

PREA Facility Audit Report: Final

Name of Facility: Hampshire County Jail and House of Correction

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: AMY JO FAIRBANKS	Date of Signature: 04/26/2022

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	09/30/2021
End Date of On-Site Audit:	10/01/2021

FACILITY INFORMATION	
Facility name:	Hampshire County Jail and House of Correction
Facility physical address:	205 Rocky Hill Road, Northampton, Massachusetts - 01061
Facility mailing address:	

Primary Contact	
Name:	Jake McCormick
Email Address:	jake.mccormick@hsd.state.ma.us
Telephone Number:	(413) 582-7707

Warden/Jail Administrator/Sheriff/Director	
Name:	Patrick J. Cahillane
Email Address:	patrick.cahillane@hsd.state.ma.us
Telephone Number:	(413) 584-5911

Facility PREA Compliance Manager	
Name:	Cheryl Thouin
Email Address:	cheryl.thouin@hsd.state.ma.us
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jennifer Martin
Email Address:	jennifer.martin@hsd.state.ma.us
Telephone Number:	413-582-7738

Facility Characteristics	
Designed facility capacity:	249
Current population of facility:	114
Average daily population for the past 12 months:	111
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-76
Facility security levels/inmate custody levels:	Maximum, medium, Minimum, prerelease, ELMO
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	157
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Hampshire County Sheriff's Office
Governing authority or parent agency (if applicable):	Commonwealth of Massachusetts
Physical Address:	205 Rocky Hill Road, Northampton, Massachusetts - 01061
Mailing Address:	PO Box 7000, Northampton, Massachusetts - 01061-7000
Telephone number:	413-584-5911

Agency Chief Executive Officer Information:	
Name:	Patrick J. Cahillane
Email Address:	patrick.cahillane@hsd.state.ma.us
Telephone Number:	413-584-5911

Agency-Wide PREA Coordinator Information			
Name:	Jake McCormick	Email Address:	jake.mccormick@hsd.state.ma.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-09-30
2. End date of the onsite portion of the audit:	2021-10-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI, Regional SANE Coordinator

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	249
15. Average daily population for the past 12 months:	111
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	125
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	157
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No volunteers present due to the restrictions in place regarding the coronavirus pandemic.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	See above. Interviews of random inmates were selected during the tour and interviewed in private areas of each housing unit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PAQ, interview with PREA Coordinator when arranging interviews, observations during the tour.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PAQ, interview with PREA Coordinator when arranging interviews, observations during the tour.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>One inmate was interviewed who was perceived to be gay or bisexual.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of incident reports for the year and confirmation of zero sexual abuse or sexual harassment investigations for the past two years.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation reviewed on site, formal and informal discussions with staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Mental health</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations in the previous two years.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0

a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations in the previous two years.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · HSO 7.5.13 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · HSO 7.4.4, Chain of Command/Organization Chart · Interaction with the Sheriff/Superintendent · Interview with the PREA Coordinator · Memo appointing the PREA Coordinator · Memo appointing the PREA Compliance Manager · Interview with the PREA Compliance Manager · Observations during the audit · Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ) <p>(a) HSO 7.5.1, Updated May 2021, Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking emphasizes a zero tolerance for all forms of sexual abuse and sexual harassment. It addresses prevention, detection and response to allegations of sexual abuse and sexual harassment and a description of how the facility will address prevention, detection and response. It notes that employees may be subject to disciplinary sanctions up to and including termination. Policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment (Zero Tolerance of Sexual Abuse/Harassment) and sanctions for those found to have participated in prohibited behaviors (Code of Offenses). The complete policy is fourteen (14) pages and documents in detail how the agency will comply with all the PREA standards and are additionally noted throughout this report.</p> <p>(b) HSO 7.5.1, Updated December 2021, Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states</p> <p>ROLES AND RESPONSIBILITIES:</p> <p>A. The PREA Coordinator shall: 1. Develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>B. The Human Resource Coordinator (HRC) shall: 1. Coordinate with the facility Training Officer and PREA Coordinator to issue, update and advise agency personnel on how to implement the statewide Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking Policy. 2. Disseminate informational materials for all employees, inmates, vendors, volunteers, visitors, contractors, etc.</p> <p>C. The Sheriff/Facility Administrator or Designee Shall: Ensure that the HSO establishes and implements a zero-tolerance, sexual abuse and sexual harassment domestic violence and stalking policy based on the guidelines set forth by Executive Order No. 491 and the Commonwealth's Human Resources Division.</p> <p>HSO 7.4.4, Chain of Command/Organization Chart additionally confirms the HSO has designated 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. The chart reflects that the PREA Coordinator reports directly to the Assistant Deputy Superintendent, who reports directly to the Assistant Superintendent.</p> <p>Letter appointment PREA Coordinator effective April 2019. In it, the Sheriff's confirms that he will afford him the appropriate time and authority to develop, implement and oversee agency efforts to comply with PREA standards.</p> <p>Interview with the Coordinator verified to the auditor that he has the time and authority to manage PREA related duties. During the audit, the Sheriff/Superintendent demonstrated support for the PREA Coordinator and commitment to the goals of preventing sexual abuse and sexual harassment several times during the audit, showing an active interest towards the audit. He confirmed that he is on the LGBTQI Commission for the Commonwealth of Massachusetts which helps him remain informed of current trends and processes for ensuring this population is appropriately treated.</p> <p>(c) The Sheriff has appointed a PREA Compliance Manager (PCM). In a memo dated June 8, 2021, he appoints a PREA Compliance Manager noting his duties will be to meet, maintain compliance and work in conjunction with the PREA</p>

Coordinator. In the memo, the Sheriff confirms he will be given sufficient time and authority to coordinate efforts towards complying with the PREA standards. The PCM held this position with the previous Sheriff and therefore brings experience to the operation in the efforts to comply with prevention, detection, and response to sexual abuse and sexual harassment.

During the interview with the PCM, he confirmed that he is actively involved in helping to prevent, detect and respond to PREA. He typically works the night shift and is able to help ensure all efforts are supported during that time. He states his schedule is flexible if needed during other hours to work on these efforts.

Finding of compliance is based on the following: Interviews with the Sheriff/Superintendent, PREA Coordinator and PREA Manager all demonstrate a commitment to compliance with all PREA standards. Observations made during the audit process which include the interaction with all levels of staff by the PREA Coordinator and PCM and with the inmate population showed that the PREA Coordinator is keenly involved with the overall operations of the jail. In accordance with the FAQ clarification, issued by the DOJ, the PREA Coordinator does have access to the Sheriff/Superintendent, and Assistant Superintendents and demonstrated to the auditor his influence in managing PREA related duties as well as access to all areas of the facility. Policies clearly support compliance with the standard as quoted earlier. The auditor finds sufficient evidence to support a finding of compliance.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Memo non-applicability confirming no contracts · PAQ <p>The PAQ indicated that there is no contract for the confinement of inmates since the last PREA audit. The facility reports it does not contract for the confinement of inmates with private agencies or other entities. The auditor found no reason to dispute this during the audit process. Therefore, the standard is deemed not applicable.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 2.3.3 Inmate Search/Body Cavity/Strip Searches · 2.1.8 Resident Supervision · 2.1.1 Master Control Center, Communications and Surveillance · Training Curriculum – Searches · Documentation showing all staff trained · Electronic logbook entries noting “PREA Announcement” · Interviews with random staff · Interviews with random inmates · Observation of the Strip Search Log · Observations of video monitoring · PAQ · Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ) · Staff Training Records <p>(a) The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of inmates, no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. In accordance with the 2018 Crime Reform Act, a transgender/intersex inmate can request a search of the gender identification. Based on inmate interviews and reports by staff, a request for a pat search/strip search by female offices has not occurred. The auditor found this credible during the audit process, especially as there are no transgender/intersex inmates housed at the facility at the time of the audit.</p> <p>The following policy excerpts support compliance with subpart (a)</p> <p>2.3.3 Inmate Search/Body Cavity/Strip Searches</p> <p>The HJHC 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.</p> <p>(b) This is not applicable to this facility; only male inmates are housed at this facility.</p> <p>(c) As stated, the facility does not house female inmates. Policy excerpts below support compliance with subpart (c):</p> <p>2.3.3 Inmate Search/Body Cavity/Strip Searches</p> <p>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 by male staff.</p> <p>During the onsite audit, the auditor was shown where the Strip Search log is maintained showing same gender Strip Searches. This provided evidence that exigent searches would be documented.</p> <p>(d) The following policy excerpt supports compliance with this standard.</p> <p>2.1.8 Resident Supervision</p> <p>The HJHC ensures that inmates may 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. 115.15 (d)-2</p> <p>The Officer in Charge of a housing unit(s) or area(s) shall: Ensure that inmates are able to shower, perform bodily functions</p>

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.

Gender Announcements 1. The following announcement will be made, via public address, at the beginning of each shift: a. Male and female personnel working in the area. A log entry will be made on the housing area Shift Log annotating the time of the announcement and the following entry: PREA Announcement. b. When entering a unit that does not already have a female staff member present, female staff are required to verbally announce their presence on the unit. This announcement shall be; "female on the unit". 2. When the status quo of the gender-supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds.

2.1.1 Master Control Center, Communications and Surveillance confirms in policy that the cameras are not used to invade privacy, nor are they a substitution for staff.

All random staff interviews and random inmate interviews confirmed that this announcement is made every time a female staff enters the unit. And, that inmates are able to shower, use the toilet and change clothes without being seen in using the toilet, showering or changing clothes.

During the tour, the auditor observed the showers located in the individual housing units. As stated in the Facility Description, the showers in SMU, ASU and general Population rooms have individual shower stalls with curtain to provide privacy but maintain the ability to view sufficiently to ensure safety. For the multiple occupancy housing units, the showers are located in the back area of the bathroom. Barriers are located between each shower head and curtains maintain privacy while affording security staff the ability to determine safety. Additionally, during the tour the auditor observed the area where strip searches are conducted in Intake. It provided appropriate privacy for the inmate during this process. During the tour, the auditor and escort team was announced prior to entering the unit; this did not appear to be odd based on the observations of the inmates in the unit at the time.

The auditor viewed the monitoring station for the camera system and found no view that afforded a female staff to view inmates unclothed.

(e) As stated in 2.1.1 Master Control Center, Communications and Surveillance, transgender or intersex offenders are not searched or physically examined to determine genital status.

All staff interviews supported that they were knowledgeable regarding this requirement of the standard and this has not occurred at this facility. The interview with the transgender inmate supported compliance with this provision.

(f) The auditor reviewed the training curriculum for pat searches. It addresses when searches are to be conducted, searches of transgender/intersex inmates are to be professional, respectful and in the least intrusive manner possible, consistent with security needs, techniques for conducting cross-gender searches, noting a second officer should be present, re-emphasis of not conducting cross-gender pat searches unless there is an exigent circumstance, a female officer searching a male inmate, and a male officer searching a female inmate. The Training Curriculum additionally states, Operationally, three options are in current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) searches conducted by female staff only, especially given there is no prohibition on the pat-searches female staff can perform (except in juvenile facilities); and 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search. This supports compliance with the FAQ issued December 2016 which indicates clarification for searches of transgender/intersex inmates. The auditor requested and received training records to reflect that all staff have received the current training on searches.

Training documents were provided demonstrating that search training is conducted in orientation. Records provided demonstrate that staff have received training on cross gender searches since the change in the state law. All staff interviews support attendance at the training, knowledge and compliance of the techniques provided in training.

Finding of compliance is based on the following: Policies which support compliance, staff interviews demonstrated knowledge of these requirements from training received, the training curriculum, training records, and overall observations made during the audit process. In accordance with FAQ clarifications, policy was updated to allow a transgender/intersex incarcerated in individual to designate the gender of the staff to pat search in accordance with the inmates preferred gender. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches as well as the training records. The auditor is finding this facility is compliant with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="244 331 759 412" style="list-style-type: none"> <li data-bbox="244 331 568 358">· Memo on non applicability <li data-bbox="244 387 759 414">· Part I, Title XVII, Chapter 119 and Section 58 <p data-bbox="244 445 1474 607">Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services, this is referred to as the Raise the Age Bill. During the audit, neither auditor saw nor heard anything to dispute that no youths are housed at this facility. The auditor requested to interview the youngest inmate. He indicated he was 18 yrs. Old. He indicated he was housed with the Department of Youth Services until he was 18, then transferred to this facility, awaiting trial.</p> <p data-bbox="244 638 1461 696">Finding of compliance/non-applicability is based on the following: The law prevents the facility from housing inmates under the age of 18 yrs. Old. Observations additionally confirm this to be true and therefore deemed not applicable.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 944 869" style="list-style-type: none"> <li data-bbox="240 329 858 358">· HSO 2.1.12 Workload Requirements/Shift Relief Factor <li data-bbox="240 387 944 416">· 2.1.4 Around the Clock Supervision and Staff/Inmate Interaction <li data-bbox="240 445 639 474">· Deviation from Staffing Plan form <li data-bbox="240 504 715 533">· Interview with the Sheriff/Superintendent <li data-bbox="240 562 675 591">· Interview with the PREA Coordinator <li data-bbox="240 620 657 649">· Staffing Analysis 2018, 2019, 2020 <li data-bbox="240 678 683 707">· Randomly requested Staffing Rosters <li data-bbox="240 736 786 766">· Interviews with Supervisors (Major and Captain) <li data-bbox="240 795 663 824">· Review of documentation of rounds <li data-bbox="240 853 549 882">· Random staff interviews <p data-bbox="240 902 1489 1030">The PAQ indicates that the average daily population since the last PREA audit is 164. The pandemic has resulted in a recent temporary reduction of the inmate population. However, the staffing plan is predicated on an inmate population of 200. With the efforts made at the agency to protect inmates from the coronavirus, the population has been reduced as reflected in the count on the day of the audit.</p> <p data-bbox="240 1059 1270 1088">(a)The interview with the Sheriff/Superintendent and review of the staffing plan confirmed the following:</p> <p data-bbox="240 1117 1473 1178">(1)The facility has been maintaining accreditation status through the American Correctional Association (ACA) and National Commission on Correctional health (NCCCHC). The auditor reviewed both reports when conducting this audit.</p> <p data-bbox="240 1207 719 1236">(2) There are no judicial findings of inadequacy;</p> <p data-bbox="240 1265 1003 1294">(3) There are no findings of inadequacy from Federal investigative agencies;</p> <p data-bbox="240 1323 1422 1417">(4) There are no findings of inadequacy from internal or external oversight bodies; The auditor was informed that the Massachusetts Department of Corrections conducts audits twice yearly to analyze and assess operations. The auditor reviewed the most recent report in conjunction with conducting this audit.</p> <p data-bbox="240 1447 1425 1541">(5) All components of the facility's physical plant are reviewed. Video monitoring is used; specific information regarding placement of cameras was reviewed during the audit. Specifically, the auditor was provided a copy of the facility's vulnerability assessment, demonstrating that proactive efforts are made to identify needs to improve safety.</p> <p data-bbox="240 1570 1458 1664">(6) The composition of the inmate population has been the same for several years, with the exception of the closing of the minimum custody operation. Additionally, staff indicated that the trend is towards a decrease in sentenced inmates and an increase in pre-trial offenders.</p> <p data-bbox="240 1693 1453 1753">(7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly.</p> <p data-bbox="240 1783 1469 1877">(8) Institution programs occurring on a particular shift has a detailed evaluation of the time and days of the programs occurring. It was acknowledged that when volunteer services resume, the current staffing plan is still considered safe to the operation of more evening programs.</p> <p data-bbox="240 1906 1477 2000">(9) Any applicable State or local laws, regulations, or standards are reviewed. The Sheriff discussed with the auditor that changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for substance abusers, treatment of transgenders and other areas.</p> <p data-bbox="240 2029 1485 2157">(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is analyzed in the Annual Report. It was reported there have been no allegations for the last two years. The facility maintains risk assessments to continue to work towards proper place of inmates based on the assessment to further prevent sexual abuse and sexual harassment.</p>

(11) No other relevant factors have been identified.

Review of the staffing plans for 2018, 2019 and 2020 confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this. During the audit, the auditor observed that the facility has few blind spots, camera coverage is excellent. The physical plant has remained the same. The staffing plans includes coverage for the Regional Lock Up facility.

(b) The facility has a form entitled, Deviation from Staffing Plan. Examples from 6/1/2021 for each shift was provided with the pre-audit documentation. The facility indicated on the PAQ that when the staffing plan has deviations, it has been due to units closed, and needs for staff to assist in other areas (i.e.. Lock Up Facility, etc.) To further review compliance, the auditor randomly requested and received staffing rosters for all three shifts for the 6th of each month for the previous four month. These documents demonstrated to the auditor that the facilities doe document deviations from the staffing plan and staffing is maintained as reported.

(c) Policy, interviews with the Sheriff/Superintendent and the PREA Coordinator and review of the staffing plan for the last years supported compliance with the provision. Review of the staffing plans for confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this.

(d) 2.1.4 Around the Clock Supervision and Staff/Inmate Interaction states, Unannounced rounds by supervisory staff are conducted to deter staff sexual abuse and sexual harassment. These rounds shall be conducted on all shifts by intermediate level or higher-level supervisors. Staff shall be prohibited from alerting other staff members to impending rounds by intermediate level or higher-level supervisors, unless such announcement is related to the legitimate operational functions of the facility. Interviews with the Major and Captain confirmed that they conduct unannounced rounds. To avoid staff alerting other staff, both indicated they go at different times, different directions. The auditor randomly asked two staff who confirmed that they see supervisors at least every shift, they are not alerted they are coming, they do not alert other staff of their presence. Randomly requested documents for the 6th of each month for four months demonstrated that rounds are being conducted as documented in the electron logbooks.

Finding of compliance is based on the following: Review of the policies, staffing plans, and random selection of rosters which support compliance. Interviews with staff such as corrections officers, supervisors, Sheriff and PREA Coordinator all supported compliance with all aspects of the provisions. Overall observations during the audit process revealed sufficient staff were present.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.3.1 Access to Care, Initial Medical Screening · Observations during the tour · Interview with the Sheriff · Interviews Inmates LEP or disabled · PREA Training Curriculum · Random staff interviews · PAQ · Translation Service Memo · Inmate Manual – English and Spanish <p>(a) (b)The following policy excerpt supports compliance with this standard:</p> <p>4.3.1 Access to Care, Initial Medical Screening states, the HJHC 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 HJHC’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 HJHC 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. The HJHC 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. The HJHC shall take reasonable steps to ensure meaningful access to all aspects of the HJHC’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. The HJHC 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.</p> <p>The facility identifies and documents inmates with disabilities as evidenced by the list provided to the auditor to assist with picking targeted inmates for interviews. Additionally, limited English inmates are identified at intake. The Translation Service Memo provided to the auditor demonstrates how three options are available for interpretation. During random staff interviews, many staff, including the intake sergeant, are aware of the availability of the services if their use is needed. Interviews with targeted inmates yielded no concerns to the auditor regarding compliance with these requirements.</p> <p>(c) The PAQ reports that there have been no instances where an inmate was used to interpret during a PREA investigation in the previous 12 months. The auditor found no reason to dispute this fact during the audit process. All staff interviews confirmed that another inmate would not be used to interpret for an inmate making a PREA allegation or any part of the PREA requirements (intake, investigation, etc).</p> <p>Review of the policies and other documents noted above support that the facility takes appropriate steps to ensure meaningful access to all aspects of the agency’ efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Inmate Manual is available in English and Spanish. A review of these requirements is addressed the PREA training.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 331 1082 757" style="list-style-type: none"> · 7.2.3 Internal Affairs/Background Check · Observations · Interviews Human resource staff · Interview with the investigator (who conducts background checks) · Employment Application · Documents - Personnel files of those hired or promoted in the past 12 months · Documentation of staff and contractor background checks · PAQ <p data-bbox="240 788 1430 846">The PAQ indicates that seven staff have been hired who may have contact with inmates in the previous twelve months. There are six contracts for services.</p> <p data-bbox="240 878 906 904">(a)(b) 7.2.3 Internal Affairs/Background Check states the following:</p> <p data-bbox="240 936 1490 1361">The HJHC conducts a pre-employment background investigation check on all new employees, contractors, and volunteers prior to assuming their duties in accordance with state and federal statutes, in order to ascertain whether there are criminal convictions, which have a specific relationship to job performance. This record will include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency. The HJHC 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. The HJHC 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: a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1393 395 1420">PROCEDURE:</p> <ol data-bbox="240 1451 1497 2123" style="list-style-type: none"> 1. Before hiring new employees, the HJHC shall: <ol data-bbox="240 1509 1497 1662" style="list-style-type: none"> a. Perform a criminal background records check; and b. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 2. The HJHC shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. 3. The HJHC 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. 4. The HJHC shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph 3 (a-c) under the Policy statement above, 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 HJHC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. 5. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

6. Unless prohibited by law, the HJHC 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.

7. Due to the sensitive nature of operations of a correctional facility, appropriate steps are necessary to insure: a. Accuracy of information furnished on application and/or interview and b. Evaluation of criminal record.

8. Prospective employees shall be asked to sign a waiver for the background information check and shall submit to fingerprinting and identification forms.

9. A request for background information is made by authorized staff through the LEAPS NCIC computer to the probation and Triple III files (state & national). The results are relayed to us via printer to authorized staff.

10. If a background check indicates a prior record, the Sheriff shall determine whether or not to hire the person depending on the severity of the offense. A criminal record shall not bar employment automatically but must be evaluated in relation to the seriousness of the offense and its probable effect upon job performance.

The auditor reviewed the Confidential Employment application. It states, Any false statement or omission shall be subject an applicant to disqualification from further consideration for employment and shall be considered justification for immediate dismissal if discovered at a later date. It requires an employment history. Applicants are asked to answer the questions noted in provision (a) and (b) and again notes that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination (g). The applicant signs agreeing to a Criminal Background Record Information (CORI) check.

The auditor reviewed personnel files for three newly hired employees. They reflected that a background check was completed, the three questions were asked, the application is signed noting that material omissions or false information is grounds for failure to get hired and/ or terminated if later discovered. The application process specifically asks all applicants to answer these questions. They contained information demonstrating that a background check of employers was conducted, including one employer who worked previously for a correctional entity. They provided documentation showing that a criminal background check was conducted. The interview with the HR Manager confirmed this additionally, providing the auditor with the document used to ensure these questions are asked of candidates.

Policy supports the requirement of the standard. Interview with the Human Resource Director indicates that they had not had a candidate with a history of sexual harassment which required consideration. She indicated that the applicant is asked during the initial interview.

(d) (e) Documentation was provided that all employees, newly hired, contractual and status, have had a background check within the current year, as they report this is done annually, in addition to when hired.

(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.

The facility provided written assurance that the questions in provision (a) will be asked of any promotional candidate. Through policy, the employee is informed that he/she has a continuing affirmative duty to disclose any such misconduct. The auditor randomly requested and received documentation of signing for receipt for employees with the last name beginning with D, M and T.

(h) Per the interview with the Human Resource Director, their office can provide information to another agency about a prior employee. Upon receipt of a release of records, this information would be addressed by providing a copy of the personnel file. Otherwise, they can provide the dates of employment and can acknowledge there is an investigation.

Finding of compliance is based on the following: Policy, interviews with the PREA Coordinator, Human Resource Director, investigator, and review of documentation from personnel files supported a finding of compliance as well.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 880 528" style="list-style-type: none"> <li data-bbox="240 329 440 358">· Observations <li data-bbox="240 387 643 416">· Interviews Sheriff/Superintendent <li data-bbox="240 445 357 474">· PAQ <li data-bbox="240 504 880 533">· Vulnerability Assessment/ Diagram with camera locations <p data-bbox="240 562 1477 685">The PAQ indicates the facility has not acquired any new facilities but has made substantial expansions or modifications of existing facilities since the last PREA audit to the property area and the modular housing units. Additionally, they have installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="240 719 1485 842">(a) (b) The interview with the Sheriff/Superintendent and PREA Coordinator supports that the facility does consider the effect of upgrades and video monitoring towards enhancing the ability to protect inmates from sexual abuse. The auditor observed the modifications to the modular units and upgrades to the video monitoring and supports that this has occurred. The facility conducts a vulnerability assessment in which camera location is viewed proactively; a copy was provided to the auditor.</p> <p data-bbox="240 875 932 904">Based on this evidence, the auditor supports a finding of compliance.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2 Criminal and Administrative Investigations · PAQ · Interview with the Investigator · Investigator Training curriculum – SAIT · Contract with the Hospital · Interview with Regional SANE Coordinator · Qualified staff member, license social worker · PREA Kit, PREA Response Kit Checklist · Chain of Evidence Form · Random staff interviews <p>The PAQ indicates there have been no forensic medical exams, no SANE/SAFE exams nor exams performed by a qualified medical practitioner during the previous twelve months.</p> <p>(a) To assist with ensuring that a uniform evidence protocol is used, the facility maintains a PREA Response Kit and checklist of contents. Additionally, they have developed a Chain of Evidence Form.</p> <p>(b) Investigators were trained in conjunction with the Massachusetts Department of Corrections Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee.</p> <p>(c)(d) (e)6.3.2 Criminal and Administrative Investigations states, Evidence protocol and forensic medical examinations: a. To the extent the HJHC is responsible for investigating allegations of sexual abuse, the HJHC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. 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. The HJHC shall 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. 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 HJHC shall document its efforts to provide SAFEs or SANEs. (Refer to Disorder Management Reaction Plan #15 Sexual Assault/Abuse Response Plan). The HJHC 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 HJHC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. The HJHC will 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 HJHC 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. To the extent the HJHC itself is not responsible for investigating allegations of sexual abuse, the facility shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The requirements of paragraphs (a) through (f) of this section shall also apply to: i. Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and ii. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails. 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.</p> <p>The auditor reviewed documentation supporting that Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. Per the interview with the</p>

Massachusetts Regional SANE Coordinator, this program is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", most current version. Additionally, she confirmed that hospitals are prepared to conduct SANE exams. Qualified examiners are contacted to respond; she indicates they have not had a problem with securing this type of exam. Additionally, she indicated that it is an automatic referral to a qualified rape crisis center to secure an advocate. Qualifications of this person are overseen by the Massachusetts Department of Public Health. This information was also verified through research on the internet.

The excerpt from policy supports compliance with the requirements of subpart (d) indicating the facility will attempt to make available a victim advocate. Additionally, through interview and documentation, the auditor learned that the facility has a qualified staff, a licensed social worker, who would be willing to accompany the inmate if requested.

(f) The auditor learned through interviews that the Massachusetts State Policy may investigate an allegation of sexual abuse if circumstances warranted an outside investigation.

Finding of compliance is based on the following: Policy excerpts, review of investigations and interviews with the investigator support compliance. A PREA kit is available to help process evidence appropriately. Staff interviews supported that staff were aware of the requirements and actions needed to preserve evidence. The Regional SANE Coordinator supported that a SANE exam will be available as well as a qualified victim advocate, if requested.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 783 645" style="list-style-type: none"> · 6.3.2 Criminal and Administrative Investigations · Observations · Massachusetts State Police website · Interviews Sheriff/Superintendent · Interviews Investigative Staff · PAQ <p data-bbox="242 674 1461 734">The PAQ indicates there have been zero allegations resulting in administrative investigations and zero resulting in criminal investigations in the past 12 months.</p> <p data-bbox="242 763 1485 958">The auditor learned through interviews that the Massachusetts State Police addresses evidence and processes it at the State Police Crime Lab. The auditor found on the website the following: The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment. Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard.</p> <p data-bbox="242 987 1461 1016">(a) (b) 6.3.2 Criminal and Administrative Investigations states, Policies to Ensure Referrals of Allegations for Investigations</p> <ol data-bbox="242 1046 1485 1514" style="list-style-type: none"> a. The HJHC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. b. The HJHC 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 HJHC shall publish such policy on its website or, if it does not have one, make the policy available through other means. 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. 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. d. 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. <p data-bbox="242 1545 1477 1637">Interviews with investigative staff and the Sheriff/Superintendent confirmed to the auditor that all suspicions or knowledge of sexual abuse, sexual harassment, neglect, or retaliation will be reported to the supervisors to the shift commander to the investigators. Random staff interviews confirmed this reporting process. Policy supports that this is required.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 331 1251 757" style="list-style-type: none"> <li data-bbox="240 331 1251 358">· 7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking <li data-bbox="240 387 823 414">· 7.2.5 Employee, Contractor & Volunteer Orientation <li data-bbox="240 443 517 470">· Staff training records <li data-bbox="240 499 501 526">· Training curriculum <li data-bbox="240 555 440 582">· Observations <li data-bbox="240 611 849 638">· Interviews Random staff, including recently hired staff <li data-bbox="240 667 357 694">· PAQ <li data-bbox="240 723 357 750">· FAQ <p data-bbox="240 786 1489 848">The PAQ indicates that all employees who have contact with inmates who were trained on PREA requirements as outlined in the provision.</p> <p data-bbox="240 880 1294 907">(a) 7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states,</p> <p data-bbox="240 938 1469 1099">STAFF TRAINING: All HSO employees shall receive orientation training in Domestic Violence and Sexual Abuse/Assault Awareness. At a minimum, the orientation training shall include a definition of sexual abuse, assault, harassment, domestic violence, and stalking and how it affects the workplace, pertinent laws, Department policies and procedures and available resources and services. 28 CFR Part 115.31 Employee Training; 115.32 Volunteer and Contractor Training (Refer to HSO 7.2.5 New Employee/Contractor/Volunteer Training) and 115.33 Inmate Education.</p> <p data-bbox="240 1131 820 1158">7.2.5 Employee, Contractor & Volunteer Orientation state,</p> <p data-bbox="240 1189 695 1216">PREA Training and Education for Employees</p> <p data-bbox="240 1247 1489 1807">The HJHC shall train all employees who may have contact with inmates on: (a) Its zero-tolerance policy for sexual abuse and sexual harassment; Refer to HSO 7.5.13 Zero Tolerance (b) How to fulfill their responsibilities under HJHC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) Inmates' right to be free from sexual abuse and sexual harassment; (d) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) The dynamics of sexual abuse and sexual harassment in confinement; (f) The common reactions of sexual abuse and sexual harassment victims; (g) How to detect and respond to signs of threatened and actual sexual abuse; (h) How to avoid inappropriate relationships with inmates; (i) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (2) Such training shall be tailored to the gender of the inmates at the HJHC. 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. 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 HJHC shall provide each employee with refresher training at least every two years to ensure that all employees know the HJHC'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. The agency shall document, through employee signature or electronic verification that employees understand the training they have received. Refer to HSO 7.3.3 Acknowledgement of Employee Rules.</p> <p data-bbox="240 1839 1425 1901">The auditor was provided with the training curriculum (Power Point). There are 134 slides total. The training curriculum addresses the following:</p> <ul data-bbox="240 1933 592 2130" style="list-style-type: none"> <li data-bbox="240 1933 485 1960">· History of the law <li data-bbox="240 1989 509 2016">· Definitions of PREA <li data-bbox="240 2045 453 2072">· Zero tolerance <li data-bbox="240 2101 592 2128">· Implications of sexual abuse

- Review of the policy, staff (contractor and volunteer) and inmate abuse
- Prevention
- Inmates Right to be free from Sexual Abuse and Sexual Harassment
- How to fulfill responsibilities regarding sexual abuse, sexual harassment and all PREA-related incident – prevention, detection and response
- Data collection
- Unannounced rounds/prohibition from alerting staff
- Inmate Education
- Searches
- Use of restrictive housing
- Inmates who are disabled, LEP
- Hiring and Promotions
- Privacy enhancement for inmates/opposite gender announcement
- Risk screening tools
- Inmate education
- Reporting procedures, including third party and anonymous/sources of PREA complaints
- Dynamics of abuse and harassment in confinement/ who is at risk
- Red flags
- Common reactions of abuse victims
- Coordinated response Plan
- Investigations and Evidence
- Avoidance of inappropriate relationships
- Interpersonal skills with inmates including non-gender conforming inmates
- Relevant laws

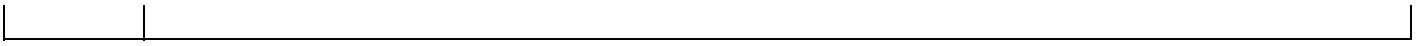
(b) Review of the training curriculum concluded that both male and female victims are addressed. Only male inmates are housed at this facility, but staff can also be assigned to the Regional Lock Up where female detainees can be held.

(c) The auditor was provided documentation of Refresher to All Exchange Users: guidelines for Asking About LGBTQ Status March 2019, LGBTQ August 21, 2019, Real Steps LGBTQ Advocates can take, Transition Related Health Care, demonstrating that Refresher training is provided.

(d) The auditor was provided Acknowledgement of Receipt of Training for 2020 In-service training which included PREA training for 135 staff from 2020. The acknowledgement states I hereby acknowledge that I have received, will read and understand and abide by all training contained in this package.

All Interviews with the random staff demonstrated to the auditor a thorough understanding of PREA, including the required topics. The interview with the Training Coordinator confirmed that new staff received PREA training before having contact with inmates, supporting the clarifications provided in the Frequently Asked Question (FAQ) issued by the Department of Justice (DOJ).

Finding of compliance is based on the following: Policies support that training will be conducted at least every two years with refresher information provided annually. Review of the training curriculum demonstrates that the required topics are addressed. Documentation was provided that all staff have received the training with the acknowledgment that they understood the training. All random staff interviews confirmed that they have received the training. The Training Coordinator and one recently hired staff confirmed to the auditor that training is received before having contacts with inmates. Based on this evidence, the auditor supports a finding of compliance.



115.32	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 823 645" style="list-style-type: none"> · 7.2.5 Employee, Contractor & Volunteer Orientation · Observations · Contractor training records · Interview with contractual staff (mental health) · Interview with the Volunteer Coordinator · PAQ <p data-bbox="242 674 1461 734">The PAQ indicates there are two volunteers and ten contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p data-bbox="242 763 831 792">7.2.5 Employee, Contractor & Volunteer Orientation states,</p> <p data-bbox="242 822 1490 1050">PREA Training and Education for Contractor & Volunteer Refer to HSO 7.5.13 Zero Tolerance. The HJHC 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. 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. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1079 1495 1240">(a) Contractor training records were provided reflecting the two-commissary staff were trained regarding PREA June 2021. They receive the same training that employees receive. The interview with the contractual staff (mental health) confirmed that he was been educated on the requirements of PREA and his role in preventing, detecting and responding to sexual abuse or sexual harassment, including zero tolerance and how to report any allegations received regarding sexual abuse or sexual harassment.</p> <p data-bbox="242 1270 1458 1366">(b) (c) The interview with the Volunteer Coordinator confirmed the following process occurs: interview, background check including criminal background and reference checks, orientation with the training lieutenant and case manager. Due to the COVID -19 pandemic, no volunteers have been approved for over a year, so no records were available for review.</p> <p data-bbox="242 1395 1455 1491">Based on review of the information provided to contractual staff and volunteers, review of the randomly requested documentation, interview with the contractual staff and interview with the volunteer coordinator, the auditor finds sufficient evidence to support a finding of compliance with this standard due to the required annual refresher training for volunteers.</p>

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 2.1.16 Inmate, Orientation Education (New Admission) · Inmate Manual · Admission Activity/Inmate Acknowledgement form · Observations Posters · Pamphlets (English and Spanish) · Observation of the intake process · Interviews Intake staff · Interview with Orientation Staff · Interviews Random inmates · Intake records corresponding log of received inmates · Documentation of additional information in 30 days · PAQ <p>The PAQ indicates that 481 inmates were admitted that were given information at intake, 162 stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.</p> <p>2.1.16 Inmate, Orientation Education (New Admission) states,</p> <p>Education on PREA</p> <ol style="list-style-type: none"> a. 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. b. 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. c. 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. d. The agency shall maintain documentation of inmate participation in these education sessions. e. 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. <p>Dissemination of Orientation Information</p> <ol style="list-style-type: none"> 1. If an inmate cannot read, orientation materials are read to the inmate by a staff member, or are provided through the use of an audio or videotape. For inmates who do not speak English, interpretive services are provided. Inmates verify, by signature, the receipt of their initial orientation and of the inmate handbook and written orientation materials. Signed acknowledgement of receipt of the handbook is maintained in the inmate's file. 2. Information is provided to inmates about sexual abuse/assault including: <ol style="list-style-type: none"> a. prevention/intervention b. self-protection c. reporting sexual abuse/assault 	

d. treatment and counseling

e. The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.

(a) The auditor observed that inmates are provided the Inmate Manual and secure a signature of receipt during the intake process. The Inmate Manual, available in English and Spanish, provides the following information on PREA:

- Definitions
- Sexual abuse and sexual harassment is prohibited
- Reporting
- Prevention, Intervention, Self-Protection
- Treatment/Access to Outside Confidential support Services
- Sexual Misconduct
- Information (phone, address) for four rape crisis centers in Western Massachusetts

The auditor requested and received documentation of intake records, corresponding initial risk assessment, follow up risk assessment, documentation of signed receipt of information at intake, documentation of orientation within thirty days for inmates who arrived in August 2021, providing evidence of the practice.

(b) The interview with the case manager who conducts orientation informed the auditor that she is doing orientation individual to ensure precautions regarding the spread of COVID-19. Her interview convinced that auditor that this is done very thoroughly, as it was reinforced during interviews with the inmates. During the audit, the auditor observed the intake process for one inmate which demonstrated that this was conducted.

(c) The PAQ indicates that all inmates have received the education. The auditor finds this credible as the turnover at this facility is quick. Additionally, the auditor asked to speak with the inmate housed at the facility the longest and verified that he had been educated regarding PREA and his rights under the law.

(d) See comments in 115.16.

(e) The agency shall maintain documentation of offender participation in these education sessions. Documentation of attendance at orientation was provided.

(f) The interview with the case manager who conducts orientation supported that during the pandemic, orientation has been conducted individually. This was also described to the auditor during inmate interviews. Numerous posters providing information on PREA were visible throughout the facility. Inmates interviewed acknowledged that they knew of PREA by reading the posters. The posters were observed by the inmate phones. They contain information on the law, Hotline numbers noting they are confidential and non-recorded but additional information about staff reporting and confidentiality of reports.

Finding of compliance is based on the following: Policy, interviews with orientation staff and the random inmates, observation and review of the posters, and the inmate handbook, provided evidence that all inmates are trained. Additionally, the auditor observed the issuance of the handbook during observations of intake.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- 7.2.17 Specialized Training PREA Investigators
- Observations
- Interviews Investigative staff
- Training completion docs all six
- Curriculum for investigators
- Regular PREA Training documentation for investigators

7.2.17 Specialized Training PREA Investigators states,

Specialized Training for PREA Investigations

1. In addition to the general training provided to all employees pursuant to HSO 7.2.5 Employee, Contractor & Volunteer Orientation, the HJHC shall ensure that, to the extent the HJHC itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.
2. 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.
3. The HJHC shall maintain documentation that HJHC investigators have completed the required specialized training in conducting sexual abuse investigations.
4. 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 HJHC shall maintain documentation that personnel have received specialized training in conducting PREA investigations in a confinement setting.

The PAQ indicates there are six trained investigators. Certificates demonstrating completed of the specialized training was provided for all six investigators. Training is conducted with the Massachusetts Department of Correction investigator training – Sexual Assault Investigator Training (SAIT).

The auditor reviewed the training curriculum. The training curriculum addressed the following topics over a course of three days:

Introduction to Sexual Assault Investigation

Defining PREA

Evidence Protocol

Interviewing, including Miranda and Garrity

Investigative Outcomes

Documentation

Post Allegation

Training certificates were reviewed for the investigators.

Finding of compliance is based on the following: Policy supports the requirements of the standards. Review of the investigations with corresponding certificates of training supported compliance. Interview with the investigator demonstrated knowledge regarding Miranda and Garrity warnings, interviewing victims, dynamics of abuse in a confinement setting and evidence collection. Investigators are on call if needed., however the six trained investigators are by design located on different shifts. The interviewed confirmed to the auditor that they are being notified of any need to initiate investigations immediately. The interview confirmed that they also attend regular PREA training; documentation provided see 115.31.

115.35	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 798 701" style="list-style-type: none"> · 4.4.4M Health Care and PREA Training Program · Observations · Interviews Medical staff · Interviews Mental health staff/ contractual staff · Training curriculum · Training Records medical and mental health staff · PAQ <p data-bbox="242 730 1469 790">The PAQ indicates that the facility has fourteen medical and mental health staff (twelve medical and two contractual mental health). It confirms that 100% of the staff have been trained.</p> <p data-bbox="242 819 766 848">(a) 4.4.4M Health Care and PREA Training Program</p> <p data-bbox="242 878 1198 907">All full and part-time medical employees shall be trained in specialized PREA training. Including:</p> <ol data-bbox="242 936 1461 1272" style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The HSO shall maintain documentation that Medical and Mental Health care practitioners have received specialized PREA training either from the agency or elsewhere. Medical and Mental Health care practitioners shall also receive the PREA training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. <p data-bbox="242 1301 630 1330">(b) This is not applicable to this facility.</p> <p data-bbox="242 1359 1493 1518">(c) (d)The agency provided the auditor with access to the training videos for medical and mental health staff. They use training provided by National Commission on Correctional Health Care in addition to the specialized training provided through the PREA Resource Center. Both provide training on the required topics in this standard's provisions. Additionally, training records were provided demonstrating to the auditor that medical and mental health staff have received both the specialized training and the regular PREA training.</p> <p data-bbox="242 1547 1469 1706">The agency provided the auditor with access to the training videos for medical and mental health staff. They use training provided by National Commission on Correctional Health Care in addition to the specialized training provided through the PREA Resource Center. Both provide training on the required topics in this standard's provisions. Additionally, training records were provided demonstrating to the auditor that medical and mental health staff have received both the specialized training and the regular PREA training.</p> <p data-bbox="242 1736 1474 1834">Finding of compliance is based on the following: Policy which supports the requirements of the standard, interviews with the medical and mental health staff, review of training documents as well as the training curriculums required to be taken by medical and mental health staff all provided the auditor with sufficient evidence to support a finding of compliance.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1142 757" style="list-style-type: none"> · 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property · Interviews Staff who perform risk screens · Random inmate interviews · Random review of inmate's risk assessments · Interview PREA Coordinator · Documentation of "when warranted" risk assessment · PAQ · FAQ <p data-bbox="240 786 1465 913">The PAQ indicates that 280 inmates were screen who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, 180 who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</p> <p data-bbox="240 943 847 972">The following policies support compliance with this standard:</p> <p data-bbox="240 1001 1078 1030">2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property</p> <p data-bbox="240 1059 1131 1088">Provision of Information and Screening for Risk of Sexual Victimization and Abusiveness.</p> <p data-bbox="240 1117 1481 1178">1. The HJHC segregates inmates from the general population during the admissions process. Inmates are assigned to initial holding settings according to their immediate security needs, physical and mental condition, and other considerations.</p> <p data-bbox="240 1207 635 1236">PREA Screening & Initial Classification</p> <p data-bbox="240 1265 1485 1326">a. All inmates are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. House assignments are made accordingly.</p> <p data-bbox="240 1355 1406 1415">b. 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.</p> <p data-bbox="240 1444 1082 1473">c. Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p data-bbox="240 1503 1485 1563">d. Such assessments shall be conducted using an objective screening instrument. The HJHC utilizes the PREA Screening & Initial Classification Form 115.41</p> <p data-bbox="240 1592 1474 1621">e. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:</p> <ol data-bbox="240 1650 1414 2136" style="list-style-type: none"> 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.

f. 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.

Inmates identified as high risk with a history of sexually assaultive behavior or identified as at risk for sexual victimization are identified, assessed, monitored and counseled by a mental health or other qualified professional.

g. Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the HJHC will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

h. 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.

i. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (e)(1), (e)(7), (e)(8), or (e)(9) of this section.

j. The HJHC 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.

The auditor reviewed the risk assessment form. It notes whether the assessment is the Initial, 21-day, 6 month, Incident, or Informational Update or Transfer options on the form.

The objective screening tool is used considers the following information:

Risk of Sexual Victimization:

- mental, physical, development disability
- age
- physical build
- first incarceration
- convictions for sex offense against an adult or child
- self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming
- crimes exclusively nonviolent
- previous experience as a victim of sexual abuse community and while incarcerated
- is or is perceived to be gay, lesbian, transgender, intersex or gender non-conforming
- previous placement in protective custody
- inmate's perception of risk for sexual abuse
- detained solely for civil immigration
- sex offender status

The risk screen developed and used at this facility addresses all of these requirements. The screen is completed upon arrival by the intake case manager. The auditor observed the intake process and the completion of this risk assessment by the case manager. It was conducted in a private setting, with the questions being asked verbally by the case manager.

The screening tools addresses the following:

Risk of Sexual Abusiveness:

- sex offender status
- history of sexually aggressive behavior
- history of violence

· history of sexually abusive behavior during previous incarceration

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.

The criteria for what concludes someone as Sexually Vulnreable or Sexually Aggressive is noted on the form. Interviews with staff who complete the risk assessment verified to the auditor that they will make a notation if they believe an inmate is demonstrating effeminate mannerisms but will also note the response given the by individual. Therefore, the procedure is compliant with the clarifications in the FAQs for this standard. Interview with the PREA Coordinator, mental health staff and case manager confirmed to the auditor that if inmate behavior was observed that may affect the risk screen, it would be referred for an updated risk assessment. No examples were available to demonstrate this, noting this situation has not occurred. The auditor found this credible.

The auditor requested and received documentation of risk assessments for inmates arriving in August 2021 demonstrating the initial and follow up risk assessment. They were received and found to be complete and timely in accordance with the standard requirement.

The interview with the Case manager confirmed she would not require an inmate to answer sensitive questions - (d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. Random inmate interviews confirmed that they did not believe they would be disciplined if they did not respond.

Policy 518.10 Offender Screening states, Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Per the interview with the Case manager and the PREA Coordinator, Risk assessments are maintained in the case manager files which has appropriate controls on which staff can and cannot access the area.

Finding of compliance is based on the following: Policy supports compliance with all aspects of the standards. Inmates were asked if they felt they would be disciplined for not answering the questions; they answered no. Interview with the intake case worker supports compliance with completing the risk screen upon arrival. She stated as well that the screens are placed in the record office file which has appropriate controls on who can access the information. Randomly requested risk screens were provided further demonstrating compliance. Inmate interviews confirmed that the risk assessment is being conducted, the follow up risk assessment is conducting (describing the experience to the auditor as described by the person conducting the audit), and the risk assessment does represent compliance with the requirements of the provisions of the standard. The interview with the person conducting initial and follow up risk assessments confirmed to the auditor that they ask the questions verbally and have a place to make a subjective assessment if they believed the person was perceived as gender non confirming. All the reasons summarized provided the auditor with sufficient evidence to support a finding of compliance.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property
- Observations
- Interviews PREA Compliance Manager
- Interview Staff who conduct Risk screens
- Interview PREA Coordinator

The following policies support compliance with this standard:

2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property

Utilization of Screening Information

1. The HJHC utilizes information from the risk screening required in B 2 (d) above to determine 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. Before reassignment from intake and short-term holding to housing, there is an initial classification of the inmate that considers safety and security issues.

- a. The HJHC shall make individualized determinations about how to ensure the safety of each inmate.
- b. 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 HJHC 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.
- c. 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. d. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.
- e. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- f. The HJHC 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.

At the time of the audit, it was reported there was no inmates who identified as transgender female or intersex. During the audit process of touring reviewing documentation and interviewing staff, it is determined that this facility does not have dedicated facilities, units, or wings solely on the basis of such identification or status as transgender, intersex, homosexual, bi-sexual, gay or lesbian.

Conversations with the PREA Coordinator, shift commanders, case managers and program staff, confirmed to the auditor that placement in bed, housing unit, program and work assignments is highly scrutinized to ensure for a variety of factors, to include predatory behavior or potential vulnerability, that inmates are placed and assigned to areas that will best fit their need. It was elaborated that this includes aligning them with services in the community and that the result is a highly individualized case plan. Based on informal conversations with the inmates, this appeared credible, indicating that this facility has developed highly individualized treatment plans to best fit the individual's needs. Security staff are able to place inmates in safe environments, to include holding areas at intake, until needs can be accessed with the information that has been acquired.

Finding of compliance is based on the following: As summarized above, policy support the requirements of the standards. The auditor, through numerous conversations with various individuals determined that the agency does work diligently to ensure safety and treatment needs to each inmate's individual needs. Although no transgender /intersex inmates were present, the auditor found policy and interviews to support that their individual needs, as required by the provision in the standard would be met. Observation of the physical confirmed that they have numerous options available to ensure that specific security and showering needs are met. Staff and policy confirmed that consideration of placement at a female facility would be an option; it would require an agreement for placement at the contiguous county. This auditor has conducted PREA audits at that county and did find that they have housed transgender females in the female housing operation. As such, the auditor finds sufficient evidence to support a finding of compliance with the provisions of this standard.

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property · Observations: During the tour of Special Management Housing · Interviews Sheriff/Superintendent · Interviews Staff who supervise Special Management Housing · PAQ <p>The PAQ states that no inmates have been placed in involuntary protective custody due to their high risk of sexual victimization. The auditor found no evidence to dispute this during the audit process.</p> <p>2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property states under the heading, Protective Custody for Sexual Victimization</p> <p>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. 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:</p> <ol style="list-style-type: none"> a. The opportunities that have been limited, b. The duration of the limitation; and c. The reasons for such limitations. <p>The HJHC 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. If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the HJHC shall clearly document:</p> <ol style="list-style-type: none"> a. The basis for the facility's concern for the inmate's safety; and b. The reason why no alternative means of separation can be arranged. <p>Every 30 days, the HJHC shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.</p> <p>The interview with the staff who regularly supervises special housing confirmed he has no recollection of an inmate being placed in this unit for risk of sexual victimization or related to an allegation of sexual abuse. The interview with the Sheriff/Superintendent confirmed his support to make use of placement in the special management unit a last resort for inmates who either are at high risk for sexual victimization or have alleged sexual abuse. As noted in the Facility Description (as observed during the onsite visit), there are numerous housing options afforded that can be examined for use as an alternative to placement in restricted housing.</p> <p>Finding of compliance is based on the following: The PAQ states that no inmates have been placed in restrictive housing for protective custody to separate a victim from his abuser. The auditor found no reason to dispute this fact during the audit process. Observations, policy and interviews support compliance with the requirement of this standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment
- Inmate Manual
- PREA Posters
- Interviews inmates
- Interviews random staff
- MOU with Center for Women and Community
- Test of hotline number

(a) 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment states,

Inmate Reporting

1. The HJHC 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.
2. The HJHC 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.
3. All persons shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
4. The HJHC shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.
5. Inmates who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line officer.

Inmates are provided information regarding how to make reports in different ways at intake. All inmate interviews support knowledge of several options. Inmates have a hotline number which can be called without using a personal identification number (PIN) which goes directly to the command center. This is noted on PREA posters throughout the facility; posters are located next to the phones. Most inmates were knowledgeable regarding this number being available. The auditor tested the number from an inmate phone and found and was successful in connecting with the facility supervisor.

(b) The MOU with the Center for Women and Community (CWC) indicates that the parties have agreed to collaborate to provide a reporting service, including anonymous, noting in the agreement that the hotline number is to be unmonitored/unrecorded. Instructions for contacting this number are located on the PREA poster that the auditor observed next to inmate phones. As noted, information regarding how to report is in the Inmate Manual issued upon arrival. Inmate interviews confirm awareness of these options.

(c) Staff interviews confirmed that staffs are aware of this expectation and support compliance, including the reporting of suspicions to their immediate supervisor, stating that this information is well received and handled appropriately by the supervisors.

(d) Staff interviews revealed that they could go directly to the PREA Coordinator, Sheriff/Superintendent or their union to report sexual abuse privately.

Finding of compliance is based on the following: Policy supports all requirements of the standard. Staff and inmate interviews acknowledge there are multiple methods for filing a complaint. Staff interviews support that they understand their role to report immediately any information or suspicions they have regarding sexual abuse and sexual harassment. Information provided at orientation to the inmates, testing of the phone number available to inmates and inmate interviews all provided the auditor with sufficient evidence to support a finding of compliance with the standards.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment · Interview Grievance Coordinator · Inmate Manual · Inmate randomly asked about the grievance process <p>6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment Exhaustion of Administrative Remedies states the following:</p> <p>(b)The HJHC shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The HJHC may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The HJHC 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. 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.</p> <p>(c)The HJHC shall ensure that:</p> <ol style="list-style-type: none"> a. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and b. Such grievance is not referred to a staff member who is the subject of the complaint. <p>(d)The HJHC 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. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The HJHC 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. 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.</p> <p>Inmate Assistance</p> <p>(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 file 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. 4. There shall be a posting in all housing units with a phone number and address of an outside agency (Rape Crisis Hotline) allowing inmates the ability to report abuse or harassment to a public or private agency.</p> <p>(f)Emergency Grievance</p> <ol style="list-style-type: none"> 1. The HJHC shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the 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. <p>(g)Inmate Abuse of Grievance Process:</p> <p>The HJHC 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.</p> <p>The interview with the Grievance Coordinator confirmed that any grievance received will be assigned a grievance number and will be immediately referred to the investigator who then review and determines a response or forwards to the investigators for investigation. Zero grievances initiated a PREA investigation. The auditor requested a list of all grievances</p>

file for the past 12 months and concluded that no grievances have been filed in the previous 12 months. After interviewing twenty randomly selected inmates and addressing questions but also discussing conditions at this facility, the auditor finds this to be credible. Information on how to file a grievance is noted in the Inmate Manual.

Finding of compliance is based on the following: Policy supports the requirements of the subparts of this standard. The interview with the Grievance Coordinator and randomly selected inmates provided the auditor with sufficient evidence to support that the process will be addressed appropriately.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Observations · Intake information about PREA · PREA Posters · Interviews random inmates · MOU with Center for Women and Community (CWC) · Inmate Manual · Phone records <p>6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment</p> <p>Inmate Access to Outside Confidential Support Services states as follows:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>The interviews with the randomly selected inmates revealed to the auditor that most know about the service, noting that it is posted by the phone or in the Inmate Manual. Many said they have not called the number or needed a service like this. The facility was able to pull phone records for the number of calls to this number in the previous month. It revealed the phone number was called fifteen times in the previous month; calls were less than a minute in duration. It was reflected that this could represent the facility testing the number in addition to calls being made by the inmates.</p> <p>Additional agreements in the MOU include the following:</p> <ul style="list-style-type: none"> · With permission of the survivor, consult with the HSO Mental Health providers on an as needed basis or continued care of inmates after a sexual assault has been reported. · Provide materials to the HSO on rape and sexual assault in both English and Spanish · Provide direction for the reporting by CWC of any allegations of sexual abuse or sexual harassment to the HSO <p>The Inmate Manual additionally provides the inmates with the following resource information on the Inmate Manual:</p> <p>Rape Crisis Centers in Western Mass:</p> <ul style="list-style-type: none"> · Provide sexual assault counseling · Center for Women and Community: phone number and address (further noting that an anonymous complaint can be made) · NELCWIT: phone number and address · Elizabeth Freeman Center: phone number and address · YWCA of Western Mass: phone number and address

As noted earlier, a MOU is maintained with CWC who provides confidential emotional support through the mail and via the telephone. A number is posted near the phones on how to access the service. It notes the following: Inmates are not required to use their PIN; there is no cost to the inmate make this call. Inmates are given information on these services when they arrive in the Inmate manual. An interview was attempted with the CWC Director. After two attempts, the auditor was not able to make contact. Verification of the services by the Regional SANE Coordinator confirmed that there is a coordinated effort in this state to provide access to qualified emotional support services.

Review of phone records provided by a search conducted by the facility revealed that the phone has been used to make calls to the emotion support service number without obstruction and confirmed when the auditor tested the phone line.

Finding of compliance is based on the following: Policy, interviews with the SANE Coordinator, information provided at intake and on the PREA posters, random inmate interviews, testing of the phone line and records demonstrating its use supports a finding of compliance.

115.54	Third-party reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <p data-bbox="240 331 943 358">6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 389 397 416">Facility website</p> <p data-bbox="240 448 376 474">Observations</p> <p data-bbox="240 506 647 533">Inmate Visiting and Property Information</p> <p data-bbox="240 564 651 591">Interview with the Sheriff/Superintendent</p> <p data-bbox="240 622 943 649">6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 680 491 707">Inmate Reporting states,</p> <p data-bbox="240 739 1473 792"><i>All persons shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.</i></p> <p data-bbox="240 824 1390 878">The agency website, Prison Rape Elimination Act - Northampton, MA Sheriff's Office - Hampshire County House of Corrections (hampshiresheriffs.com), has the following:</p> <p data-bbox="240 909 608 936">Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 967 1489 1160">The Prison Rape Elimination Act, otherwise known as PREA, is a federal regulation which requires the elimination, reduction, and prevention of sexual assault and rape in this facility. The Hampshire Jail and House of Correction (HJHC) supports PREA by enforcing a Zero-Tolerance Policy for sexual assault, abuse, victimization, and harassment in its facilities. This Zero-Tolerance Policy affects all of the HJHC, including every employee, contractor, volunteer, visitor, and every person under correctional supervision. Report any assaults or victimizations that are sexual in nature to a staff member, in writing, or call the toll-free hotline (413) 584-0591. Any reports will be kept as confidential as the circumstance allows.</p> <p data-bbox="240 1191 1018 1218">Inmate Visiting and Property Information states the following regarding PREA:</p> <ul data-bbox="240 1249 1361 1541" style="list-style-type: none"> <li data-bbox="240 1249 496 1276">· Definition of PREA <li data-bbox="240 1308 671 1335">· HJHC commitment to zero tolerance <li data-bbox="240 1366 1361 1420">· The law applies to all employees, contractors, volunteers and visitors and every person under correctional supervisions <li data-bbox="240 1451 767 1478">· Report any information using a toll-free hotline <li data-bbox="240 1509 624 1536">· Reports will be kept confidential <p data-bbox="240 1572 1409 1662">The interview with the Sheriff/Superintendent affirmed a commitment to establishing a method to receive third party allegations and posting the method publicly. He indicated these and all allegations will be immediately addressed. He indicated he will be notified of any such allegations immediately.</p> <p data-bbox="240 1693 1473 1783">Finding of compliance is based on the following: Policy supports the requirements of the standard, review of the website, noting how to report in the visitor guide and the support expressed by the Sheriff/Superintendent confirms there is sufficient evidence to support a finding of compliance with this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1246 757" style="list-style-type: none"> <li data-bbox="240 329 1246 358">· 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking <li data-bbox="240 387 1187 416">· 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="240 445 443 474">· Observations <li data-bbox="240 504 544 533">· Interviews random staff <li data-bbox="240 562 707 591">· Interviews medical & mental health staff <li data-bbox="240 620 592 649">· Interview PREA Coordinator <li data-bbox="240 678 459 707">· Inmate Manual <li data-bbox="240 736 604 766">· Interview with the investigator <p data-bbox="240 790 1182 819">7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking</p> <p data-bbox="240 846 1493 1140">Responsibilities of All HSO Employees states, The HSO 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. 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. Any employee who receives knowledge of sexual abuse and sexual harassment, on an inmate, employee or person in the facility, including third party and anonymous reports, must report the information to the facility's designated investigators.</p> <p data-bbox="240 1169 1195 1198">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment states,</p> <p data-bbox="240 1227 1469 1355">Staff Reporting Duties of Sexual Assault/Abuse/Harassment states, the HJHC requires all staff to report immediately and according to HJHC 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 HJHC; 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.</p> <p data-bbox="240 1384 1484 1480">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 HJHC policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 1509 1493 1606">Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1635 1493 1762">If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the HJHC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The HJHC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="240 1792 1493 1919">Interviews with staff revealed that staff are keenly aware of the requirement to report immediately any suspicion, knowledge or information on sexual abuse, sexual harassment, retaliation and/or staff neglect that may contribute to sexual abuse or sexual harassment. Review of the investigations and interviews with the investigators support that an immediately notification is made. Staff was also keenly aware of the requirement to maintain confidentiality after the allegation is made.</p> <p data-bbox="240 1948 1469 2112">The interviews with medical and mental health staff confirmed to the auditor their awareness that they need to report if they have any suspicions or knowledge of sexual abuse, sexual harassment, staff neglect that may led to sexual abuse and sexual harassment, or retaliation for reporting. The mental health staff indicated that limits on confidentiality are discussed with the inmate at the beginning of service when they are developing treatment goals. Medical staff indicated they are informed of this at the initial health assessment.</p>

This facility does not house inmates under the age of 18. If a vulnerable adult was to file an allegation, it was reported to the auditor that it would be referred to the ADA Coordinator/PREA Coordinator for reporting to the proper agency.

Finding of compliance is based on the following: Overall observations of the audit tasks such as the interviews with staff, including medical and mental health, investigators, and randomly selected staff support knowledge of the requirement, process and need to maintain confidentiality. The inmate handbook reflects that medical and mental health staff are mandated to report any allegations of sexual misconduct reported to them.

115.62	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Observations · Interviews Sheriff · Interview Sheriff/Superintendent · Interview Random staff · PAQ <p>The PAQ indicates there have been no times the facility determined that an inmate was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>When the HJHC learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>Policy, physical plant, camera monitoring and staff interviews support that the facility is prepared and willing to protect any inmate from any risk of harm.</p> <p>The interview with the Sheriff/Superintendent confirmed that an inmate at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Inmate interviews illustrated to the auditor that staff are approachable. Corrections Officers and supervisors confirmed that this request would be supported, and action would be taken to protect the inmate before the suspected event occurred. Based on this and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Interview with Sheriff/Superintendent · PAQ · Notification Form <p>The PAQ indicates that zero allegations were received that inmate was abused while confined at another facility, one allegation of sexual abuse was received from another facility. However, upon investigation, the information received from another facility was outside the twelve-month reporting period.</p> <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment Reporting to Other Confinement Facilities states, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the HJHC shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The HJHC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The interview with the Sheriff/Superintendent supported that these notifications are made by his office within 72 hours of receipt.</p> <p>The interview with the Sheriff/Superintendent confirmed that any receipt of allegations that occurred at his facility will be immediately reported to the investigators for investigation.</p> <p>A Notification Form has been developed and is include in the policy which reflects the requirements of the standard.</p> <p>Finding of compliance is based on the following: The policy, review of notification forms and interview with the Sheriff/Superintendent provided the auditor with sufficient evidence to support a finding of compliance. There is a process in place to ensure the requirements of this standard are met.</p>

115.64	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 331 1206 757" style="list-style-type: none"> · 4.4.14M Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Sexual Assault/Abuse Response Plan · Observations · Random staff interviews · Informal interviews with non-security staff · PREA Training Curriculum · PREA Sexual Assault kits · PAQ <p data-bbox="240 788 1461 846">The PAQ indicates there were zero allegations of sexual abuse that allowed for time to collect evidence. The auditor found no reason to dispute this during the audit process.</p> <p data-bbox="240 878 1123 904">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p data-bbox="240 936 1493 1263">Staff First Responder Duties 115.64 Refer to HSO Disorder Management Reaction Plan #15 1: Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 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.</p> <p data-bbox="240 1294 1461 1420">The Sexual Assault/Abuse Response Plan contained in the facility's reaction plan is six pages detailing the response for immediate action, chain of command reporting, medical care, preservation of and collection of evidence, medical forensic exam if warranted, assessment of need for interpreter services, Sexual Assault Response Kits, report writing, investigation and review team.</p> <p data-bbox="240 1451 1477 1644">Finding of compliance is based on the following: Policy provides specific direction on how to respond to an allegation of abuse to ensure safety of the victim as well as how to preserve evidence. Both first responder staff and non-first responder staff attend training as required in 115.31; these requirements are reinforced in the training curriculum. The Sexual Assault/Abuse Response Plan provides direction on how to ensure evidence is preserved. All staff interviews demonstrated knowledge of the process. A PREA kit is maintained to help ensure that evidence is collected. Medical staff are available 24/7.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 1187 757" style="list-style-type: none"> <li data-bbox="242 329 1187 356">· 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="242 387 572 414">· PREA Training Curriculum <li data-bbox="242 445 549 472">· Random staff interviews <li data-bbox="242 504 564 530">· Observations - PREA kit <li data-bbox="242 562 632 589">· Interview Sheriff/Superintendent <li data-bbox="242 620 611 647">· Interview with Shift Supervisor <li data-bbox="242 678 580 705">· PREA Incident Report form <li data-bbox="242 736 687 763">· Sexual Assault/Abuse Response Plan <p data-bbox="242 790 1123 817">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p data-bbox="242 848 1461 943">Coordinated Response: The HJHC has developed 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. Refer to HSO Disorder Management Reaction Plan #15 Sexual Assault/Abuse Response.</p> <p data-bbox="242 974 1461 1099">The Sexual Assault/Abuse Response Plan contained in the facility's reaction plan is six pages detailing the response for immediate action, chain of command reporting, medical care, preservation of and collection of evidence, medical forensic exam if warranted, assessment of need for interpreter services, Sexual Assault Response Kits, report writing, investigation and review team.</p> <p data-bbox="242 1131 1485 1359">Immediate Action Phase 1. In the event that an inmate reports being an alleged victim of a sexual assault or a victim of sexually abusive behavior, the staff member receiving such complaint shall: a. Separate the alleged victim and the alleged abuser and remove inmate(s)/victim(s) from the immediate area. b. The victim should be asked not to wash, shower use the bathroom, eat, or drink. If the inmate/victim must utilize the bathroom, ensure they use a sterile wipe. Place the sterile wipe in a paper evidence bag along with a chain of custody form (HSO Chain of Evidence). c. Secure the alleged crime scene and immediately notify the Shift Supervisor. Note: This response plan was updated to reflect that the victim is asked as the request of the auditor.</p> <p data-bbox="242 1391 1433 1516">Finding of compliance is based on the following: Policy, review of the coordinated plan, review of the training curriculum which reinforces the actions of the plan, interview with all staff who are knowledgeable regarding the plan, review of the PREA Sexual Assault/Abuse Response Plan and observations of the PREA kit all provided the auditor with sufficient evidence to support a finding of compliance.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Four union contracts · Interview Sheriff/Superintendent · Interview with a union representative <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>Preservation of Ability to Protect Inmates from Contact with Abusers: Neither the HJHC 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. Nothing in this policy shall restrict the entering into or renewal of agreements that govern:</p> <p>a. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or</p> <p>b. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The auditor reviewed the following documents and found no limits to the Sheriff's Office to remove alleged staff abusers.</p> <ul style="list-style-type: none"> · Agreement between Hampshire Sheriff's Office Treatment Association (SOTA) and Hampshire Sheriff's Office Jail and House of Correction (HSOJHC) · Agreement between Hampshire Sheriff's Office Correctional Officer and Sergeants and National Correctional Employees Union (NCEU) · HSONUCA Association for Non-Uniform Correctional Association · Senior CO <p>The interview with the Sheriff/Superintendent confirmed that he has no barriers to reassignment of staff if deemed warranted related to an allegation of sexual abuse by the union. An interview with a union representative indicated that his union has no concern with the need to remove staff from contact pending an investigation.</p> <p>Finding of compliance is based on the following: Review of policy and review of the union agreements as well as the interview with the Sheriff/Superintendent and union representative support the finding of compliance.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1246 701" style="list-style-type: none"> <li data-bbox="240 329 1246 358">· 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking <li data-bbox="240 387 1187 416">· 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="240 445 643 474">· Interviews Sheriff/Superintendent <li data-bbox="240 504 1091 533">· Interview with designated staff members charged with monitoring for retaliation <li data-bbox="240 562 707 591">· Forensic/Program Units Weekly Review <li data-bbox="240 620 541 649">· PREA Monitoring Form <li data-bbox="240 678 357 707">· PAQ <p data-bbox="240 730 1469 792">The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.</p> <p data-bbox="240 822 1177 851">7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, domestic Violence and Stalking</p> <p data-bbox="240 880 976 909">No Retaliation for Filing a Complaint or Cooperating with an Investigation:</p> <ol data-bbox="240 938 1490 1585" style="list-style-type: none"> <li data-bbox="240 938 1490 1032">1. The employer shall establish a policy to protect all staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff and shall designate which staff members or departments are charged with monitoring retaliation. <li data-bbox="240 1061 1477 1155">2. 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. <li data-bbox="240 1184 1490 1382">3. 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. <li data-bbox="240 1411 1070 1440">4. In the case of inmates, such monitoring shall also include periodic status checks. <li data-bbox="240 1469 1382 1532">5. 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. <li data-bbox="240 1561 1331 1590">6. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. <p data-bbox="240 1619 1313 1648">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment additionally states,</p> <p data-bbox="240 1677 608 1706">HJHC Protection Against Retaliation</p> <ol data-bbox="240 1736 1490 2141" style="list-style-type: none"> <li data-bbox="240 1736 1490 1861">1. The HJHC shall 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. Any allegations of sexual abuse or sexual harassment of inmates will be monitored for retaliation by the inmate's Case Manager. Any allegations of sexual abuse or sexual harassment of staff will be monitored for retaliation by the ADS Administration and/or ADS Security. <li data-bbox="240 1890 1477 1984">2. The HJHC employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <li data-bbox="240 2013 1490 2141">3. For at least 90 days following a report of sexual abuse or sexual harassment, the HJHC shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment and of inmates who were reported to have suffered sexual abuse or sexual harassment 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 HJHC should monitor include but are not limited to: i.

Inmate disciplinary or informational reports, ii. Housing, or program changes, iii. Negative performance reviews or iv. Reassignments of staff. v. The HJHC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

4. In the case of inmates, such monitoring shall also include periodic status checks and be documented in the inmates Case Notes.

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

6. The HJHC's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility reports that a case manager is responsible for monitoring the inmate who made an allegation or indicated fear of retaliation for cooperating with an investigation. The Security Major would be responsible for monitoring staff. He was briefly interviewed and confirmed his role and responsibility for this. The interview with the case manager revealed that she is responsible for weekly monitoring of the inmate population in her normal course of duties. The form entitled Forensic/Program Units Weekly Review is used. She indicated she would also document during this process any need for retaliation monitoring. There is a separate form for this function – PREA Monitoring that addresses all the provisions of the standard to include that it starts following a report, it is conducted for at least 90 days, it includes periodic checks, items reviewed include disciplinary reports, housing or program changes, negative performance reviews (staff) reassignments (staff).

Finding of compliance is based on the following: Interview with the designated retaliation monitor supported compliance based on responses to questions, experience at the facility and the process used for accomplishing this task. The interviews with the Sheriff/Superintendent, and PREA Coordinator support that the facility will protect anyone who fears retaliation. The physical plant affords numerous options to change housing, if needed. In an extreme event, they can make arrangements with another county jail to have him placed there.

115.68	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Interviews Sheriff/Superintendent · Interview Staff who supervise restrictive housing · PAQ <p>The PAQ indicates there has been no incident where an inmate who suffered sexual abuse was held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process.</p> <p>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.</p> <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>Post-Allegation Protective Custody 115.68 1. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of HSO 2.1.15 Admission Process.</p> <p>See comments in § 115.43</p> <p>Interviews with staff who regularly supervision special housing and the Sheriff/Superintendent both confirmed to the auditor that placement for an inmate who is alleged to have suffered sexual abuse has not occurred. The Sheriff/Superintendent reinforced that there are numerous options available to ensure a safe placement before use of special management. He noted that policy is in place should the options reviewed lead to that placement to ensure the provisions of the standard are met.</p> <p>Finding of compliance is based on the following: The PAQ indicates they have not had to use restrictive housing to protect an inmate who is alleged to have suffered sexual abuse. Policy addresses the requirements in the event of an occurrence in the future. Interviews with the Sheriff/Superintendent, staff who regularly work/supervise restricted housing and informal conversations supported to the auditor the credibility of the facility's commitment to not place a person who alleged sexual abuse in restrictive housing involuntarily.</p>
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115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- 6.3.2M Criminal and Administrative Investigations
- Notice of Allegations of Sexual Assault/Abuse/Harassment form
- PREA Investigation report form/Table of Contents
- Observations
- Interviews Investigative staff
- Interview with the Sheriff/Superintendent
- Interview with the PREA Coordinator
- Retention schedule
- PAQ

PAQ indicates no substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.

6.3.2M Criminal and Administrative Investigations states,
Criminal and Administrative Agency Investigations

1. When HJHC 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.
2. Where sexual abuse is alleged, the HJHC shall use investigators who have received special training in sexual abuse investigations pursuant to HSO 7.2.17 Specialized Training PREA Investigators (115.34).
3. 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.
4. 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.
5. 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.
6. Administrative investigations:
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. 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.
7. 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.
8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
9. The agency shall retain all written reports referenced in sections 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
10. The departure of the alleged abuser or victim from the employment or control of the HJHC shall not provide a basis for terminating an investigation.

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

The Notice of Allegations of Sexual Assault/Abuse/Harassment form, attached to the policy, helps ensure that all investigations are conducted promptly. All staff interviews confirmed they will immediately notify the supervisor of any allegations, suspicions, or reports, including those received third party or anonymously.

All six designated investigators have received specialized training. See 115.34 as evidenced by certificates of completion provided to the auditor.

The interview with the investigator confirmed that any relevant evidence is gathered to include physical, DNA electronic monitoring data and interviews of all parties who may have relevant information. Investigative files can be reviewed to determine if there are previous allegations involving any of the inmates involved.

The interview with the investigator confirmed that he concludes credibility on the collaborating evidence. He confirmed that polygraph or truth telling devices are not used. The investigator confirmed they would be consulted before conducting compelled interviews. He also conducts internal affairs investigations. He indicated he would automatically review the investigation to determine if staff actions or failures contributed to the abuse. He confirmed, although it would be a unique situation, if the Massachusetts State Police investigated, he would cooperate with them and would remain informed on the progress. The interview with the Sheriff/Superintendent confirmed this as well. Finally, the investigator confirmed that an investigation would continue even if the alleged victim or alleged abuser was no longer at the facility.

The facility reports they have not had a sexual abuse or sexual harassment allegation in over two years. Investigation files from prior to the time was provided to the auditor for review. Investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. This format is established in the specialized investigator training received. Evidence collected would remain preserved with the investigation file, when feasible. The PREA Investigation report form/Table of Contents provides evidence that the reports are completed in a standardized logical format.

Finding of compliance is based on the following: As noted above, policy mandates compliance with the requirements of the standard. The interview with the investigator confirmed compliance with the requirements. Although the facility reported that there have been no investigations in the past two years, they did provide the auditor with investigations from three years ago to review which supported compliance with the provisions of the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2M Criminal and Administrative Investigations · Interviews Investigative staff · SAIT curriculum <p>6.3.2M Criminal and Administrative Investigations states,</p> <p>Evidentiary standard for administrative investigations 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.</p> <p>The interview with the investigator confirmed this standard of evidence would be used when determining the outcome of an investigation. Review of the training curriculum for investigators (SAIT) supported that a preponderance of evidence criteria is used to support a substantiated administrative investigation.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above, SAIT curriculum as well as the interview with the investigators support compliance with this standard.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2M Criminal and Administrative Investigations · Interview Sheriff/Superintendent · Interviews with Investigative staff <p>6.3.2M Criminal and Administrative Investigations</p> <p>Reporting to inmates</p> <ol style="list-style-type: none"> 1.. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the HJHC shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 2. If the HJHC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. 3. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the HJHC shall subsequently inform the inmate (unless the HJHC has determined that the allegation is unfounded) whenever: <ol style="list-style-type: none"> a. The staff member is no longer posted within the inmate's unit; b. The staff member is no longer employed at the facility; c. The HJHC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or d. The HJHC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 4. Following an inmate's allegation that he or she has been sexually abused by another inmate, the HJHC shall subsequently inform the alleged victim whenever: <ol style="list-style-type: none"> a. The HJHC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The HJHC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5. All such notifications or attempted notifications shall be documented. 6. An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. <p>The interview with the investigator supports that it is the investigators obligation to ensure that the notification is given.</p> <p>Finding of compliance is based on the following: Policy excerpts demonstrate compliance with the requirements. Interview with the investigator confirmed the practice.</p>

115.76	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · Observations · PAQ <p>The PAQ indicates that no staff have been terminated, nor referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy. The auditor found no reason to dispute this during the audit process.</p> <p>7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states,</p> <p>Disciplinary Sanctions for Staff</p> <ol style="list-style-type: none"> 1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 2. 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. 3. 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. <p>Additionally, dialogue with the Sheriff/Superintendent, investigator, and PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse.</p> <p>Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no staff have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Sheriff/Superintendent support that these requirements will be followed.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · Interviews Sheriff/Superintendent · PAQ <p>The Pre-Audit Questionnaire notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an inmate. The auditor found no evidence to dispute this statement during the audit process.</p> <p>7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states,</p> <p>Corrective Action for Contractors and Volunteers</p> <p>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.</p> <p>Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no volunteers or contractors have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Sheriff/Superintendent supported that these requirements will be followed.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 3.1.1 Resident Rules, Discipline and Sanction · Observations · Interviews Sheriff/Superintendent · Interview with the disciplinary officer · Interview with mental health staff · Inmate Manual · Interview with the Disciplinary Coordinator · PAQ <p>The PAQ indicates there have been no administrative findings or criminal findings of inmate-on-inmate sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>3.1.1 Resident Rules, Discipline and Sanction states,</p> <p>Disciplinary sanctions for inmates relative to PREA</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) If the HJHC offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the HJHC shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p>(e) The HJHC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>(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.</p> <p>(g) The HJHC prohibits all sexual activity between inmates and shall 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.</p> <p>Sanctions</p> <p>Sanctions imposed for rule violations are related to the severity of the offense</p> <p>Major sanctions shall include: i. Isolation for a specified period of time not to exceed 10 days for any one offense and not to exceed 30 days for any one incident. 943.09 (3) (Isolation time shall be served for no longer than 10 days with a 24 hour break before beginning the next 10 days.); ii. Recommended good time forfeiture; 943.08 (2) (e) iii. Room restriction; and, iv. All minor sanctions.</p> <p>Rule Violations, Code of Offenses 1. The Code of Offenses lists acts, which are prohibited within the Jail and House of Correction and the penalties, which may be imposed for various degrees of violation. The following acts (Code of Offenses) are prohibited in this facility and in some instances are violations of the laws of the City or Commonwealth of Massachusetts.</p> <p>Engaging in unauthorized sexual acts with others.</p>

Use of obscene, abusive or threatening language, action or gesture to any inmate or staff member.

Sexual harassment – repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another.

The Inmate Manual informs the inmates that engaging in sexual acts with others is a major offense. It provides information to the inmate about the formal disciplinary process.

The interview with the disciplinary coordinator confirmed to the auditor that sanctions would be commensurate with the nature and circumstances of the offense.

The interview with the disciplinary coordinator and the Mental Health Director confirmed that an inmate's mental status would be reviewed prior to determining disciplinary sanctions.

The interview with the Mental Health staff confirms that mental health staff could work with an individual individually to address these issues, if he was willing. It would not be a requirement for release.

The interview with the disciplinary coordinator confirmed that an inmate would not be sanctioned for sexual contact with a staff unless the staff member did not consent to the contact.

Finding of compliance is based on the following: Review of the policies and documents noted above support a finding of compliance. The interview with the Sheriff/Superintendent supported that sanctions are proportionate to the nature and circumstance and mental disability/illness is considered when determining sanctions in accordance with policy. The interview with the mental health staff supports that the inmate will be referred for appropriate counseling if found guilty of a sexual misconduct. The interview with the disciplinary officer confirmed compliance with provisions (b), (c) and (e). Based on analysis of the evidence, the auditor finds the facility to be compliant with the requirements of this standard. Policy acknowledges different levels of sexual abuse and sexual harassment offenses and the severity of the offense, based on the act.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.3.1M Access to Care, Initial Medical Screening · 4.3.10M Mental Health Program · Observations of the intake process · PREA Screening Form · Interviews Inmates who disclose sexual victimization at risk screening · Interview Staff Responsible for risk screening · Interview medical and mental health staff · Document's showing limited information to custody staff · Authorization to release medical information · HSO Initial Intake/Classification and Orientation · PAQ · Mental health follow up packet completed within 5 days <p>The PAQ indicates that 100% of inmates who disclosed prior victimization during screening who were offered a follow up meeting with medical/mental health practitioner.</p> <p>4.3.1M Access to Care, Initial Medical Screening states,</p> <p>Medical Screening for all inmates on arrival. a. All screening forms shall be reviewed by Health Service Staff and appropriate follow up shall be arranged. The screening will be pursuant to Admission Process/Inmate Property.</p> <ol style="list-style-type: none"> 1. If the screening 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. 2. If the screening 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. 3. If the screening 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. 4. 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. 5. 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. <p>4.3.10M Mental Health Program states,</p> <p>All inmates receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility.</p> <p>Mental health examinations include, but are not limited to:</p> <ul style="list-style-type: none"> • Assessment of current mental status and condition. • Assessment of current suicidal potential and person-specific circumstances that increase suicide potential.

- Assessment of violence potential and person-specific circumstances that increase violence potential.
- Review of available historical records of inpatient and outpatient psychiatric treatment.
- Review of history of treatment with psychotropic medication.
- Review of history of psychotherapy, psycho-educational groups, and classes or support groups.
- Review of history of drug and alcohol treatment.
- Review of educational history.
- Review of history of sexual abuse, victimization and predatory behavior and ongoing care for sexual abuse/assault victims and abusers.

PREA Screening and Initial Housing Classification Mental Health Review includes the following:

History of sexual victimization (per inmate or information gathered from other sources) If yes, inmate requests follow-up with Forensic Mental Health yes or no. The auditor observed the intake process during the onsite audit. This process was addressed during that screen.

The interview with medical and mental health staff confirmed this process. The auditor was provided the RELEASES OF INFORMATION CONSENT FORM which states, "I authorize the Hampshire Sheriff's Office to release information from my records to the following". The interview with medical and mental health staff confirmed this would be reviewed and signed by the inmate before reporting victimization that occurred outside the institutional setting before releasing that information.

The auditor was provided the secure medical and mental health information from the intake process, mental health evaluation. It is part of the medical record and therefore only shared with staff that need to know. Mental health staff are involved in all intake assessment and indicated he would be aware of the findings of the risk assessment when conducting the original assessment; therefore, all inmates receive this upon arrival.

Finding of compliance is based on the following: Review of policy, interviews with staff, including medical and mental health staff support a finding of compliance. As all inmates are reviewed by medical and mental health staff, the notation of prior victimization will be addressed at the initial intake encounter. As confirmed with the interview with mental health, inmates wanting to receive further mental health assistance are placed on the caseload and assessed and provided treatment according to their needs. Medical and mental health staff confirmed they obtain informed consent by having the inmate sign a form, if making a referral outside the agency related to prior victimization.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- 4.3.5M Emergency Health Care Services
- 4.3.10M Mental Health Program
- Observations made during the tour
- Interviews medical and mental health staff
- Facility Coordinated Response Plan

4.3.5M Emergency Health Care Services

Sexual Assault/Abuse

1. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to HSO 2.1.20M Authorization to Segregate and shall immediately notify the appropriate medical and mental health practitioners.
3. 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.
4. 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.

4.3.10M Mental Health Program

HJHC 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.

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.

HJHC shall provide such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in paragraph (l) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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.

It was reported that medical staff are on duty 24 hours a day, seven days a week. The auditor found this credible. Policy requires that they be immediately notified if a report of sexual abuse is made.

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the health services staff confirmed this would occur.

601.14 Unimpeded Access to Health Care states, Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The Pre-Audit Questionnaire reports that there have been no incidents in the previous 12 months that warranted emergency medical treatment. The auditor found no reason to dispute this statement based on all observations made during the audit process. Interviews supported that the provision requirements would be met.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- 4.3.5M Emergency Health Care Services
- 4.3.10M Mental Health Program
- Observations made during the tour
- Interviews medical and mental health staff
- Facility Coordinated Response Plan

4.3.5M Emergency Health Care Services

Sexual Assault/Abuse

1. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to HSO 2.1.20M Authorization to Segregate and shall immediately notify the appropriate medical and mental health practitioners.
3. 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.
4. 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.

4.3.10M Mental Health Program

HJHC 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.

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.

HJHC shall provide such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in paragraph (I) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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.

It was reported that medical staff are on duty 24 hours a day, seven days a week. The auditor found this credible. Policy requires that they be immediately notified if a report of sexual abuse is made.

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the health services staff confirmed this would occur, to include follow up care and referral to the community or transfer to a prison.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The Pre-Audit Questionnaire reports that there have been no incidents in the previous 12 months that warranted emergency medical treatment. The auditor found no reason to dispute this statement based on all observations made during the audit process. Interviews supported that the provision requirements would be met.

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.18 PREA Data Collection, Review, Storage · Sexual Abuse Incent Review form · Interview with members of the Sexual Abuse Incident Review Team · Interview with the Superintendent <p>(a)(b)(c) (d) (e) 4.4.18 PREA Data Collection, Review, Storage Sexual abuse incident reviews</p> <ol style="list-style-type: none"> 1. The HJHC 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. 2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 3. The review team shall include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners and other appropriate staff. 4. The review team shall: <ol style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs A. 4. a – e of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. 5. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. <p>A form has been developed which would be used which addresses all the requirements of the standard. Interviews with members of the review team (investigator and the PREA Coordinator) confirmed that the requirements of the standard are all considered when conducting the review.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above interview with the PREA Coordinator and investigator and review of the form.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 360 542 568" style="list-style-type: none"> <li data-bbox="240 360 363 387">· Definitions <li data-bbox="240 454 542 481">· Interview PREA Coordinator <li data-bbox="240 544 459 571">· Annual Report 2020 <p data-bbox="240 633 699 660">518.20 Data Collection/Analysis is as follows:</p> <p data-bbox="240 667 395 694">Data collection</p> <ol data-bbox="240 701 1489 994" style="list-style-type: none"> <li data-bbox="240 701 1489 763">1, The HJHC 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. <li data-bbox="240 770 1086 797">2. The HJHC shall aggregate the incident-based sexual abuse data at least annually. <li data-bbox="240 804 1469 866">3. 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. <li data-bbox="240 873 1425 936">4. The HJHC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. <li data-bbox="240 943 1473 1005">5. Upon request, the HJHC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. <p data-bbox="240 1061 1485 1124">Policy supports the requirements of the standard. The interview with the PREA Coordinator confirmed that he last received a request for the Survey on Sexual Victimization in 2018. The policy provides the following definitions:</p> <p data-bbox="240 1131 1485 1158">DEFINITIONS AND TYPES OF SEXUAL HARASSMENT AND ABUSE: A. Sexual Harassment Includes: 115.6 1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another, and 115.6 2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. 115.6 3. Sexual harassment is a form of sex discrimination. Sexual harassment in the workplace and retaliation for reporting or cooperating with a sexual harassment investigation are unlawful under both state and federal law. The Equal Employment Opportunity Commission's guidelines provide that unwelcome sexual advances, requests for sexual favors and other physical or verbal conduct of a sexual nature constitute harassment when: a. submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of an individual's employment; or b. submission to or rejection of such advances, requests or conduct by the individual is used as the basis for an employment decision affecting the individual; or c. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, humiliating or sexually offensive work environment. 2. Sexual harassment is not limited to conduct by a male employee towards a female employee. The victim of sexual harassment may be either male or female. Likewise, a harasser may be male or female. 3. Sexual harassment is not, by definition, limited to prohibited conduct by a supervisor or manager towards an employee. It can also involve conduct by one employee towards a co-worker or, in some circumstances; it may even involve a non-employee as the harasser or the victim of harassment. B. Types of Sexual Harassment There are two types of sexual harassment: 1. Quid Pro Quo Harassment – ("Giving something to get something") – occurs when a job benefit (i.e., continued employment, promotion, wage increase, performance review, hours of work, time off, etc.) is tied to an employee's submission to or rejection of sexual conduct or behavior. 2. Hostile Environment Harassment – Verbal or physical conduct of a sexual nature which is unwelcome and sufficiently severe or pervasive so as to alter the conditions of the employee's employment and create an intimidating, hostile or offensive working environment. C. Examples of Types of Conduct Which May Constitute Sexual Harassment The following examples are intended to provide a broad overview, not an exhaustive list, of the types of conduct which can constitute sexual harassment. 1. Supervisor indicates to a subordinate that the subordinate's performance review will be affected by whether or not the subordinate is willing to date the supervisor. 2. Supervisor tells an employee that he/she could be promoted if he/she grants certain sexual favors to the supervisor. 3. Manager demotes an employee because the employee refuses to share a bed with the manager during an out of town conference. 4. An employee is subjected to sexual remarks and/or whistles upon each visit to a particular work department. Over a period of time, the employee becomes reluctant to enter that department making it difficult for the employee to properly perform his/her duties. D. Other Examples of Conduct That Violates the Policy Be advised that our policy prohibits conduct or behavior of a sexual nature that may be beyond what is prohibited by law. The</p>

following are some other examples of conduct that violates facility policy and in some instances may violate the law as well:

1. Staring, leering or ogling a person's body.
2. Having sexually suggestive objects or materials (i.e., magazines, posters, cartoons, post cards, calendars, pictures, tapes, etc.) in the workplace, while on duty or at facility sponsored events.
3. Making sexual gestures or body motions.
4. Transmitting or accessing sexually explicit materials by computerized or other means.
5. Making sexual comments or telling sexual jokes or stories.
6. Touching, pinching, groping, kissing or patting the body of another person.
7. Repeatedly asking a person for a date or to socialize outside of work after being informed such conduct is unwelcome.
8. Exerting pressure on another person for sex or a romantic relationship.
9. Following, "shadowing" or stalking a person.
10. Commenting on a person's sex life.

These definitions are consistent with those included in the PREA standards.

As indicated, this facility does not contract with a private facility. The interview with the PREA Coordinator confirmed that data is collected from sexual abuse investigations, risk assessments and incident reviews.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low; specifically, there have been no allegations received in the last two years. To further support credibility of this, the auditor was provided incident reports which after review, concluded that there have not been any allegations of sexual abuse or sexual harassment. Additionally, the overall onsite audit experience provided the auditor no reason to dispute this.

115.88	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li data-bbox="242 329 392 356">· Observations <li data-bbox="242 385 663 412">· Interview with the Sheriff/Superintendent <li data-bbox="242 443 539 470">· Interview PREA Coordinator <li data-bbox="242 499 408 526">· Link to website <li data-bbox="242 557 778 584">· Annual Report on Sexual Victimization 2015 to 2020 <p data-bbox="242 649 697 676">518.20 Data Collection/Analysis is as follows:</p> <p data-bbox="242 683 568 710">Data review for corrective action</p> <p data-bbox="242 716 1485 777">The HJHC 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:</p> <ol style="list-style-type: none"> <li data-bbox="242 784 528 810">a. Identifying problem areas; <li data-bbox="242 817 766 844">b. Taking corrective action on an ongoing basis; and <li data-bbox="242 851 1390 878">c. Preparing an annual report of its findings and corrective actions for each facility, as well as the HJHC as a whole. <p data-bbox="242 884 1484 976">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 HJHC's progress in addressing sexual abuse. The HJHC's report shall be approved by the Sheriff or designee and made readily available to the public through its website</p> <p data-bbox="242 983 1449 1043">The HJHC 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.</p> <p data-bbox="242 1108 1493 1301">The interview with the Sheriff/Superintendent confirmed that incident based sexual abuse data is used to assess and improve prevention, detection and response policies. He confirmed that he does approve the reports. The auditor reviewed the report for 2020. The report includes a comparison of data. No information required redaction. Th auditor reviewed the website Prison Rape Elimination Act - Northampton, MA Sheriff's Office - Hampshire County House of Corrections (hampshiresheriffs.com) and found access to the reports for 2015, 2016, 2017,2018, 2019 and 2020.</p> <p data-bbox="242 1332 1489 1494">Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low, supporting that staff excel at prevention in the facility. The interview with the Sheriff/Superintendent supports the process and use of the information. He confirmed he approves the report.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 518.20 Data Collection/Analysis · Interviews PREA Coordinator · Documentation that it is on the website · Historical data since 2015 <p>518.20 Data Collection/Analysis states, Data storage, publication, and destruction The HJHC shall ensure that data collected pursuant to § 115.87 are securely retained. The HJHC 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.</p> <p>Before making aggregated sexual abuse data publicly available, the HJHC shall remove all personal identifiers. The HJHC shall maintain sexual abuse data collected pursuant to § 115.87 for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.</p> <p>Policy supports the requirements of the standards. The interview with the PREA Coordinator supports that data is securely maintained and will be maintained for the required 10 years. In addition, data is available on the website for the years 2015, 2016, 2017, 2018, 2019 and 2020. The auditor viewed the area where data is stored, the PREA Coordinator office, and found that it is a secure location. Based on the above, the auditor finds this standard to be in compliance.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	See comments throughout the report.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The last report is available on the agency website.

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how 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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, 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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does 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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes