

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b>		<b>Hampshire Sheriff's Office - Regional Lock Up Facility</b>	
<b>Physical address:</b>		205 Rocky Hill Rd. Northampton, MA 01060	
<b>Date report submitted:</b>		June 19, 2015	
<b>Auditor Information: Amy Fairbanks</b>			
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<b>Date of facility visit:</b>		June 12, 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b> P. O. Box 7000 Northampton, MA 01061			
<b>Telephone number:</b>			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Sheriff	<input type="checkbox"/> Court Holding <input type="checkbox"/> Other
<b>Name of PREA Compliance Manager:</b> Bryan Luszczki		<b>Title:</b>	Lieutenant
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<b>Agency Information</b>			
<b>Governing authority or parent agency:</b>		Commonwealth of Massachusetts	
<b>Agency Chief Executive Officer</b>			
<b>Name: Robert J. Garvey</b>		<b>Title:</b>	Sheriff
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# AUDIT FINDINGS

## **NARRATIVE:**

On June 12, 2015, an audit was conducted at the Hampshire County Sherriff's Regional Lock Up Facility to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on June 12, 2015. The following areas and operations were visited and observed: detainee holding areas, and booking operations.

Documents reviewed for this audit included the completed PREA questionnaire, policy, contracts, training curriculums, staff training records, personnel files, contract/volunteer training records, logbooks, meeting minutes, sexual abuse & harassment complaints, accreditation reports (ACA & NCCHC), and population reports for the previous twelve months. Camera monitoring operations were also examined. There is a policy and procedure entitled, Regional Lock Up Facility which addresses operations in the Regional Lock Up Facility. However, policies from the Hampshire Sheriff's Office are adopted and also address operations pertaining to PREA standards for this facility.

This audit was conducted in conjunction with the Hampshire County Sherriff's Jail and House of Correction. Staffs work at both facilities. Formal staff interviews were scheduled through random selection of staff from rosters provided by the staff prior to the audit. They were conducted with the following: The Sheriff, Major, PREA compliance manager/PREA coordinator (Captain and a Lt. who will be assuming the duties) medical staff (Health Services Administrator, RN, and contractual mental health provider), human resources coordinator, corrections officers/sergeants from all areas of the jail and shifts, including special management housing, one investigator, one classification staff, the booking officer and one food service staff.

One inmate interview was conducted. The facility was not in operation at the time of the audit; however, he had come through the lock up facility two days earlier. Video of night shift activities were observed.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit. No letters were received from lock up detainees prior to the audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Hampshire County Sheriff's Regional Lock Up Facility houses up to 24 detainees in single cell holding areas. There is an admission area that has one room with a bed, two holding areas. It is in operation from 5:00pm to 9:00am. For the previous twelve months, 1358 were housed overnight. One of four wings, one is designated for females (six cells). Cameras are in each cell however, they have been modified to not show detail when detainees are using toilet facilities. Cameras cover all activities from arrival to placement in the cell. No youthful offenders are housed here.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 1

Number of standards met: 30

Number of standards not met: 0

Number of standards not applicable: 2 115.112, 115.114

**Standard number here**      **§115.111 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) written policy – abuse & harassment, outlines prevention, detection & response

(b) upper level agency wide PREA coordinator

**Policy & Procedure Regional Lock Up Facility addresses the requirement of zero tolerance. The facility adopts the HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking which outlines prevention, detection and response to sexual abuse and harassment allegations. The Captain is the designated facility PREA manager. Three staffs also assist him with ensuring compliance with these standards.**

**Standard number here**      **§115.112 - Contracting with other entities for the confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) new contracts PREA requirements with private agency

(b) new contract, contract monitoring included

**This standard is not applicable to this facility as they do not have contract for the confinement of inmates with private agencies.**

**Standard number here**      **§115.113 – Supervision and Monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) staffing plan – adequate levels, video monitoring, includes physical layout, composition of population, prevalence of incidents, other
- (b) document deviations
- (c) annual review : staffing plan, staffing patterns, video monitoring, resources
- (d) heightened monitoring for vulnerable detainees

**In addition to Policy & Procedure Regional Lock Up Facility, the facility adopts the HSO policies 2.1.2 Workload HSO requirements/Shift Relief Factor and 2.1.4 Around the Clock Supervision and Staff/Inmate Interaction which address the requirements of this standard. Essential positions have been established. A shift relief factor is utilized. Overtime is and has been authorized to ensure that staffing levels do not go below minimum required essential positions. Staffing is reviewed each shift and an analysis conducted annually, which addresses PREA protection. Deviation from the staffing roster is documented. Review of documentation, staff and inmate interviews support compliance with unannounced rounds.**

<b>Standard number here</b>	<b>§115.114 – Juvenile and Youthful Detainees</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
  - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - Does Not Meet Standard (requires corrective action)
- (a) Held separately from adults

**N/A no youthful offenders. 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 finding was supported by the tour, interviews and review of documentation.**

<b>Standard number here</b>	<b>§115.115 – Limits to Cross-Gender Viewing and Searches</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Only exigent circumstances for cross gender strip or cavity
- (b) Document cross gender strip searches, and cross gender visual cavity searches
- (c) Detainees can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit
- (d) Transgender not searched for sole purpose of determining genital status.
- (e) Train security staff in cross gender pat down and transgender/intersex detainees

**Policy/procedure Regional Lock Up Facility requires that detainees can shower, perform bodily functions, and change clothes without being viewed by opposite gender staff. Opposite gender staffs announce their presence. The facility adopts HSO 2.3.3 Inmate Search/Pat Searches/Strip Search policy and procedure which addresses the remaining requirements of this standard.**

<b>Standard number here</b>	<b>§115.116 – Detainees with Disabilities and Detainees who are Limited English Proficient</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Disabilities (including hard of hearing, blind) intellectual, psychiatric or speech have equal opportunity, including written materials
- (b) Agency takes reasonable steps, including interpreters
- (c) Not rely on detainee interpreters (unless limited circumstances)

**HSO 4.3.1 Access to Care, Initial Medical Screening addresses the requirements of this standard. There are services available to translate. There is a plan in place to assist inmates who are blind, hearing impaired, mentally ill or disabled. Interviews support compliance with not using other inmates to interpret for sensitive issues unless it is an emergency.**

<b>Standard number here</b>	<b>§115.117 – Hiring and Promotion Decisions</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Not hire employee or contractor who has engaged in abuse, convicted of sexual activity by force, civilly or administratively adjudicated
- (b) Shall consider incidents of sexual harassment
- (c) Before hiring perform back ground checks, check references
- (d) Including contractors
- (e) Background check every five years
- (f) Ask applicants about previous misconduct described and impose continuing affirmative duty

- (g) Omissions grounds for termination
- (h) Agency provides information to other in accordance with law

**This is addressed in HSO 7.2.3 Internal Affairs/Background Check. The interview with the Human Resources coordinator supports the finding of compliance. Contract staff at this facility include the mental health professional. Documentation was provided for randomly selected staff which showed compliance with background checks and continuing duty to report. Background checks are conducted yearly, therefore exceeding the standard.**

<b>Standard number here</b> §115.118 – Upgrades to Facilities and Technology
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) New facility or expansion or modification
- (b) Installing video monitoring

**There have been no facility expansions, or modifications. As noted, cameras cover all areas of the operation from entrance to placement in the cell to release. Additional cameras have been installed. There are numerous cameras currently in strategic locations to view most areas of activity and movement. They are not located where they would violate inmate privacy.**

<b>Standard number here</b> §115.121 – Evidence Protocol and Forensic Medical Examinations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence
- (b) Protocols appropriate for youths
- (c) Offer forensic medical exams (no costs), document efforts if they cannot
- (d) Permitted to use victim advocate if available at outside hospital
- (e) Request investigating agency follow the requirements
- (f) Includes State entity or DOJ

**This is addressed in policy HSO 6.3.2 Criminal & Administrative Investigations. There are SANE staffs available at the hospital in the community – Cooley-Dickinson; a MOU is in place to support this. There is also a MOU with Rape Crisis Hotline in effect through April 2016. The agency conducts both administrative and criminal investigations regarding sexual abuse/harassment. There have been no investigations regarding the lock up facility.**

<b>Standard number here</b>	<b>§115.122 – Policies to Ensure Referrals of Allegations for Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Agency ensure administrative or criminal investigation completed for all allegations
- (b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented
- (c) State entity shall have a policy governing conduct of these investigations
- (d) DOJ

**This is addressed in HSO 6.3.2 Criminal & Administrative Investigations. Staff interviews and review of investigation documents for the jail support compliance with this standard. There have been no PREA investigations initiated since the implementation of the standards at this lock up operation.**

<b>Standard number here</b>	<b>§115.131 – Employee and volunteer Training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Train all employees and volunteers with contact with inmates on six elements (zero tolerance, dynamics of abuse, right to be free from retaliation, how to detect & respond, communicate effectively & professionally w/detainees, comply with mandatory reporting)
- (b) Current employees trained within one year
- (c) Document that employees understand the training they received.



The requirements of this standard are addressed in the following policies: HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking, HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment, 7.2.5 Employee, Contractor & Volunteer Orientation, and HSO 4.4.14 Administrative Responses for Inmate Report of Sexual Assault/Harassment. In addition, the training curriculum addresses all requirements of this standard. Staff receive the training annually. Acknowledgements demonstrate that employees' signature indicate they are responsible for the information in the training. Staff interviews revealed that staff is knowledgeable regarding the requirements of the PREA standards.

<b>Standard number here</b>	<b>§115.132– Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Intake process notify of zero tolerance
- (b) Upon entering the lock up, contractors & inmates who work in the lock up are informed of the zero tolerance

**HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking and HSO 7.2.5 Employee, Contractor & Volunteer Orientation address the requirements of this standard. There are 67 volunteers/contractors at this facility. Acknowledgements show that volunteer/contractors' signature indicates they are responsible for the information provided in the training. An interviews with one contract staff supports that contract staff receive and are knowledgeable regarding the PREA standards.**

<b>Standard number here</b>	<b>§115.34 – Specialized Training: Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Investigators have received special training
- (b) Includes techniques for interviewing abuse victims, Miranda and Garrity, sexual abuse evidence collection, criteria to substantiate, administrative and prosecution referral
- (c) Documentation they have completed the training

(d) State and DOJ investigators provided training

**Requirements of this standard are addressed in HSO 7.2.17 Specialized Training PREA Investigators. The facility has four investigators. Documentation and interviews support compliance with the requirements.**

<b>Standard number here</b> <b>§115.141 – Screening for Risk of Victimization and Abusiveness</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Lock up facilities using holding cells, not for overnight confinement determine if detainee is high risk
- (b) If confined overnight, detainee is screened
- (c) Detainee is asked about his/her own perception of vulnerability
- (d) Considers five areas (mental, physical, or developmental disability, age, physical build and appearance, previous incarceration, nature of alleged defense & criminal history).

**Policy & Procedure Regional Lock Up Facility addresses the requirement of this standard. A screening form is used that utilized the required elements. This is completed upon arrival.**

<b>Standard number here</b> <b>§115.151 – Detainee Reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Multiple internal ways to privately report abuse, harassment, retaliation or staff neglect
- (b) One method to report to public or private entity, able to receive and forward immediately
- (c) Staff shall accept verbal, writing, anonymous and third parties immediately and document
- (d) Agency provides a method for staff to report privately

**Policy & Procedure Regional Lock Up Facility addresses the requirement of this standard as well as HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment. Detainees can report to the hotline for the rape crisis center.**

**Standard number here**      **§115.154 – Third-Party Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Method to receive and distribute publicly information on how to report

**This is addressed in HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment. There is information on how to report as a third party on the facility’s website [www.hampshiresheriffs.com](http://www.hampshiresheriffs.com). There is a brochure available to visitors with this information as well written in English and Spanish. No third reports have been received since the implementation of the PREA standards.**

**Standard number here**      **§115.161 – Staff and Agency Reporting Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Staff required to report immediately knowledge, suspicion or information regarding retaliation or staff neglect
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) If victim is under 18, report to state agency
- (d) All reports to facility’s designated investigator

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment as well as the Reaction Plan #15 Sexual/Abuse Response. Compliance was supported by staff interviews.**

**Standard number here**      **§115.162 – Agency Protection Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Inmate subjected to imminent abuse – immediately action

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. No instances of imminent abuse have occurred but a plan is in place in the event this should occur.**

**No Standard §115.163 – Reporting to Other Confinement Facilities  
number here**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Reporting to another facility
- (b) Within 72 hours
- (c) Documented
- (d) Facility head receives notification that investigation

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. No reports have been sent or received from other facilities in the previous 12 months.**

**Standard §115.164 – Staff First Responder Duties  
number here**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) First security staff required to , separate, preserve, collect victim, collect abuser
- (b) If not security, staff required to request alleged victim not destroy physical evidence then notify security staff

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. Based on interviews, staffs are knowledgeable regarding the how to respond.**

**Standard number here**      **§115.165 – Coordinated Response**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Institutional plan (1<sup>st</sup> responder, medical/mental health, investigator, leadership). Receiving facility informed if victim transferred.

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. Staff interviews support compliance demonstrating knowledge of how to respond if presented with a PREA incident.**

**Standard number here**      **§115.166 – Preservation of ability to protect detainees from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Collective bargaining new contract limiting agency's ability
- (b) This standard doesn't restrict discipline and no-contact assignment

**Union contracts do not preclude staff from restricting contact with detainee making allegations.**

**Standard number here**      **§115.167 – Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Policy protects detainees and staff who report or cooperate with the investigation are protected from retaliation, designate a staff person to monitor
- (b) Agency employs multiple protection measures
- (c) Monitor for retaliation
- (d) If fear of retaliation expressed by anyone who cooperated, agency shall take appropriate measures
- (e) Do not have to monitor if allegation is unfounded

**This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. A process is in place to monitor for retaliation if required by the standard.**

<b>Standard number here</b> <b>§115.171 – Criminal and Administrative Agency Investigations</b>
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Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Investigation done promptly, thoroughly, objectively
- (b) Abuse – investigators have received specialized training
- (c) Investigators gather and preserve direct and circumstantial evidence
- (d) If criminal, will conduct compelled interviews after consulting with prosecutor
- (e) Credibility assessed individually, not determined by detainee status, no polygraphs requirements for proceeding.
- (f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
- (g) Criminal investigations thorough description of physical, testimonial and documentary evidence
- (h) Substantiated criminal referred
- (i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
- (j) Departure of alleged abuser or victim does not terminate investigation
- (k) State, DOJ
- (l) Facility cooperates with outside investigators

**Policy HSO 6.3.2 Criminal & Administrative Investigations addressed the requirements of this standard. Four investigator certificates were reviewed. As noted, no investigations regarding the lock up facility have occurred in the previous 12 months.**

<b>Standard number here</b> <b>§115.172 – Evidentiary Standard for Administrative Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

No standard higher than preponderance of evidence

**Policy HSO 6.3.2 Criminal & Administrative Investigations and supported by the interview with the investigators.**

**Standard number here      §115.176 – Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Staff disciplinary sanctions up to termination
- (b) Termination presumptive when sexual abuse
- (c) Commensurate with act, history, sanctions for similar histories
- (d) All reported to law enforcements unless not criminal and to licensing bodies

**This is addressed in policy HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking. There has been no staff discipline for sexual abuse or harassment since the implementation of the standards. One incident involving staff is under investigation.**

**Standard number here      §115.177 – Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Contractor, volunteer reported unless not criminal but includes relevant licensing
- (b) Facility takes remedial measures, consider prohibiting contact when not criminal

**This is addressed in HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking. There has been no contractor or**

**volunteer discipline for sexual abuse or harassment since the implementation of the standards.**

**Standard number here**      **§115.178 – Referrals for prosecution for detainee-on-detainee sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Detain is referred to appropriate prosecuting authority subject to sanctions
- (b) If facility is not responsible for investigating, informs the investigator of the policy
- (c) State or DOJ who investigates is responsible to meet the requirements of PREA

**Policy HSO 3a-01 Resident Rules & Discipline addresses this standard. No allegations have been made of detainee on detainee sexual abuse.**

**Standard number here**      **§115.182 – Access to emergency medical services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Victims unimpeded access to emergency services
- (b) Treatment provided to victims without costs regardless of whether they cooperate

**This is addressed in the following policy - HSO 4.3.5 Emergency Health Care Services. Interviews with medical staff and supervisors support that outside medical emergency care is provided.**

**Standard number here**      **§115.186 – Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)



**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Incident review unless unfounded
- (b) Within 30 days
- (c) Team includes upper level management with input from supervisors and line staff
- (d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
- (e) Implement recommendations or document why not

**This is addressed in policy HSO 4.4.18 PREA Data Collection, Review Storage. No incidents of abuse or harassment have occurred at the lock up facility.**

<b>Standard number here</b> <b>§115.187 – Data Collection</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Accurate, uniform data, standardized instrument, definitions
- (b) Aggregate annually
- (c) Survey of Sexual Violence
- (d) Maintain from all available incident-based
- (e) Obtain from private facility
- (f) Provide to DOJ June 30

**This is addressed in policy HSO 4.4.18 PREA Data Collection, Review Storage. Forms used for the investigation of sexual abuse/harassment allegations are standardized. The facility uses the definitions from the PREA standards.**

<b>Standard number here</b> <b>§115.188 – Data Review <input type="checkbox"/> for Corrective Action</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Agency reviews data to assess, improve (1-3) identify problem areas, take corrective action, prepare annual report
- (b) Compare current with prior years

- (c) Available to the public
- (d) Redact specific material that may pose a threat to safety & security

**This is addressed in policy HSO 4.4.18 PREA Data Collection, Review Storage as well as the Massachusetts record retention Schedule.**

<b>Standard number here</b> <b>§115.189 – Data Storage, <input type="checkbox"/> Publication, and Destruction <input type="checkbox"/></b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

- (a) Securely retained
- (b) Readily available to the public at least annually
- (c) Removes all personal identification
- (d) Maintained for 10 years

**This is addressed in policy HSO 4.4.18 PREA Data Collection, Review Storage. As stated, the facility uses the codes as defined in the standards. Information is posted on the web site: [www/hampshiresheriffs.com](http://www/hampshiresheriffs.com).**

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Amy Fairbanks

Date: June 19, 2015

