines is free, confidential, unmonitored and unrecorded.

There is an MOU with the Pathways for Change to provide Rape Counseling Services via phone 24 hours a day as well as provide a rape crisis advocate 24 hours a day. A telephone interview with the Director of Community Based Domestic Violence and Sexual Assault Program Operations was conducted on August 29, 2019. The Director confirmed the existence of the MOU and its agreement to provide the properly trained rape counseling services and the properly trained rape crisis advocate. He confirmed that there are two local hospitals that will provide a SANE certified examination.

Randomly interviewed inmates know of the posters and that there is a Rape Crisis Counseling number. Most acknowledged they believed they could get the address if they needed it. Approximately 70% indicated after noticing the phone number and posters, that they are not aware of these services as they have no need for them. Others were able to make educated guesses. Most confirmed they know the phone call

was free of charge to them and would be confidential. As stated, the inmate handbook provides detailed information on these services in addition to the numerous posters observed throughout the tour. This is also included on the health care portion of the orientation received at intake.

Documentation was provided showing that the number has been called nine times since July 2018.

Finding of compliance is based on the following: The interview with the Operations Director for Pathways for Change, PREA Coordinator, observation of the posters throughout the facility, inmate handbook, interviews with the randomly selected inmates and review of policy and the MOU all support strong evidence of compliance with this standard.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Prison Rape Elimination Act (PREA) policy states,
All WCSO staff, contractors and volunteers shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The inmate handbook provides this information. Poster and other written materials provided to the inmate population provide this information. The auditor found the information on the following webpage providing information on how to report an allegation: <https://worcestercountysheriff.com/facility/prea/>. As noted, one investigation was generated from a third-party family member of an inmate.

Finding of compliance is based on the following: Policy, webpage and review of the investigation all provide evidence that the facility is compliant with the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b) 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 agency policy, to make treatment, investigation, and other security and management decisions. (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Prison Rape Elimination Act (PREA) policy states,

1. All allegations and incidents of sexual assault or harassment on inmates shall be immediately reported by staff to the Senior Shift Officer.

a. All WCSO staff, contractors and volunteers shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

b. Failure to report these allegations or incident by staff may result in disciplinary action up to and including termination.

2. During non-business hours, the Senior Shift Officer shall contact the Superintendent or his designee, and Special Services Investigations Department regarding an allegation or incident of sexual assault or harassment.

C. Intervention / Medical and Mental Health Services

- 1. The Senior Shift Officer shall immediately be notified in the event of a sexual abuse incident or allegation.*
- a. The Senior Shift Officer will complete the PREA incident form (Attachment 4) attach it to an email and send to: preaalert@sdw.state.ma.us*
- b. The Senior Shift Officer will notify the Assistant Superintendent of Operations.*
- D. Investigations / Evidence*
 - 1. The Special Services Division will investigate all allegations of sexual abuse and sexual harassment, including third party reports of sexual abuse and sexual harassment.*
- c. Upon initiation of services, medical providers shall inform the inmates of their duty to report and the limitation of confidentiality unless otherwise precluded by law.*

In addition to policy quoted above, the response plan ensures that all allegations are reported to the investigators. Interview with the investigators confirmed they have been notified of all allegations of sexual harassment and sexual abuse. They indicate they would also be notified of any allegations of retaliation or staff neglect that led to sexual harassment and sexual abuse (this would also be assessed during the investigation). Staffs use a PREA Incident Form which is generated through email to the PREA Incident team. It also triggers a second form be completed when the victim is moved to segregation (copy of the form provided to the auditor).

All interviews with randomly selected staff and medical/mental health staff confirmed without hesitation that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation would be immediately reported via a PREA Incident Form. They indicated they would report to the shift commander, while notifying their immediate supervisor. All staff interviews confirmed that confidentiality regarding the situation would be maintained. Review of the investigations supported compliance with this requirement, noting that investigations were generated from inmate reports to staff and mental health staff. Limits on confidentiality were also observed on a laminated paper in the office used for mental health interviews, providing further evidence that this is discussed by mental health during encounters with inmates.

As stated, there are no inmates housed in this facility under the age of 18. The Elder Abuse <https://www.mass.gov/reporting-elder-abuse-neglect> states Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community.

Finding of compliance is based on the following:
Evidence supported that staff operates under the premise that any allegation that appears to be regarding sexual abuse or sexual harassment is reported to the shift supervisor and onto the investigators immediately. Documentation reviewed and interviews conducted showed that an investigation is initiated typically no later than the next day.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Prison Rape Elimination Act (PREA) policy states,
The Department shall take immediate action when an inmate is at substantial risk of imminent sexual abuse.

Interviews with the Superintendent and random staff all indicated that staff have support in the event they believe an inmate is at risk of imminent sexual abuse, that immediate action can and will be taken. The PAQ reports this has not occurred in the previous 12 months. During the audit process, the auditor found no reason to dispute this.

Finding of compliance is based on the following: Interviews with the Superintendent and random staff, in addition to the policy quoted above provides sufficient evidence to support a finding of compliance.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) 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. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Prison Rape Elimination Act (PREA) policy states,

If an allegation is made where a sexual assault took place in another penal institution the WCSO Superintendent will contact the Superintendent or Facility Administrator of the institution that the allegation was made within seventy-two (72) hours either by phone, email or letter. All investigation information will be passed on to the other facility.

The interview with the Superintendent confirmed that if an allegation was received from another facility regarding sexual abuse that occurred at this facility it would be immediately investigated. Also, if an inmate at this facility reported sexual abuse that occurred at another facility, it would be reported to the head of that facility by the Superintendent, within the 72 hours as required by the standard.

PAQ reports that seven allegations were received that inmate was abused while confined at another facility and one allegation was received from another facility that an inmate had experienced sexual abuse at this facility. All were represented in the review of the investigations demonstrating compliance with this standard. In addition, at the request of the auditor, copies of all notifications and a copy of the allegation received was provided to the auditor for review.

Finding of compliance is based on the following: Interviews with the Superintendent, policy, interview with the investigators and review of the investigations and notices provide sufficient evidence to support a finding of compliance with this standard.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) 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: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until

appropriate steps can be taken to collect any evidence; (3) 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 (4) 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. (b) 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.

The PAQ and review of the investigations support that staff have not had to act as a first responder in regards to preserving evidence. Staff has responded to inmate allegations that they had been sexually abused/harassed. All random interviews support that staff are knowledgeable regarding what to do in the event they have to act as the first responder.

Prison Rape Elimination Act (PREA) policy states, C. Intervention / Medical and Mental Health Services

1. The Senior Shift Officer shall immediately be notified in the event of a sexual abuse incident or allegation.

a. The Senior Shift Officer will complete the PREA incident form (Attachment 4) attach it to an email and send to: preaalert@sdw.state.ma.us

b. The Senior Shift Officer will notify the Assistant Superintendent of Operations.

c. The scene shall be secured for possible crime scene processing.

d. The inmate's behavior and appearance shall be noted and documented by the supervisor on scene.

e. A list of potential witnesses shall be compiled by supervisor on scene.

f. Detailed report(s) shall be written with the Senior Shift Officer no later than the end of the shift. (PREA §115.65)

2. The Classification Department shall be notified of the incident or alleged incident.

a. If an inmate alleges that he was sexually abused, the alleged victim and suspected abuser shall be separated. If the alleged attack happened within a time frame that will allow for the collection of evidence, a request will be made to the alleged victim to refrain from taking any actions that could destroy physical evidence. Steps shall be taken to preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

b. The inmate who is suspected of sexually abusive behavior shall be placed in a special management unit, a dry cell or the medical unit pending investigation.

The auditor also reviewed the training curriculum which reiterated this process as stated in the policy.

Finding of compliance is based on the following: The Auditor found the policy, training curriculum, staff interviews all provide evidence to support a finding of compliance. The auditor found no reason to dispute that no occurrence requiring staff to act as first responders has occurred in the previous twelve months during the audit process.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

RESPONSE PLAN FOR SEXUAL ASSAULT is a five page document highlighting the specific actions to be taken in the event of an incident of sexual abuse. It includes an Inmate Sexual Assault Checklist and a Notification List. It coordinates responses among staff first responders, medical and mental health practitioners, investigators, and facility leadership

It is a Coordinated Response Plan specific to Worcester Jail and House of Correction detailing the information in the policy with who to contact and what to do. The interview with the Superintendent stated knowledge and support of the process and the staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Finding of compliance is based on the following: Review of the policy, coordinated plan, interview with the Superintendent and random staff interviews all provided the auditor with sufficient evidence to give a finding of compliance. The auditor finds the plan to be specific and meaningful.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) 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.

Prison Rape Elimination Act (PREA) policy states,
The Department shall not enter a collective bargaining agreement that limits the Department's ability to remove any staff member who is alleged to be a sexual abuser from contact with inmates during the investigation or limits the level of discipline that is warranted.

Interview with the Superintendent confirmed that there are no obstacles to the disciplinary process in regards to a PREA allegation from the union. Copies of union

contracts were provided to the auditor for review; this review yielded no concerns with being compliant with this standard.

Finding of compliance is based on the following: Review of the policy, agreements with the union, and interviews with the Sheriff all provide sufficient evidence for the auditor to find this standard compliance.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation. (b) The

agency shall 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. (c) For at least 90 days following a report of sexual abuse, the agency 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 shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) In the case of inmates, such monitoring shall also include periodic status checks. (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

PAQ reports that there have been no incidents of retaliation in the past 12 months. During the audit process, the auditor found no evidence to dispute this.

Prison Rape Elimination Act (PREA) policy states, *All staff with inmate contact shall be trained in the following: The rights of staff and inmates to be free from retaliation for reporting sexual abuse and /or sexual harassment.* It further states, *m. For at least ninety (90) days following a report of sexual abuse, all Assistant Deputy Superintendents along with the PREA coordinator 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 shall act promptly to remedy any such retaliations. Items the PREA coordinator should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.*

1) In the cases of inmates, such monitoring shall also include periodic status checks performed by the PREA coordinator utilizing the PREA Retaliation Review form (Attachment 8).

The auditor was provided with the documentation used to support that retaliation monitoring has occurred. Twenty-eight examples were provided. One page is used for every 30 day evaluation conducted on each individual.

The Superintendent was interviewed regarding retaliation. He affirmed a strong commitment to ensure that no retaliation occurs if an allegation of sexual abuse and sexual harassment is made. Any Assistant Deputy Superintendent to include the investigator and the PREA Coordinator are tasked with completing the retaliation monitoring. In their interviews, they indicated they interview the complainant at regular intervals, monitor phone calls, review work and programming assignments and document their efforts. They state the monitoring will occur for up to 90 days, longer if needed. A detailed form is an attachment to the SHARPP policy (Attachment 5). The

auditor reviewed the retaliation monitoring forms when reviewing investigations. On all occasion monitoring did not occur up to 90 days as the inmate had left the facility. Monitoring was initiated at the time of the complaint. The monitoring included checking on staff where relevant. There were no inmates currently housed at the jail that had previously initiated a sexual abuse or sexual harassment allegation and therefore were not available to be interviewed.

Finding of compliance is based on the following: Policy, retaliation monitoring form, interviews with the Superintendent, and investigations and review of completed retaliation monitoring forms all support a finding of compliance with this standard.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

Prison Rape Elimination Act (PREA) policy states, Prison Rape Elimination Act (PREA) policy states, 7. *Inmates shall be segregated from others only as a last resort when less restrictive measures are inadequate to keep them and others safe.*

a. *Inmates who are segregated shall receive the opportunity to exercise daily and shall receive any legally required educational programming. Segregated inmates shall also receive daily visits from a medical or mental health clinician and shall have access to other programs and work details to the extent that is operationally possible. (WCSO 942.00 - Classification) If the WCSO restricts access to programs, privileges, education, or work opportunities, the WCSO shall document the following:*

- ☐ *The opportunities that have been limited;*
- ☐ *The duration of the limitation; and*
- ☐ *The reasons for such limitations.*

b. *The facility shall assign inmates to involuntary segregation housing only until alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.*

c. If involuntary segregation housing assignment is made the WCSO shall document the following:

- ☐ The basis for the facility's concern for the inmate's safety; and
- ☐ The reason why no alternative means of separation can be arranged.

d. Every 30 days, the WCSO shall afford each inmate a review to determine whether there is a continued need for separation from the general population. The classification department will complete the 30 day assessment using page 2 of the PREA Incident Form (Attachment 4).

e. Any use of segregation housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to all above requirements.

PAQ indicates that no inmate had been placed in restrictive housing due to being a high risk for sexual victimization after having suffered sexual abuse. During the audit process, the auditor found no reason to dispute this.

Finding of compliance is based on the following: Policy, the PAQ and interviews all support a finding of compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes
☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes
☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall 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. (f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall 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. (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. (h)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. (l) 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.

Prison Rape Elimination Act (PREA) policy states,

D. Investigations / Evidence

1. The Special Services Division will investigate all allegations of sexual abuse and sexual harassment, including third party reports of sexual abuse and sexual harassment. These investigations shall be conducted promptly, thoroughly and objectively by a PREA trained investigator following U.S. Department of Justice, Office on Violence Against Women National Protocol for Sexual Assault Medical Forensic Examinations, 2d (April 2013). All investigations shall be completed even if the alleged abuser or alleged victim is no longer employed at WCSO or is no longer in its custody.

a. If it is determined that a crime may have been committed, the Special Services Division will contact the Worcester County District Attorney's office and shall begin a cooperative investigation with these agencies.

1) When evidence is collected at an outside hospital, the Investigating Officer(s) shall retain it. If the alleged perpetrator is a staff member, Special Services will contact the District Attorney's Office or local law enforcement agency to retain the evidence.

2) When the quality of the evidence appears to support criminal prosecution, compelled interviews will not be conducted without consulting with the District Attorney's office or local law enforcement.

3) Any potential witnesses shall be interviewed in an attempt to corroborate the victim's statement or to identify suspect(s). Steps shall be taken to stop any retaliatory action including changing housing units or accelerated classification for possible transfer.

4) Credibility of an alleged victim shall be assessed on an individual basis and not determined by the person's status as inmate or staff; furthermore, WCSO shall not compel 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.

5) The Special Services Division shall be trained to properly conduct sexual abuse complaints and will properly use Miranda and Garrity warnings. Investigators shall gather and preserve direct, circumstantial and DNA evidence and shall interview alleged victims, suspected perpetrators and witnesses. A review of prior complaints involving the suspected perpetrator shall be conducted.

6) The Special Services Division shall complete a written report, including a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and the investigative findings.

7) Criminal investigations conducted by the Special Services Division shall include a written report that includes a thorough description of physical, testimonial and documentary evidence and shall have all documentary evidence attached when feasible.

b. The Special Services Division shall use a preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated.

c. The Special Services Division shall make an effort to determine whether staff actions or failures to act contributed to the abuse.

d. All reports referenced in this section shall be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

e. Staff is prohibited from revealing any information related to sexual abuse to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Investigations are conducted by the Special Services staff. If they involve an allegation against staff it is investigated by Internal Affairs. The following had occurred during the previous 12 months. There were 74 investigations total in a 12-month period (July 1, 2018 to June 30, 2019). Of those thirty-two (32) were deemed to not meet the definition of PREA allegations (in accordance with definitions established by the standards). Many were documented but the reported incident had occurred years ago and no investigation could be launched. Seven (7) were reported about incidents that occurred at other facilities (notifications were sent as required).

The auditor reviewed twenty investigations closely. It yielded the following assessment:

Three (3) staff on inmate sexual abuse allegations

Three (3) staff on inmate sexual harassment allegations

Five (5) inmate on inmate sexual abuse allegations

Nine (9) inmate on inmate sexual harassment allegations

Zero retaliation allegations however one allegation was received by the auditor during the audit and was forwarded to the PREA Manager for follow up action (the case had been deemed unfounded).

One investigation was deemed substantiated, twenty-three (23) were deemed unsubstantiated, six were deemed unfounded. The auditor reviewed the appropriate notifications and monitoring retaliation documentation where it was warranted.

Investigations demonstrated investigations initiated due to a report from another correctional institution, third party report, inmate reports to staff, inmate reports to mental health staff, reports made to the hotline, third party allegation, and reports made by the grievance system.

Interviews with the investigators all confirmed that they are contacted immediately, they have been appropriately trained regarding the collection of evidence, they consult with

the District Attorney when the allegation appears criminal, credibility of witnesses is based on facts, not their status of staff or inmate, a review of staff actions is made with every investigation, allegations are deemed substantiated or unfounded based on a preponderance of the evidence, at this point all reports are retained for ten years in accordance with the State of Massachusetts retention schedule, and the investigation continues even if there is a departure of staff or the inmate involved.

Finding of compliance is based on the following: Policy and the interviews with the investigations, in addition to review of the investigations all support a finding of compliance with all requirements of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Prison Rape Elimination Act (PREA) policy states, *The Special Services Division shall use a preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated.*

Finding of compliance is based on the following: Policy, investigations, interviews, and training curriculum all support a finding of compliance.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered **sexual abuse** in an agency facility; does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of **sexual abuse** in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been **sexually abused** by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been **sexually abused** by another inmate, does the agency subsequently inform the alleged victim whenever: The agency

learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) All such notifications or attempted notifications shall be documented. (f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Prison Rape Elimination Act (PREA) policy states, Prison Rape Elimination Act (PREA) policy states,

Response to Investigation, Notification, Review Panel, etc.

a. The Special Services Division will produce an investigative report within thirty (30) days of the incident unless the time is extended by the Superintendent or the PREA Coordinator.

2. Following an investigation into an inmate's allegation that the inmate suffered sexual abuse, the agency shall inform the inmate as to whether the allegation has been

determined to be substantiated, unsubstantiated, or unfounded. (Notice of PREA Findings – Attachment 9)

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

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

1) The staff member is no longer posted within the inmate's unit;

2) The staff member is no longer employed at the facility;

3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

b. Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

c. All such notifications or attempted notifications shall be documented. (Inmate Notification (Inmate) – Attachment 10 or Inmate Notification (Staff) – Attachment 11)

d. An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The auditor reviewed copies of all notification forms when reviewing investigations; the notification forms (attachments to the policy) meet all aspects required by the standard. Interviews conducted with the Superintendent and the investigators all confirmed that notifications are issued in accordance with the standard.

Finding of compliance is based on the following: Review of policy, notification forms, actual notifications and interviews with the Superintendent and investigators all provide evidence of compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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. (d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

PAQ states that no staffs have been disciplined for perpetrating sexual abuse or sexual harassment. Review of the investigations and staff who were randomly questioned during the audit support this fact. The auditor found no reason to dispute this.

Prison Rape Elimination Act (PREA) policy states,

Any staff member who violates this policy (PREA) will be the subject of disciplinary action up to and including termination and any other appropriate action necessary to ensure that such activity does not occur again. Termination will be the presumptive disciplinary sanction for staff involved in sexual abuse of inmates.

E. Allegations Against Staff, Contractors or Volunteers

1. Any staff member who is accused of sexually abusive behavior shall be placed on "no inmate contact" status or administrative leave pending an investigation. Staff members who are contractors or volunteers shall be barred from the facility until the completion of the investigation.

a. All WCSO staff, contractors, or volunteers shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

b. If the investigation determines that any staff member retaliated against staff or an inmate for reporting sexually abusive conduct, they will be disciplined up to and including termination.

Finding of compliance is based on the following: The policies, review of investigations and random inquiries support that no staff have been disciplined for violating the PREA policy, but they would be in the event of such behavior including termination, referral for prosecution and referral to any relevant licensing board.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

The standard has the following requirements: (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. (b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

PAQ states that no contractors or volunteers have been reported to law enforcement and/or relevant licensing bodies. During the audit process, the auditor found no reason to dispute this fact. The Superintendent was interviewed regarding what action could and would be taken in the event concerns arose regarding a contractor or volunteer. He responded that they would be removed pending the investigation, and during or after the results of the investigation, if substantiated and criminal, it would be referred to the District Attorney and any relevant licensing bodies.

Prison Rape Elimination Act (PREA) policy states,
E. Allegations Against Staff, Contractors or Volunteers

1. Any staff member who is accused of sexually abusive behavior shall be placed on "no inmate contact" status or administrative leave pending an investigation. Staff members who are contractors or volunteers shall be barred from the facility until the completion of the investigation.

a. All WCSO staff, contractors, or volunteers shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

b. If the investigation determines that any staff member retaliated against staff or an inmate for reporting sexually abusive conduct, they will be disciplined up to and including termination.

Finding of compliance is based on the following: Based on the statistic provided, policy, review of investigations and interview with the Superintendent, the auditor finds sufficient evidence to support a finding of compliance.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

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

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.(b) 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. (c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (d) 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. (e) 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. (f) 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. (g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Prison Rape Elimination Act (PREA) policy states, *The Department will take appropriate disciplinary action against an inmate who makes false allegations or material statements that he could not have believed in good faith were true.* 943.00 Inmate Rules and Discipline supports that) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse and it reflects that 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. 932.13 Mental Health Services and Suicide Prevention outlines how a team consisting of the Assistant Superintendent of Operations, Director of Nursing, Director of Mental Health (and other relevant staff) meet three times a week to review inmates with mental health needs and their discipline, including how the mental illness may have contributed to the behavior and the how sanctions may impact negatively on the inmate's status.

The interview with the Superintendent supported that inmates will be disciplined and it is 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.

Finding of compliance is based on the following: Policies, interview with the Superintendent, all provide sufficient evidence for the auditor to support a finding of compliance.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-

up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b) If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. (c) If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (d) 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. (e) Medical and mental health practitioners shall 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.

Subpart (a) and (b) are not applicable to this facility as it is a jail.

Prison Rape Elimination Act (PREA) policy states,
Inmates identified through self-reports or medical reports as having a history of sexual abuse victimization and/or at risk of being a victim of inmate sexual abuse shall be referred to a mental health clinician for assessment, monitoring and counseling.

Intake at this facility is also conducted by a nurse and mental health staff immediately upon arrival. Therefore, the referral to mental health is immediate and automatic if an inmate reports prior victimization. The interview with the Mental Health Director confirmed that referrals are made; evaluations are completed within 14 days for those inmates requiring it, quite typically much sooner.

Interviews with this intake nurse, the Health Services Administrator and the Mental Health Director confirm that informed consent will be obtained prior to reporting sexual abuse that did not occur in the jail. As stated, there are no inmates under the age of 18 years old at this facility. These interviews also confirmed that 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, housing, bed, work, education, and program assignments.

Finding of compliance is based on the following: Interviews and policy support a finding of compliance. During the audit process, interviews with staff confirmed that staff operates on a need-to-know basis. The records regarding sexual victimization are secured electronically and access to this information is controlled.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) 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. (b) 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 shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. (c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (d) Treatment services shall be

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

Prison Rape Elimination Act (PREA) policy states, *The alleged inmate victim shall be taken to the Main Jail Medical Unit or the Modular Medical Unit for emergency medical care and mental health treatment.*

a. Inmates who are possible victims of sexual abuse shall be offered tests for sexually transmitted diseases as needed.

1) The tests cited shall be offered regardless of whether the inmate cooperates with an investigation.

d. A medical staff member shall evaluate and document the extent of the physical injury and provide emergency treatment as needed.

e. A determination of possible referral to an outside hospital with a rape crisis unit shall be made by the medical staff.

1) If the determination is made that the inmate should be sent to an outside hospital and the inmate victim consents, the alleged victim shall be sent to St. Vincent's Hospital. At St. Vincent's hospital the inmate will meet with a Sexual Assault Nurse Examiner (SANE) program where he will receive preventative treatment.

f. Upon return from the outside hospital, the inmate victim shall be brought to the HOPE unit for appropriate follow up care including a mental health screening from the Mental Health staff. If after normal business hours the medical staff will conduct the screening and alert the Mental Health staff for follow up as soon as possible.

g. If the inmate victim is at risk of harming himself, he will be seen immediately by the Mental Health staff. Otherwise, the inmate shall be seen no later than the next business day.

h. The inmate shall be allowed to refuse rape crisis intervention treatment. In such cases, the mental health staff shall attempt to discuss the options that the inmate has to receive treatment. If this discussion is unsuccessful, a Refusal of Treatment form (Attachment 7) shall be signed by the inmate.

i. Provisions shall be made for testing for sexually transmitted diseases.

j. The Department will attempt to maintain a memorandum of understanding with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

k. This facility does not currently house female inmates, but does on occasion transport them for numerous reasons. It should be noted that if:

1) An inmate is the victim of sexually abusive vaginal penetration while incarcerated they shall be offered pregnancy tests and if pregnancy results the alleged sexual abuse,

such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (PREA §115.83 (d-e))

I. All services provided to an alleged victim shall be done at no cost to the alleged victim, regardless of whether they cooperate with the investigation or name their alleged abuser.

The interview with the HSA confirmed that inmates will be provided timely, unimpeded access to emergency medical treatment.

Finding of compliance is based on the following: Policy and interview with the HSA confirm that inmates will be provided the appropriate emergency treatment as required by the standard. The PAQ indicates there have been no instances where this has occurred; the auditor found no reason to dispute this during the audit process.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The facility shall 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. (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care. (d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. (e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (h) All prisons shall 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.

Prison Rape Elimination Act (PREA) policy states, *Inmates who are the victims of sexual abuse shall be offered medical and mental health evaluations and treatment*

services. These evaluations shall include access to Pathways Advocate services, follow up services, treatment plans and referrals for continued care even when the inmate is no longer in the facility. Furthermore, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Upon return from the outside hospital, the inmate victim shall be brought to the HOPE unit for appropriate follow up care including a mental health screening from the Mental Health staff. If after normal business hours the medical staff will conduct the screening and alert the Mental Health staff for follow up as soon as possible.

If the inmate victim is at risk of harming himself, he will be seen immediately by the Mental Health staff. Otherwise, the inmate shall be seen no later than the next business day.

The inmate shall be allowed to refuse rape crisis intervention treatment. In such cases, the mental health staff shall attempt to discuss the options that the inmate has to receive treatment. If this discussion is unsuccessful, a Refusal of Treatment form (Attachment 7) shall be signed by the inmate.

Provisions shall be made for testing for sexually transmitted diseases.

All services provided to an alleged victim shall be done at no cost to the alleged victim, regardless of whether they cooperate with the investigation or name their alleged abuser.

Interviews with the HSA and Mental Director support that inmates sent outside for medical treatment do receive medical care consistent with community level of care. They ensure that victims would be offered tests for STDs. All this would be at no cost to the inmate, even if they did not cooperate with the investigation. There has been no incident which would warrant follow up treatment in the previous twelve months. The auditor found no reason to dispute this during the audit process.

Finding of compliance is based on the following: Based on policy and the statements made by the HSA and Mental Health Director, the auditor finds sufficient evidence to support a finding of compliance with the requirements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The standard has the following requirements: (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation. (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Prison Rape Elimination Act (PREA) policy states,
A Critical Incident Review Committee shall be formed after the investigation is complete and will review the incident to conduct a critical assessment of the Department's response. The Superintendent shall select the members of this Committee. The Review Board will review the case and make a critical assessment of the facility's response. A report of the Panel's findings and recommendations will be submitted to the Superintendent for appropriate action.

The facility uses a review form which addresses all aspects of the standard requirements. The auditor requested and received the last five incident reviews. The facility conducts reviews of all investigations, not just those involving sexual abuse which was substantiated or unsubstantiated during their monthly meetings. The auditor interviewed many PREA Incident Review Team members: Superintendent, PREA team, Mental Health Director, Health Services Administrator, and investigators. They all demonstrated their commitment to this process. Although not deemed to be non-compliant, the auditor requested that the PREA incident Review form be enhanced to ensure that all five required areas are affirmatively reviewed. The facility complied and provided the auditor with an updated form within three days of the request.

Finding of compliance is based on the following: Interviews with the incident team members, review of the completed incident review forms which correlated to the investigations and the policy all provide sufficient evidence to support a finding of compliance with this standard.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?
☒ Yes ☐ No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) The agency shall aggregate the incident-based sexual abuse data at least annually. (c) The incident-based data collected shall 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. (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Prison Rape Elimination Act (PREA) policy states, *Data Collection / Analysis*

- 1. The Special Services Division shall collect accurate, uniform data for every allegation of sexual abuse. This data will be maintained for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise*
- 2. The WCSO shall review the data on these allegations at least annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.*
 - a. The WCSO will prepare an annual report of its finding and corrective actions for the facility. This report shall be approved by the Superintendent and be made available to the public through its website.*
- 3. The Special Services Division shall make all aggregated sexual abuse data readily available to the public at least annually through the WCSO website.*
- 4. Documentation of all incidents or allegations of sexually abusive behavior shall be recorded to ensure a source for historic data.*
- 5. A list of all known victims and predators shall be developed and monitored by the Classification division.*
- 6. A procedure to monitor the behavior of known victims and predators shall be developed.*

The auditor found the Annual Report for 2019 on the facility webpage. The Superintendent confirmed he approved it prior to publishing. The Annual Report is a 4-page report with detailed information demonstrating transparency and attention to trends. It is dated January 2019; it has statistics (aggregate the incident-based sexual abuse data) comparing 2018 to 2017. A concluding paragraph with recommendations is provided. The conclusion was to continue to be proactive with training and activities that reinforce the facility's commitment to zero tolerance to any sexual abuse or sexual harassment towards inmates. . The SSV was last requested by the DOJ was for 2014.

Finding of compliance is based on the following: As demonstrated by policy, the annual report, and interview with the Sheriff and PREA Coordinator, the facility is in compliance with this standard.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. (b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. (c) The agency's report shall be 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. (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Prison Rape Elimination Act (PREA) policy states, *Data Collection / Analysis*

- 1. The Special Services Division shall collect accurate, uniform data for every allegation of sexual abuse. This data will be maintained for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise*
- 2. The WCSO shall review the data on these allegations at least annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.*
 - a. The WCSO will prepare an annual report of its finding and corrective actions for the facility. This report shall be approved by the Superintendent and be made available to the public through its website.*
- 3. The Special Services Division shall make all aggregated sexual abuse data readily available to the public at least annually through the WCSO website.*
- 4. Documentation of all incidents or allegations of sexually abusive behavior shall be recorded to ensure a source for historic data.*
- 5. A list of all known victims and predators shall be developed and monitored by the Classification division.*
- 6. A procedure to monitor the behavior of known victims and predators shall be developed.*

The Annual Report was reviewed. No redactions were required however per the interview with the PREA team confirms that any information that would reveal an identity would be redacted. The report is found at the following:

<https://worcestercountysheriff.com/facility/prea/>.

It includes a comparison of data to the previous year.

Finding of compliance is based on the following: As stated, interviews with the Superintendent, PREA team and review of the report found on the website all provide evidence to support a finding of compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes
☐ No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The standard has the following requirements: (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained. (b) The agency shall 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. (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d) The agency shall 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.

Prison Rape Elimination Act (PREA) policy states, *Data Collection / Analysis*

1. The Special Services Division shall collect accurate, uniform data for every allegation of sexual abuse. This data will be maintained for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise

2. The WCSO shall review the data on these allegations at least annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

a. The WCSO will prepare an annual report of its finding and corrective actions for the facility. This report shall be approved by the Superintendent and be made available to the public through its website.

3. The Special Services Division shall make all aggregated sexual abuse data readily available to the public at least annually through the WCSO website.

4. Documentation of all incidents or allegations of sexually abusive behavior shall be recorded to ensure a source for historic data.

The Auditor reviewed the State of Massachusetts retention schedule updated June 2018. It supports that Inmate Investigation Records are retained for 10 years. Interviews with the investigators and PREA team indicate that all data is retained securely and in accordance with this requirement.

Finding of compliance is based on the following: Policy and the Retention schedule confirm compliance with the standard in addition to the interviews with the investigators and PREA Team.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

See comments supporting compliance throughout the report.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The previous PREA Audit report from July 2016 is located on the agency website noted in this report.

AUDITOR CERTIFICATION

I certify that:

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

Amy J. Fairbanks
Auditor Signature

August 29, 2019

Date