

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Hampshire Sheriff's Office			
Physical address: 205 Rocky Hill Rd. Northampton, MA 01060			
Date report submitted:		June 19, 2015	
Auditor Information: Amy Fairbanks			
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Date of facility visit:		June 12, 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i> P. O. Box 7000 Northampton, MA 01061			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager: Jake McCormick		Title:	Lieutenant
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Agency Information			
Name of agency:		Hampshire Sheriff's Office Jail and House of Correction	
Governing authority or parent agency: <i>(if applicable)</i> Commonwealth of Massachusetts			
Agency Chief Executive Officer			
Name: Robert J. Garvey		Title:	Sheriff
Email address: Robert.Garvey@hsd.state.ma.us		Telephone number:	413 584 5911 ext 201

AUDIT FINDINGS

NARRATIVE:

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

A complete tour of the facility was conducted on June 12, 2015. The following areas and operations were visited and observed: inmate living areas (restrictive housing, pre-trial housing, sentenced housing (room as well as multiple occupancy cells, & minimum housing), medical operations, booking operations, and food service operations.

Documents reviewed for this audit included the completed PREA questionnaire, policy, contracts, training curriculums, staff training records, personnel files, contract/volunteer training records, logbooks, meeting minutes, sexual abuse & harassment complaints, accreditation reports, and population reports for the previous twelve months. Camera monitoring operations were also examined.

Formal staff interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff prior to the audit. They were conducted with the following: The Sheriff, Major, PREA compliance manager/coordinator (Captain and a Lt. who will be assuming the duties) medical staff (Health Services Administrator, RN, and contractual mental health provider), human resources coordinator, corrections officers/sergeants from all areas of the jail and shifts (including special management housing), booking officer, one investigator, one classification staff, and one food service staff.

Inmates interviews were conducted with the following: seven random inmates (pre-trial and sentenced), one inmate who wrote a letter (housed in special management housing), and two transgender inmates.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit. Two letters were received prior to the audit. One additional letter was received from an inmate who was no longer housed at the jail. No advocacy groups were identified as having shown interest in this facility.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Hampshire County Sheriff's Jail and House of Correction is located in western Massachusetts. It is a jail facility that houses up to 287 inmates (pre-trial and those sentenced up to 30 months), with 167 staff. The average population is 249 males only. On the day of the audit the count was 246. There is a special management housing areas that can hold 24 inmates. There is a minimum custody housing area as well. No females are housed at this facility. No youthful offenders are housed here. Contract services provide mental health care and programming. The facility has five buildings.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard number here **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

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

(a)written policy(b) upper level agency wide PREA coordinator(c) PREA compliance manager at the facility

This is addressed in policy HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking. A PREA coordinator has been designated with the rank of captain. Three staffs are assigned to assist him. Interview with these staff confirmed compliance with this standard.

Standard number here **§115.12 - Contracting with other entities for the confinement of inmates**

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

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

- (a) new contracts PREA requirements with private agency
- (b) new contract, contract monitoring included

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

Standard number here **§115.13 – Supervision and Monitoring**

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

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

- (a) staffing plan, includes eleven considerations
- (b) document deviations
- (c) PREA coordinator and agency determine adjustments
- (d) Policy for unannounced rounds, prohibit staff from alerting others

HSO 2.1.2 Workload HSO requirements/Shift Relief Factor and HSO 2.1.4 Around the Clock Supervision and Staff/Inmate Interaction address the requirements of this standard. Essential positions have been established. Overtime is and has been authorized to ensure that staffing levels do not go below minimum required essential positions. Staffing is reviewed each shift and an analysis conducted annually, and addresses PREA protection. Deviation from the staffing roster is documented. Review of documentation, staff and inmate interviews support compliance with unannounced rounds.

Standard number here §115.14 – Youthful Inmates

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

N/A no youthful offenders. Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services. This was also supported by the tour, interviews and review of documentation.

Standard number here §115.15 – Limits to Cross-Gender Viewing and Searches

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

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

- (a) Only exigent circumstances for cross gender strip or cavity
- (b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017)
- (c) Document cross gender strip searches, cavity searches and pat down searches of females
- (d) Inmates can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit

- (e) Transgender not searched for sole purpose of determining genital status.
- (f) Train security staff in cross gender pat down and transgender/intersex inmates

The requirements of this standard are addressed in the following policies: HSO 2.1.8 Resident Supervision, HSO 2.1.1 Master Control Center, Communications, Surveillance, HSO 2.3.3 Inmate Search/Body Cavity/Strip Searches, and 2.3.1 Searches & Disposition of Evidence. Cross gender searches are not conducted, including pat down searches of females as no females are not housed at this facility. A strip search log is maintained. The training curriculum addresses pat searches of transgender/intersex inmates. Documentation showing staffs have been trained was reviewed. Interviews inmates confirm compliance with this standard.

Standard number here §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

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

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

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

Standard number here §115.17 – Hiring and Promotion Decisions

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

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

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

This is addressed in HSO 7.2.3 Internal Affairs/Background Check. Review of documentation from random personnel files to include applications and background checks support compliance with this standard as well as the interview with the Human Resource Coordinator. Background checks are conducted annually therefore exceeding the standard.

Standard number here §115.18 – Upgrades to Facilities and Technology

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

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

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

There have not been any modifications. There are numerous cameras currently in strategic locations to view several areas of activity and movement. They are not located where they would violate inmate privacy. Additional cameras have been requested and PREA incidents are strongly considered when determining placement of them.

Standard number here §115.21 – Evidence Protocol and Forensic Medical Examinations

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

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

- (a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence
- (b) Protocols appropriate for youths
- (c) Offer forensic medical exams, document efforts if they cannot
- (d) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person. Document efforts to secure services
- (e) Accompany the victim if requested
- (f) Request investigating agency follow the requirements
- (g) Includes State entity or DOJ
- (h) Qualified advocate has received appropriate education and has been appropriately screened.

This is addressed in policy HSO 6.3.2 Criminal & Administrative Investigations. There are SANE staffs available at the hospital in the community – Cooley-Dickinson (five minutes from the facility); a MOU is in place to support this. There is also a MOU with Rape Crisis Hotline in effect through April 2016. The agency conducts both administrative and criminal investigations regarding sexual abuse/harassment.

Standard number here	§115.22 – Policies to Ensure Referrals of Allegations for Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

This is addressed in HSO 6.3.2 Criminal & Administrative Investigations. Staff interviews and review of investigation documents support compliance with this standard. There have been three completed investigations within the last 12 months.

Standard number here	§115.31 – Employee Training
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

- (a) Train all employees with contact with inmates on ten elements
- (b) Tailored to the gender of the inmates at the facility
- (c) Current employees trained within one year
- (d) Document that employees understand the training they received.

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

Standard number here §115.32– Volunteer and Contractor Training

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

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

- (a) Train all volunteers/contractors with contact with inmates
- (b) Tailored to the services they provide, zero tolerance and how to report
- (c) Document that volunteers/contractors understand the training they received.

HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking and HSO 7.2.5 Employee, Contractor & Volunteer Orientation address the requirements of this standard. There are 67 volunteers/contractors at this facility. Acknowledgements show that volunteer/contractors' signature indicates they are responsible for the information received in the training. Interviews with one contract staff verified compliance as well.

Standard number here §115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

- (a) Intake, inmates receive information zero-tolerance, how to report
- (b) Thirty days, comprehensive information including retaliation
- (c) Current inmates educated within one year and upon transfer if different
- (d) Provide in format accessible to all inmates – disabled and limited English
- (e) Documentation of inmate participation in education sessions
- (f) Ensure key information is readily and continuously available

HSO 2.1.16 Inmate Orientation, Education (New Admissions) support compliance with this standard. Inmates receive a handbook upon arrival with detailed information regarding PREA and their rights and how to report. It is available in Spanish as well. The facility reports that 875 inmates were admitted in the past twelve months, 507 remained greater than 30 days. All inmates interviewed were aware of the law, acknowledged seeing the video and getting written materials. They were also aware of the hotline number located on the phone. A few inmates indicated, “they take it (PREA) very serious here.”

Standard number here §115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

Standard number here §115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

- (a) Full and part time medical and mental health care staff in the facility have been trained four requirements'
- (b) If they conduct forensic exams, they are trained
- (c) Documentation of training maintained
- (d) Also include training required for contractors and volunteer if that is their status

This is addressed in HSO 4.4.4 Health Care & PREA Training Program. The facility has nine medical staff and one mental health staff. Documentation reviewed shows all medical staff have been trained. Interviews with a medical staff support compliance as well.

Standard number here	§115.41 – Screening for Risk of Victimization and Abusiveness
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

- (a) All inmates assess during intake screening and upon transfer to another facility for their risk of being abused or being an abuser
- (b) Takes place within 72 hours
- (c) Objective screening instrument
- (d) Considers ten areas
- (e) Considers prior acts of violence
- (f) Reassess within 30 days inmates risk
- (g) Reassessed when warranted
- (h) Not disciplined for not answering
- (i) Appropriate controls on dissemination

HSO 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property address the requirements of this standard. Inmates are screening within 24 hours of arrival, exceeding the standard. The screening tool addressed the requirements of the standard. There is a system in place for reassessment within 30 days and when warranted. Documentation was reviewed showing this process. Interviews support compliance as well.

Standard number here	§115.42 – Use of Screening Information
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- (a) Information used to inform housing, bed, work, education to keep separated
- (b) Individualized determinations
- (c) Transgender case by case
- (d) Placement, programming for transgender determined twice a year
- (e) Transgender, intersex own views given serious consideration
- (f) Transgender, intersex given opportunity to shower separately
- (g) Not placed in dedicated facilities unless due to a consent decree

HSO 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property addresses the requirements of this standard. The facility has separate showers times for transgender inmates. Classification documents demonstrate that individualized decisions are used for placement. Transgender inmates' views are given consideration. In the event that a transgender inmate did stay at the jail for six months, the PREA coordinator would ensure they are contacted to review their status.

Standard number here	§115.43 – Protective Custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- (a) High risk victimization not placed in involuntary segregation unless no other alternative the less than 24 hours
- (b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations
- (c) Assigned to involuntary until alternative means not to exceed 30 days
- (d) Document
- (e) Review every 30 days

HSO 2.1.15 Admission Process/Screening, Initial Classification Process, Inmate Property addresses the requirements of this standard. To date, there has been no high risk of victimization inmates at this facility. In the event, they would not be assigned to involuntary segregation. This was confirmed by special management housing staff.

Standard number here §115.51 – Inmate Reporting

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

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

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

This is addressed in HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment. The multiple reporting methods include the following: This was confirmed by staff and inmate interviews. There is a hotline posted on each phone in every housing unit and a pin number provided so that it would not identify which inmate was calling.

Standard number here §115.52 – Exhaustion of Administrative Remedies

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

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

- (a) Agency exempt If no administrative procedures to use grievance for inmate abuse
- (b) No time limit on grievance for sexual abuse (1-4)
- (c) Ensures not submitted to staff who is subject and not referred to that staff
- (d) 90 days 1-4
- (e) Third party permitted to file (1-4)
- (f) Procedure for filing emergency grievance
- (g) Can discipline where filed in bad faith

This is addressed in HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment. The facility reports that no grievances have been received that involve the reporting of sexual abuse or harassment in the past 12 months.

Standard number here §115.53 – Inmate Access to Outside Confidential Support Services

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

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

- (a) Access to outside victim advocates for emotional support services by mail or telephone, toll free hotline, reasonable communication in a confidential manner
- (b) Informed of the extent that it will be monitored
- (c) Maintain an MOU with community service providers

This is addressed in HSO 6.2.5 Inmate/Staff Reporting of Sexual Abuse & Harassment. There is an MOU with the Center for Women & Community which also provides a hotline 24 hours and also a toll free number.

Standard number here §115.54 – Third-Party Reporting

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

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

Method to receive and distribute publicly information on how to report

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

Standard number here §115.61 – Staff and Agency Reporting Duties

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

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

- (a) Staff required to report immediately
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) Practitioners required to report abuse, limits on confidentiality
- (d) If victim is under 18
- (e) All reports to facility’s designated investigator

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. Compliance was supported by staff interviews.

Standard number here §115.62 – Agency Protection Duties

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

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

Inmate subjected to imminent abuse – immediately action.

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. Documentation was provided that demonstrated immediately action will be taken. Staff interviews support compliance as well. The facility reports there have been no occurrences of imminent abuse since implementation of the standards.

No Standard number here §115.63 – Reporting to Other Confinement Facilities

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

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

- (a) Reporting to another facility

- (b) Within 72 hours
- (c) Documented
- (d) Facility head receives notification that investigation

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. For the past twelve months, no notifications from other facilities have been received or had to be sent.

Standard number here §115.64 – Staff First Responder Duties

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

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

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

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment as well as the Disorder Management Reaction Plan #15, PREA Response checklist, and Notice of Sexual Assault, Sexual Abuse or Sexual Harassment form. In addition, there is a PREA kit with a checklist for response. Other forms include HSO chain of Evidence and HSO Notice of Allegation Staff interviews demonstrated knowledge of the requirements and the facility’s plan (who should be contacted, etc.).

Standard number here §115.65 – Coordinated Response

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

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

Institutional plan

See comments to §115.64.

Standard number here **§115.66 – Preservation of ability to protect inmates from contact with abusers**

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

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

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

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. Documentation provided in an investigation demonstrated that the staff was re-assigned pending investigation. Interviews and a review of the contract support compliance with this standard.

Standard number here **§115.67 – Agency protection against retaliation**

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

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

- (a) Policy protects inmates and staff who report
- (b) Agency employs multiple protection measures
- (c) Monitor for retaliation for 90 days or beyond if needed
- (d) Inmates also periodic status checks
- (e) If fear of retaliation expressed, agency shall take appropriate measures
- (f) Do not have to monitor if allegation is unfounded

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. There have been no instances requiring review up to 90 days due to the short term length of stay of the complainant. Staff interviews support there is knowledge and compliance of these requirements.

Standard number here **§115.68 – Post-Allegation Protective Custody**

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

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

This is addressed in HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment. The facility reports there have been no occurrences of a need for post-allegation protection.

Standard number here §115.71 – Criminal and Administrative Agency Investigations

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

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

- (a) Investigation done promptly, thoroughly, objectively
- (b) Abuse – investigators have received specialized training
- (c) Investigators gather and preserve direct and circumstantial evidence
- (d) If criminal, will conduct interviews after consulting with prosecutor
- (e) Credibility assessed individually
- (f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
- (g) Criminal investigations thorough description of physical, testimonial and documentary evidence
- (h) Substantiated criminal referred
- (i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
- (j) Departure of alleged abuser or victim does not terminate investigation
- (k) State, DOJ
- (l) Facility cooperates with outside investigators

This is addressed in policy HSO 6.3.2 Criminal & Administrative Investigations. Four investigator certificates were reviewed. Three completed investigations were reviewed that demonstrated they were completed promptly, thoroughly and objectively, and evidence collected and maintained.

Standard number here **§115.72 – Evidentiary Standard for Administrative Investigations**

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

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

No standard higher than preponderance of evidence

This is addressed in policy HSO 6.3.2 Criminal & Administrative Investigations and supported by the interview with the investigators.

Standard number here **§115.73 – Reporting to Inmate**

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

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

- (a) Inform inmate whether allegation has been substantiated, unsubstantiated, or unfounded
- (b) If agency did not conduct, will request relevant information from investigative agency
- (c) When staff member did abuse (1 - 4)
- (d) When an inmate did abuse (1 – 2)
- (e) Notifications documented
- (f) Obligation terminated if released from custody

This is addressed in policy HSO 6.3.2 Criminal & Administrative Investigations. Documentation showing notification of the investigation was reviewed. The inmate who filed the complaint indicated the investigation was appropriately handled although he was disappointed with the outcome.

Standard number here **§115.76 – Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

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

Standard number here §115.77 – Corrective action for contractors and volunteers

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

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

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

This is addressed in HSO 7.5.13 Zero Tolerance for Sexual abuse, Assault, Harassment, Domestic Violence and Stalking. There has been no contractor or volunteer discipline for sexual abuse or harassment since the implementation of the standards.

Standard number here §115.78 – Disciplinary sanctions for inmates

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

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

- (a) Inmates subject to sanctions
- (b) Sanctions commensurate
- (c) consider mental disabilities
- (d) consider whether to require offender to participate in therapy
- (e) against staff if no staff consent

- (f) not falsifying if made in good faith
- (g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

Policy HSO 3a-01 Resident Rules & Discipline addresses the requirements of this standard.

Standard number here §115.81 – Medical and mental health screenings; history of sexual abuse

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

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

- (a) Prison inmate experienced prior victimization follow up in 14 days
- (b) Prison inmate experienced prior perpetration follow up in 14 days
- (c) Jail inmate experienced prior victimization follow up in 14 days
- (d) This information limited to mental/medical and other staff deemed necessary
- (e) Get informed consent before reporting that didn't occur in an institutional setting

HSO 4.3.10 Mental Health Program and HSO 4.3.1 Access to Care, Initial Medical Screening address the requirements of this standard. The facility reports 100% compliance with offering follow up evaluations. Staff interviews support compliance as well. This process is monitored by several staff (medical, mental health and the Deputy Superintendent).

Standard number here §115.82 – Access to emergency medical and mental health services

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

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

- (a) Victims unimpeded access to emergency services
- (b) If not on duty, first responders
- (c) Timely information and timely access to prophylactic treatment
- (d) Treatment provided to victims without treatment

This is addressed in the following policies: HSO 4.3.10 Mental Health Program, HSO 4.3.5 Emergency Health Care Services, HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment, and 6.3.2 Criminal & Administrative Investigations. Interview with the Health Administrator confirmed compliance with providing emergency medical services.

Standard number here	§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- (a) Mental, medical to all victims evaluation and ongoing
- (b) Follow up, treatment plans, referrals
- (c) Consistent with community care
- (d) Pregnancy tests
- (e) If pregnant, appropriate legal treatment
- (f) STD tests
- (g) Treatment services without costs
- (h) Mental health evaluation of all know inmate on inmate abusers within 60 days

This is addressed in the following policies: HSO 4.3.10 Mental Health Program, HSO 4.3.5 Emergency Health Care Services, HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment & 6.3.2 Criminal & Administrative Investigations. Interview with the medical administrator and mental health staff supports compliance. No instances requiring ongoing medical/mental health care have occurred in the past 12 months.

Standard number here	§115.86 – Sexual abuse incident reviews
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- (a) Incident review unless unfounded
- (b) Within 30 days

- (c) Team includes upper level management with supervisors, investigator, medical/mental health
- (d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
- (e) Implement or document why not

This is addressed in policy HSO 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment and HSO 4.4.18 PREA Data Collection, Review Storage.

Standard number here §115.87 – Data Collection

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

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

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

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

Standard number here §115.88 – Data Review <input type="checkbox"/> for Corrective Action

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

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

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

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

Standard number here **§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

AUDITOR CERTIFICATION:

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

Amy Fairbanks

Date: June 19, 2015

Amy Fairbanks