

PREA Facility Audit Report: Final

Name of Facility: South Bay House of Correction and Nashua Street Jail Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/10/2022

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: Jack Fitzgerald	Date of Signature: 06/10/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	12/13/2021
End Date of On-Site Audit:	12/16/2021

FACILITY INFORMATION	
Facility name:	South Bay House of Correction and Nashua Street Jail Complex
Facility physical address:	20 Bradston Street, Boston, Massachusetts - 02114
Facility mailing address:	

Primary Contact	
Name:	Patricia Sullivan
Email Address:	██████████
Telephone Number:	██████████

Warden/Jail Administrator/Sheriff/Director	
Name:	William P. Sweeney, III
Email Address:	██████████
Telephone Number:	██████████

Facility PREA Compliance Manager	
Name:	Zeinha Mitchell
Email Address:	[REDACTED]
Telephone Number:	O: [REDACTED]
Name:	Patricia Sullivan
Email Address:	[REDACTED]
Telephone Number:	O: [REDACTED]
Name:	Carlos Goulart
Email Address:	[REDACTED]
Telephone Number:	O: [REDACTED]

Facility Characteristics	
Designed facility capacity:	2000
Current population of facility:	1108
Average daily population for the past 12 months:	991
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	Both Facilities 18-73; Hoc 18-73; SCJ 18-66
Facility security levels/inmate custody levels:	Min, Medium, Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	873
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	229

AGENCY INFORMATION	
Name of agency:	Suffolk County Detention Facilities
Governing authority or parent agency (if applicable):	Suffolk County Sheriff's Department
Physical Address:	20 Bradston Street, Boston, Massachusetts - 02118
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	William Sweeney	Email Address:	██████████

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:	2021-12-13
2. End date of the onsite portion of the audit:	2021-12-16

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:	The Auditor spoke with the Hospitals, the local Rape Crisis agency and the County Prosecutor's office who field complaint calls through its sexual violence unit. The Auditor also reviewed state websites on SANE training, cost of forensic exam, mandated reporting, and reviewed news media for any reports about the facility. The Auditor also reviewed ACA and state audit results provided.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2000
15. Average daily population for the past 12 months:	991
16. Number of inmate/resident/detainee housing units:	44
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:	1032
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:	5
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:	4

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:	2
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:	3
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:	4
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:	4
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:	3
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:	2
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:	5
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:	873
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:	167
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:	29
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:	The number of volunteers was actually significantly less than the number provided here as the COVID 19 protocol prevented access for most of the year.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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?	The Auditor looked to interview individual from each unit that was in operation. Because of COVID the population was about half the 2000 reported beds the SCSO has. The Auditor worked with facility administrations to first identify target individuals and then went back and picked name using a random number for each unit not represented.
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):	The facility did not have a comprehensive list of all categories at first and was able to quickly identify some individuals in the gap groups. The Auditor did have individuals who refused to be interviewed and others who were originally selected who were released in court or made bond.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
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".	
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:	2

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:	2
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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:	1
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:	3
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:	4
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:	3
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:	2
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:	5
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:	0

<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 checked="" 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>The facility reports no SA victims have been placed in special housing as a mechanism for safety. The Auditor asked individuals working these units if this was a normal practice or not.</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>The facility did not have a comprehensive list of all categories at first and was able to quickly identify some individuals in the gap groups. The Auditor did have individuals who refused to be interviewed and others who were originally selected who were released in court or made bond.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>The Auditor interviewed individuals off each shift and in different roles and levels in the facility. The Auditor talked with over 50 staff in the two building on the tour, where in addition to completing checks of critical functions, the Auditor asked questions related to training, detainee life, first responder duties, working with LEP and LGBTI detainees, cameras, monitoring practices, PREA information for detainees and treatment services.</p>

Specialized Staff, Volunteers, and Contractor Interviews

<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>

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 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 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>4</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>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The Auditor tried to speak to mirror positions in both the Nashua Street Jail and the House of Correction.</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>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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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>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<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>The Auditor tested the outside reporting process, check logbooks, observed PREA related information in multiple languages and had informal conversations with staff and inmates. The Auditor address large groups of inmates on units to describe why the Audit was happening, that a random selection of inmates would occur, the confidentiality of the conversation and the types of information i was looking for.</p>
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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.

<p>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?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	16	0	0	16
Staff-on-inmate sexual abuse	9	0	0	9
Total	25	0	0	25

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	15	0	0	15
Staff-on-inmate sexual harassment	10	0	0	10
Total	25	0	0	25

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	3	3	3	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	3	3	3	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	2	5	5	3
Staff-on-inmate sexual abuse	0	4	5	0
Total	2	9	10	3

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	2	1	12	0
Staff-on-inmate sexual harassment	0	2	8	0
Total	2	3	20	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:	8
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	5
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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 checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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 checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	3
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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 checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	2

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>SCSO Sheriff's Investigative Unit completes all investigations at their facilities, Boston Police may also be called in on sexual assault cases. Of the 18 files reviewed the Auditor looked at 5 cases that were investigated in part or referred to other agencies after it was determined the abuse occurred outside the facility or at a previous incarceration settings. The SIU also complete an investigations where the allegation dated as far back as 2016 during prior stay of the inmate. The Auditor also looked at allegations where the victim did not name the aggressor.</p>

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>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Suffolk County Organizational chart (HOC and Jail)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinators</p> <p>Interview with Superintendent on behalf of the Sheriff</p> <p>Interview with PREA Coordinators</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office has developed an agency-wide policy to ensure compliance with the Prison Rape Elimination Act. Policy S241 Prevention of Inmate Sexual Abuse/Harassment was written to address the various requirements of the standards. The 11-page policy is set forth a zero-tolerance expectation for any sexual misconduct by inmates, staff, contractors, or volunteers. The Policy statement sets forth the zero-tolerance condition, and the initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. "To strengthen and better enforce the Department's zero-tolerance policy for any sexual conduct in accordance with the Prison Rape Elimination Act (PREA) of 2003, which prohibits the sexual abuse/harassment of inmates and detainees (hereinafter referred to as inmates)." The policy uses definitions consistent with the federal definition and outlines the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Page 3 of the policy states the agency's intention to hold those who violate the policy accountable. "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/harassment or following a criminal finding of guilt for an inmate-on-inmate sexual abuse. XII. Violations of this policy by staff will result in disciplinary action, up to and including termination, as well as any other appropriate action necessary to ensure that such activity does not recur. Termination will be the presumptive disciplinary sanction for staff involved in sexual abuse of inmates."</p> <p>The policy further identifies screening, education, monitoring, and other elements supporting prevention, allowing for detection, and ensuring a full legal and medical response to any complaint. The Suffolk County HOC and Jail staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. In addition, posters throughout the two buildings remind Inmates and staff of the zero-tolerance expectation. Random inmates reported that Suffolk County HOC and Nashua Street Jail are PREA safe environments and support a Zero-Tolerance Culture exist.</p> <p>Indicator (b). The Suffolk County Sheriff's Office has required the Superintendent of both the House of Correction and the County Jail to each act as PREA Coordinators for the agency. Both William Sweeney- Superintendent House of Correction and Michael Colwell, Superintendent of Nashua Street Jail, report directly to the Sheriff. Both individuals have been with the agency for over 28 years. Both support the ability to influence policy and work together as needed to make identified changes and ensure safety. Policy "The Department shall appoint a PREA Coordinator and PREA Compliance Managers for each housing facility." The policy defines the duties of the PREA Coordinator to include coordinating the response to allegations and developing educational programs for inmates, staff, and the Public on PREA. The role is recognized within the agency organizational chart, and both gentlemen are listed in the agency's website under the executive team heading. Superintendent Sweeney answered the Agency Head's questions as the Sheriff had a meeting in another part of the state so the Auditor relied on both Superintendent's interviews to determine the level of access and influence on decisions. Both confirm they can make changes in each of their respective facilities and work collaboratively on issues that may impact policy and overall compliance. Each person supported they have sufficient time and support in their PREA Compliance Managers to ensure client safety and overall standard compliance.</p>

Indicator (c) Though this Audit is being done as one facility, each Building has an assigned PREA Compliance Manager. Zezinha Mitchell and Carlos Goulart are both Assistant Deputy Superintendents in their respective buildings. Both individuals support they have time and influence to impact policy changes or the ability to address items that impact overall compliance. The Auditor confirmed the access and the ability to foster change with their respective Superintendents. Each individual was able to describe how their role ensures the facility is educating individuals about PREA, that staff knows how to respond and how investigations and critical reviews can provide information to consider a change in an environment.

Compliance Determination

The Suffolk County Sheriff's Office has policies that support compliance by defining the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The agency's PREA policy (S241) also addresses prohibited behaviors and sanctions for any form of sexual misconduct. The policy and other documents provided to the Auditor define the roles of the PREA Coordinator and the PREA Compliance Manager. The interview with the agency's PREA Coordinator confirmed their roles in ensuring PREA Compliance is maintained. Each Superintendent believes he has the capacity in their job to advocate for a policy or procedural changes needed to support inmate safety. Interaction with management at varying levels in the organization supports the importance of the PREA and the agency's commitment to ensuring a zero-tolerance culture exists. Compliance is based on interviews with staff agency leaders, documentation, and policy. The Auditor also considered the interviews with inmates who clearly support a zero-tolerance culture exists.

115.12	<p>Contracting with other entities for the confinement of inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>Jail Administrator</p> <p>Summary Determination</p> <p>Indicator (a) Suffolk County Sheriff's Office does not contract for the holding of inmates with any other institution.</p> <p>Indicator (b) Suffolk County Sheriff's Office does not contract for the holding of inmates with any other institution.</p> <p>Compliance Determination</p> <p>The facility does not contract with other entities to provide for the confinement of inmates currently. The agency previously had a contract until 2019 with the Community Resources for Justice (CJR). The contracts were for community reentry beds for inmates determined eligible. The state's Adult Probation Office now oversees the contract. Suffolk County does still use the beds in both male and female CRJ programs. Monitoring of PREA Compliance is the responsibility of the Probation Office, but the Suffolk County Sheriff's Office has staff routinely in the facilities to check on compliance.</p> <p>The Auditor is aware that the CRJ facilities have both been audited in the previous 18 months. McGrath House fall 2020 and Brooke House 2021)</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Quarterly staffing assignments</p> <p>Staffing Levels Schedule</p> <p>Annual staffing plan review 2019 2020</p> <p>Supervisor Rounds</p> <p>Camera locations</p> <p>ACA Audit Report</p> <p>NCCHC Audit Report</p> <p>DOC Monitoring reports</p> <p>New Staffing plan</p> <p>Individuals interviewed/ observations made.</p> <p>Superintendents</p> <p>PREA Coordinator</p> <p>Supervisory Staff (Capt., LT, Sgt.)</p> <p>Observation on tour of logbooks and Supervisory movement onsite</p> <p>Interview with control officers</p> <p>Interview with Inmates</p> <p>Investigation chart</p> <p>DOC Policy Development and Compliance Unit representative</p> <p>Summary Determination</p> <p>Indicator (a) Suffolk County Sheriff's Office (SCSO) has a history of assessing the staffing need for the facility. Interviews with the Superintendents confirmed that they annually assess the facility staffing and monitoring technology needs. The agency had provided documents that calculated staffing bodies by position. The Superintendents confirmed that staffing assignment and monitoring technology are impacted by the frequency of major incidents, including PREA sexual assault incidents. The agency staffing is based on 2000 beds between both sites. With the Covid -19 Pandemic, the population has been reduced to a 12-month average of 1171 with 680 average population at the House of Corrections and 491 average Population at the Jail. The two facilities had a combined 79 investigations related to PREA Allegation in the 12 months prior. Neither facility has used involuntary segregation to ensure safety from sexual assault. The Superintendent did not report any legal judgment against the facilities for staffing concerns. As a pretrial facility, the agency handles a wide variety of criminal cases, including those charged with capital felonies. The HOC of Correction will house both male and female prisoners and each facility has units to deal with aggressive/ disruptive individuals. Each building also has the ability to house individuals with medical or mental health needs to allow for increased supervision. The facilities have over 700 cameras combined, including fixed, pan-tilt and zoom capabilities. The facilities also successfully went through successful peer reviews by the</p>

American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). The facilities are also reviewed by the Massachusetts DOC Policy Development and Compliance Unit, which includes proving they have completed a staffing needs analysis annually. The facilities had not previously had a narrative document describing the following:

- a. generally accepted correctional practices;
- b. any judicial findings of inadequacy;
- c. any findings of inadequacy from federal investigative agencies;
- d. any findings of inadequacy from internal or external oversight bodies;
- e. all components of the physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- f. composition of the inmate population;
- g. number and placement of supervisory staff;
- h. institutional programs occurring on a particular shift;
- i. applicable state or local laws, regulations or standards;
- j. the prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- k. any other relevant factors

After discussions with the Superintendents, that agency agreed to create a narrative document to address the elements described above. The documents were completed in the post-audit period and uploaded to the OAS that documents all the considerations listed in the indicator.

Indicator (b). The indicator is N/A as neither facility has failed to comply with the staffing plan in the past three years. The staffing plan for allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure the overall safety of inmates. The Superintendent would be notified of all critical events, including any situation impacting staffing minimums. The Shift Lieutenants who run the operations are responsible for finding coverage and documenting the changes and any justification for why minimums were not met. inmates' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) As noted in indicator (a), each building's Superintendent, who are the PREA Coordinator, gets an analysis of the staffing complement annually. Through the Audit process, they have developed a narrative plan that takes into consideration the elements described in (a) The Auditor was provided with the annual reviews of the staffing. The Auditor discussed with the Superintendents the things they consider annually. Both supported that they consider all safety events with a critical eye toward staff deployment and camera coverage. The Annual review documents also go over blind spots in the environment and compare to incidents to determine if any adjustments to the assignment of staff, positioning of cameras, mirrors, etc. or the need for additional monitoring technology. Discussion on the tour supported the steps taken in the past three years in staffing deployment and the use of monitoring technology. Like other agencies, the CCJ has had to adjust during COVID-19 to how the houses inmates and thus assign staffing. The PREA Coordinator confirmed his consultation in the interview. The Jail Administrator confirmed staffing is reassessed throughout the year as needs are identified.

Indicator (d) The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. The unannounced round, conducted by a Sergeant, Lieutenants or Captains, are documented in the unit Log. The supervisors on their respective shifts shall conduct at least two unannounced rounds in a housing unit in their area daily reportedly. The Supervisor spoke with and observed support that the tours are random and can not be predicted by the staff or residents on the units. Control officers also confirmed that they are not allowed to alert staff to supervisory tours occurring. The Auditor was able to review logbooks during the tours of each housing unit to confirm the practice while on tour. The Auditor requested documentation and video/photo evidence to ensure consistency that supports the actual tours that occurred. Supervisory staff, including Sergeants, Lieutenants and Captains, spoken with during the course of the audit, supported random tours are completed. The individuals spoken with described varied routes are taken on the tour to limit predictability.

Compliance Determination

The standard is found to be compliant based on the information provided and observations made while at the facility. Interviews with the Superintendents/ PREA Coordinator support an understanding of the standard's elements and a consistent practice within their policies. Formal and informal interviews with inmates' support there is always staff, including supervisors available. The agency was assessing staffing and monitoring technology. During the post Audit Period, they were able to develop a narrative document that can better document their consideration of the elements described in indicator (a). This document will also allow as a basis for future annual reviews.

115.14	Youthful inmates
	<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="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 738 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 389 850 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 448 925 474">Massachusetts training guide for law enforcement handling Juvenile.</p> <p data-bbox="240 506 536 533">Massachusetts DYS Website</p> <p data-bbox="240 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 572 703">Interview with PREA Coordinator</p> <p data-bbox="240 734 499 761">Interview with Intake staff</p> <p data-bbox="240 846 488 873">Summary Determination</p> <p data-bbox="240 904 1485 999">Indicator (a) The Suffolk County Sheriff's Office would not detain juveniles arrested under the age of 18 at the Suffolk County Jail. The state of Massachusetts requires juveniles to be held in a state facility approved by, or under the direction of the Department of Youth Services (DYS). DYS is the state's Juvenile Justice Agency.</p> <p data-bbox="240 1084 1485 1178">Indicator (b) The Suffolk County Sheriff's Office would not detain juveniles arrested under the age of 18 at the Suffolk County Jail. The state of Massachusetts requires juveniles to be held in a state facility approved by, or under the direction of the Department of Youth Services (DYS). DYS is the state's Juvenile Justice Agency.</p> <p data-bbox="240 1263 1485 1357">Indicator (c) The Suffolk County Sheriff's Office would not detain juveniles arrested under the age of 18 at the Suffolk County Jail. The state of Massachusetts requires juveniles to be held in a state facility approved by, or under the direction of the Department of Youth Services (DYS). DYS is the state's Juvenile Justice Agency.</p> <p data-bbox="240 1442 512 1469">Compliance Determination</p> <p data-bbox="240 1500 1477 1666">The standard is compliant. None of the indicators currently apply. As stated, the Suffolk County Sheriff's Office Jail does not house youthful inmates (individuals under 18). In Massachusetts, all youth under 18 would be housed in a state Department of Youth Services facility. As such, there were no individuals with whom the Auditor could interview about sight and sound separation issues or housing or programming issues. The Auditor confirmed the lack of juveniles through direct observation on the tour, the client population sheet, and through interviews with the PREA Coordinator and Intake staff.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S507 Inmates Searches</p> <p>Training Materials on policy related to searches</p> <p>COTA Search Policy slideshow</p> <p>Guidance on Cross Gender and Transgender pat search.</p> <p>MA General Law Section 32A: Treatment of prisoner having gender identity differing from prisoner's sex assigned at birth</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>random staff</p> <p>random Inmates</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office PREA policy S241 Prevention of Inmate Sexual Abuse/Harassment prohibits cross-gender strip searches of inmates except in emergency situations. It states, "The Department shall not conduct cross-gender strip searches or cross-gender body cavity searches except in exigent circumstances or when performed by medical practitioners. The Department shall not conduct a cross-gender pat-down search except in exigent circumstances." The Search Procedure policy S507 also addressed the indicator concerns of strip prohibitions on the cross-gender strip or visual body cavity search. The policy states, "Strip searches and pat searches shall be conducted by two (2) security personnel of the same gender as the inmate when staffing permits.</p> <p>III. An inmate whose gender identity differs from the inmate's sex assigned at birth shall, upon request, be searched by an officer of the same gender identity if the search requires removal of all clothing or a visual inspection of the anal cavity or genitals.</p> <p>III. Cross-gender pat searches shall be conducted in relative privacy with as much dignity as possible when staffing does not allow for searches by security personnel of the same gender as the inmate.</p> <p>IV. Strip searches of inmates shall be conducted by one (1) security personnel of the same gender and a second person within earshot except in an emergency determined by the Sheriff, Superintendent or designee when staffing does not allow for searches by two (2) security personnel of the same gender as the inmate.</p> <p>V. Body cavity searches shall only be conducted in private by a trained health care professional provided the following three conditions have been met: 1) the Shift Commander has determined probable cause; 2) the Superintendent has authorized the search; and 3) a warrant has been obtained." The Search Policy also affirms that body cavity searches should only be completed by physicians. The Suffolk County Sheriff's Office has not completed a cross-gender strip or pat search of a inmate of their facilities. In addition to the information provided in the OAS the Auditor confirmed this through interviews with the inmates and staff.</p> <p>Indicator (b) PREA policy S241 confirms that SCSO shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. All such searches are required to be documented. Interviews with female inmates supported that there are no opportunities that they were prohibited from participating in due to the lack of female officers. Female inmates again state there are no cross-gender pat searches in their experience. Agency policy does not differentiate male verse female inmates all cross-gender pat searches can only happen in exigent circumstances. "Strip searches and pat searches shall be conducted by two (2) security personnel of the same gender as the inmate when staffing permits. III. An</p>

inmate whose gender identity differs from the inmate's sex assigned at birth shall, upon request, be searched by an officer of the same gender identity if the search requires removal of all clothing or a visual inspection of the anal cavity or genitals. III. Cross-gender pat searches shall be conducted in relative privacy with as much dignity as possible when staffing does not allow for searches by security personnel of the same gender as the inmate. IV. Strip searches of inmates shall be conducted by one (1) security personnel of the same gender and a second person within earshot except in an emergency determined by the Sheriff, Superintendent or designee when staffing does not allow for searches by two (2) security personnel of the same gender as the inmate. V. Body cavity searches shall only be conducted in private by a trained health care professional provided the following three conditions have been met: 1) the Shift Commander has determined probable cause; 2) the Superintendent has authorized the search, and 3) a warrant has been obtained."

Indicator (c) Suffolk County has no incident where a cross-gender search occurred, so there are no items to review. The Auditor confirmed that all exigent circumstances would require an incident report, and the Supervisor would ensure that any cross-gender searches be documented in such a report. The Auditor suggests that policy and training language include information requiring such searches be documented. Though staff understood this expectation, it is not written in the documents reviewed.

Indicator (d) SCSO PREA Policy S241 covers the expectation of this indicator and provides operational expectations across the institution. "Inmates shall be able to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstance or when such view is incident to routine cell checks." The policy goes on to require staff to announce the presence of opposite gender staff when entering an inmate housing unit. "Unit officers (HOC) or Housing Control officers (Jail), when granting access to a staff member of the opposite sex from the inmates in that unit, will announce "female (or male) on the unit" loud enough to be heard by unit occupants." The Auditor was provided copies of the log as examples of the process and reviewed the log entries on tour. The Auditor also observed staff announcements on tour and confirmed with inmates their ability to shower or use restroom facilities without opposite gender staff seeing them. No Inmates reported ever being naked in front of opposite-gender staff. The units have wet rooms and showers on each tier of the housing unit. The Auditor was able to find a few physical plant issues that needed to be addresses. A few showers with grating did not provide sufficient privacy, a toilet in mental health camera cell that needed pixelization and units where frosting of windows was needed to prevent inmates from being seen toileting by staff in routine positions on the housing floor. These issues were discussed on tour, with the Superintendents, and in the closing. During the Corrective Action Period, the agency provided photos of the solutions that were required. The camera to mental health cells were pixilated, and a privacy flap was added to shower doors that were previously open for handcuffing. In units with larger door windows at the jail, they added an opaque film to the bottom third of the door. This ensures opposite gender staff cannot see the individual on the toilet unless they were walking in a manner consistent with completing cell checks.

Indicator (e) The Suffolk County Sheriff's Office has several policies that address the expected practices for searching transgender or intersex inmates. Policy S241 Prevention of Inmate Sexual Abuse/Harassment sets forth the requirement that transgendered individuals are not searched for the purpose of determining genital status. "The Department shall not physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status unless it is done as part of a broader medical examination conducted, in private, by a medical practitioner." Intake staff know that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interviews. Once the Intake staff completes their portion of the intake, inmates are seen by Nursing staff, who will ask questions that may aid in identifying the individual's gender and comfort with what staff the inmate would prefer to complete their search. SCSO reports no cases in which a transgender or intersex inmate was searched to determine genital status.

Intake staff interviewed stated that if the client were resistant to discussing the topic, they would be referred to the medical staff who the inmate may be more comfortable. All inmates spoken with support they would not get disciplined for not answering questions during the intake about sexuality or prior abuse history. Transgender individuals did not report that they perceived they had been searched to determine their genital status. One individual felt the screening was uncomfortable but did not state anything specific other than the routine strip search process. Staff spoken with knew that gender identity is the determining factor for staff tasked with completing searches. Massachusetts state laws address the search and housing consideration for Transgender and intersex individual in Section 32A which states, "A prisoner of a correctional institution, jail or house of correction that has a gender identity, as defined in section 7 of chapter 4, that differs from the prisoner's sex assigned at birth, with or without a diagnosis of gender dysphoria or any other physical or mental health diagnosis, shall be: (i) addressed in a manner consistent with the prisoner's gender identity; (ii) provided with access to commissary items, clothing, programming, educational materials and personal property that is consistent with the prisoner's gender identity; (iii) searched by an officer of the same gender identity if the search requires an inmate to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer's gender identity shall be consistent with the prisoner's request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status; and (iv) housed in a correctional facility with inmates with the same gender identity; provided further, that the

placement shall be consistent with the prisoner's request, unless the commissioner, the sheriff or a designee of the commissioner or sheriff certifies in writing that the particular placement would not ensure the prisoner's health or safety or that the placement would present management or security problems."

Indicator (f) The Suffolk County Sheriff's Office trains all staff to be respectful, professional, and in the least intrusive practice possible for searching Inmates. All Jail staff are trained to routinely use the back of their hand instead of the front when completing pat searches and to tell the inmate what they are doing as they search. Officers state the training on completing cross-gender searches and working with LGBTI Inmates included the training talks about professional and supportive communication. The training addresses the frequency of trauma in this population and how the facility can determine housing and search preferences through a multi-disciplinary process, including the inmate's preference for searches. The Auditor was provided with records showing staff training. Staff interviews supported the training on cross-gender pat searches and the importance of communication before touching the inmate, and the use of a quadrant pat search. Staff were aware that transgender or intersex Inmates will have a say in the gender staff who they prefer to complete pat and strip searches.

Compliance Determination

The Suffolk County Sheriff's Office has two policies to address the various elements in this standard, Policy S241 Prevention of Inmate Sexual Abuse/Harassment and policy S507 Inmates Searches. These policy elements direct staff consistent with the standards on pat search, strip searches, inmates' right not to be naked in front of the staff of opposite gender, and procedures for working with Transgender and intersex Inmates. Supporting documentation for this standard included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information tracking exigent circumstances of cross-gender pat searches over the last three years.

Interviews with staff and Inmates were consistent with standard and policy expectations. There is no cross-gender strip or body cavity searches or pat search of female Inmates. During the tour, the inmate's report and the Auditor could see that opposite gender staff do announce their presence or the officer on the housing unit announced the female staff or male staff arrival. There were several physical plant situations that needed to be addressed to protect the inmates from unnecessary observation during the use of the showers. The facility has completed the corrective measures needed to be in compliance with the indicator (d). The agency provided photo documentation of the changes made to provide the appropriate level of privacy required. The information provided now supports a determination of compliance for this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S616 Inmate Reasonable Accommodations</p> <p>Telelanguage Services of Portland OR. Contract Information</p> <p>Telelangauge Services Website</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Video in English/Spanish/ closed caption</p> <p>Inmate tablet with PREA reporting information</p> <p>Jail Administrator</p> <p>random and targeted inmates.</p> <p>Random Staff</p> <p>Intake Staff</p> <p>PREA Coordinator</p> <p>PREA Signage in English and Spanish</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office takes appropriate steps to ensure inmates in its jail with disabilities or who are limited English Proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. Policy S616 Inmate Reasonable Accommodations addresses the concerns of this indicator. The policy states, "Inmates have a right to an environment free from any type of discriminatory behavior or practices, and the Department prohibits discrimination against or by its employees, inmates, volunteers, vendors, contractors, and visitors in accordance with applicable state and federal laws (see policy S238, Equal Employment Opportunity). The Department will make reasonable accommodations to ensure existing programs, activities and services are readily accessible to inmates with disabilities unless such accommodations would materially impair the safe and efficient operation of the program, present a safety hazard to the individual inmate or staff, or threaten the security of, or cause undue hardship to, Department operations. Discrimination on the basis of disability is prohibited in the provision of services, programs, and activities"</p> <p>As a county jail, the facility must provide services to individuals with a wide variety of medical disabilities, including vision, hearing impairments, cognitive disabilities, psychiatric impairments, and those with limited English proficiency. SCSO provides informative support to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. There was signage throughout the facility in two languages about PREA safety and Inmates were aware of information in the handbook if needed. The Auditor was provided documentation to further support efforts to ensure all Inmates have an ability to benefit from the facility's efforts to prevent, detect and respond to sexual misconduct. The documentation included a contract with interpretive services, staff training materials, posters in multiple languages, PREA video available in multiple languages, including and closed caption option. The Auditor spoke with individuals with disabilities who supported they were able to comprehend the materials presented and supported there were staff they could approach if needed to support their understanding. Inmates with reading disabilities, cognitive concerns, and low reading</p>

skills would likely be identified at intake or at classification interviews. The Suffolk County House of Corrections and Nashua Street Jail have resources in place to aid these populations as well as experience with individuals with significant psychiatric impairments. The SCSO has invested in technology, including tablets for the inmates for which PREA information has been loaded and can be used to magnify information or replay audio or visual information. Intake staff confirmed that barriers to comprehension from disabilities or language would be documented in the case management system so others in the facility working with the client can be informed. The SCSO also has an ADA coordinator responsible for determining support for inmates with physical or emotional disabilities. The policy further describes the effort expected. "Inmates with disabilities shall be provided with the education, equipment, facilities, and support necessary to perform self-care and personal hygiene in a reasonably private environment. The ADS/PS at each facility shall act as the ADA Coordinator, accessible to both staff and inmates. They shall be appropriately trained/ educated in the problems and challenges faced by inmates with physical and/or mental impairments, the Department programs designed to educate and assist disabled inmates, and all legal requirements for the protection of inmates with disabilities."

Indicator (b) The Suffolk County Sheriff's Office's facilities have a population whom English is not the primary language. In SCSO's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, inmates who are Limited English Proficient, SCSO has sought service to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The SCSO has approached this issue through several avenues, including contracting with agencies to provide interpretive services, producing the inmate handbook and PREA signage in multiple languages, and having the PREA video available in multiple languages and tablets with PREA information in multiple languages.

The SCSO has had an interpretive contract with Telelanguage Service of Portland OR since 2017. The contract was most recently renewed in 2021. A copy of the current and past contracts was provided to the Auditor. The company's website supports they provide video and phone translation in some 350 languages. The Auditor spoke with intake staff and classification staff on how they could access the translation services. They also provided the Auditor with the procedural steps intake staff would do if an inmate were presented who did not understand English. The Auditor also used the existing interpretive services to interview Limited English Proficient inmates in both the HOC and NSJ.

Indicator (c) Staff were aware that it was not appropriate to use Inmates to interpret for each other except in extreme emergencies. This prohibition is also addressed in policy S241, which states, "The Department shall not rely on inmate interpreters except where an extended delay could compromise inmate safety, the performance of first-responder duties, or the investigation of the inmate's allegations." Interviews with staff further supported an understanding that inmates should not be used to interpret in any situation except life/safety events.

Compliance Determination

As described in the indicators above, the Suffolk County Jail has policy and resources to work with individuals with disabilities or who are LEP. Their efforts ensure an understanding of how the various aspect the agency's effort to protect, detect and respond to victims of abuse and harassment. The Auditor was able to speak with multiple inmates with disabilities and those with language barriers. The Inmates reported knowing their rights, how to report PREA concerns, and if they had difficulty in understanding information, how to get help. Inmates with disabilities support they and understand how to access assistance if they had a PREA concern.

SCSO provides all inmates with a video education about PREA upon admission and a follow-up orientation in the first 30 days. In addition to the video, the facility has signage up on the units stating how to report concerns in English and Spanish. Staff interviewed were aware that it was not appropriate to use Inmates to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. The Auditor used the interpretive services and found they aided the inmate conversation in an effective manner. Compliance was based on interviews with staff and Inmates and administration as well as the hard materials (posters, handbooks, video, interpretive aids) policies and that number posted up in several locations throughout the facilities. Support equal access to all services. The educational materials repeatedly viewed on the tour support ongoing access to information exists.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S229 Personnel Recruitment, Probation, Retention, and Termination</p> <p>Policy S132 Contract Services</p> <p>Policy S220 Employee Conduct</p> <p>Wellpath Policy RI 200-30 PRISON RAPE ELIMINATION ACT (PREA) FOR WELLPATH RECOVERY SOLUTIONS FACILITIES</p> <p>PREA Hiring Disclosure documents</p> <p>Employee background checks</p> <p>Contractor Background Checks</p> <p>SCSO Website (employee application)</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Suffolk County Human Resource Director</p> <p>Summary Determination</p> <p>Indicator (a). Policy S241 addresses the requirements of this indicator. The policy strictly prohibits the employment or contracting with individuals who have engaged in, or attempting to engage in, or administratively been adjudicated for sexual assault. The Department shall conduct thorough background investigations on all potential staff and shall not hire anyone who had engaged in sexual abuse/harassment in a correctional environment, who had been convicted of engaging in or attempting to engage in sexual activity facilitated by force, or who had been civilly or administratively adjudicated in these types of activities (Form 241-3)."</p> <p>Policy S229 Personnel Recruitment, Probation, Retention, and Termination also states, "No person who has been convicted of a felony, or has been convicted of a misdemeanor and confined in a jail or house of correction for said conviction, or has been civilly or administratively adjudicated to have engaged in sexual abuse or harassment, shall be appointed to the position of Superintendent, Assistant Superintendent (AS), Assistant Deputy Superintendent (ADS) or correction or jail officer."</p> <p>Interviews with HR Director confirmed that SCSO completes background checks on all individuals employed or contracted to provide services to inmates. The process includes the employees and contractors confirming that they have not engaged in any form of sexual misconduct described in indicator (a). The Auditor confirmed the questions are asked at time of hire and at promotional periods, including the review of hiring forms that include the required questions. Both the HR and the SCSO staff confirm that the candidate would not be hired if any information is found. The Auditor went to the agency Website to confirm the agency application process includes questions consistent with determining if an individual has engaged in the issues raised in this indicator.</p> <p>Indicator (b). The Suffolk County jail subcontracts it is medical and mental health services through Wellpath. Both Wellpath and the SCSO policy prohibit the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the SCSO investigator and the Wellpath Health Administrator that staff persons hired at SCSO</p>

have criminal background checks on these individuals. Wellpath Policy states, "Wellpath Recovery Solutions, LLC Facilities are prohibited from hiring or promoting anyone (who may have contact with Residents in a Wellpath Recovery Solutions, LLC Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community. Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Residents in a Wellpath Recovery Solutions, LLC Facility or Program. Each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of sexual abuse prior to hiring new employees. Background checks shall be repeated for all Employees at least every five years."

The Auditor was able to confirm that if a SCSO candidate was up for promotion Human Resources, would review the employee's record for prior discipline, including incidents of sexual misconduct, at which time the information would be provided to the Jail or the HOC Superintendent. It is reported that staff are hired generally to work in one facility or the other so the Superintendents would likely know past discipline of existing employees. The Auditor was also provided the application of another contractor who work with inmates in finding housing and employment upon release. The full application and background information was provided.

Indicator (c). The Suffolk County Sheriff's Office completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check (NCIC, MA Criminal, and MA Warrant history), Drivers License checks, and prior institutional checks. Employee's information was requested, and the Auditor reviewed documentation of individuals who had prior institutional employment. Random sampling allowed for confirmation of the practice. The Auditor was also provided with additional examples of criminal background documents. He took into consideration that the SCSO has a track record of providing information on its former employees. Policy S229 states, "Background investigations, including a criminal records, check and contact of prior employers, will be conducted on all qualified candidates for employment." As a law enforcement agency, the Sheriff's Investigations Department (SID) does the pre-employment screening for correctional officers.

Indicator (d). SCSO completes criminal background checks on all Wellpath employees and any approved volunteers. Interviews with contracted staff and volunteers support they must pass a background check before being allowed into the facility. The Auditor was provided examples of this documentation. Policy S132 Contracted Services (page 2) requires the Sheriff's Investigative Department (SID) to complete a criminal background on all contractors having access to detainees.

Indicator (e). SCSO provided the Auditor with information of 12 random employees or contractors who were employed for over 5 years. The facility runs all staff periodically to capture any new charges.

Indicator (f). The requirements of this indicator are covered in the application process for new employees or promotional candidates. The policy requires all employees to not violate any state or federal laws. As noted in indicator (a), all SCSO employees are asked questions on the items described in indicator (a) in the application process which is now online. Previous employees signed a paper version of this document. This document asks all prospective employees to confirm they have not engaged in any of the behaviors described in indicator a. Interviews support staff have an understanding of the continuing responsibility to report any such actions. The agency has all individuals go through an orientation program that covers PREA, and this requirement is reinforced through the employee conduct policy.

Indicator (g). The following passage is also contained in the Hiring application certification: "I hereby affirm that I have read and understand this application and that the information that I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any omission or falsified information shall subject me to disqualification from further consideration for employment and will be considered justification for my immediate dismissal if discovered at a later date." Policy S220 also covers the requirement of this indicator when it describes offenses by staff, "If it is determined that an employee has committed any one of the following offenses, s/he is subject to discipline, up to and including termination:" Included in this list is, "Giving false statements orally or in writing while under oath, on an employment application, or during an investigation."

Indicator (h). With proper releases of information, the SCSO allows for the agency to disclose to other institutions any PREA-related concerns. Interviews with Human Resources staff confirm they make requests outside employers when hiring. The SCSO SIC investigator is the individual who speaks to prior employers, including both prior institutional and non-institutional employers. The agency may also get a request from other agencies to look at current or former employees' records. The

most common are local, state, and transit police forces or individuals who go to the state DOC. The Investigators from these agencies may come directly to the SCSO HR department to review the file with proper release documentation.

Compliance Determination

The Suffolk County Sheriff's Office has several policies related to hiring that were applicable in the review of these standards. The Auditor interviewed the Human Resources staff at SCSO about the process and reviewed documents onsite to be uploaded into the OAS. The agency has all staff and contractors undergo criminal background checks, including NICS, State Criminal, and State MV. The Human Resource staff reports she works closely with facility management to ensure line of communication is maintained. The SCSO has implemented forms in policy to document staff understanding the requirements related to Indicators in this standard.

The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support those employees and contractors at the Suffolk County HOC and Nashua Street Jail undergoing prior institutional employer checks, pre-employment criminal background checks, and subsequent checks every five years. The Auditor also reviewed the Online Job application and SCSO Human Resources policies and Wellpath's policy language on hiring. Compliance for this standard is based on Policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the Human Resource staff, SCSO investigator, the Health Administrator, and the Superintendents.

115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Camera Locations</p> <p>Physical plant layout</p> <p>Summary Determination</p> <p>Indicator (a) The facilities has not reportedly undertaken any major modification in the past three years</p> <p>Indicator (b) The facilities deny adding more cameras or other monitoring technology in the past three years.</p> <p>Compliance Determination</p> <p>Since neither indicator applied, The Auditor also considered staff knowledge of PREA and how blind spots would be addressed. The Auditor also recognized that over 700 cameras are in place to aid in preventing, detecting and responding to incidents of sexual misconduct. The Superintendent is aware that any future construction should include an assessment to determine if there is any impact on protecting inmates from sexual abuse.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Suffolk County HOC/ Jail Pre-Audit Questionnaire Policy S241 Prevention of Inmate Sexual Abuse/Harassment Policy S567 Evidence Collection State of Massachusetts Adult Sexual Assault Law Enforcement Guidelines 2017 Contract with Boston Area Rape Crisis Center (BARCC) Documentation supporting no Juveniles at SCSO State Website on Sexual Assault Protocol State Website on SANE Training State List of SANE/SAFE Hospitals Document of SCSO staff trained as MOU with Local Hospitals MOU with Boston Police Department</p> <p>Individuals interviewed/ observations made. random staff Wellpath Medical Staff Sexual assault trained Investigator. BARCC representative SAFE/SANE access and services Hospital staff confirming SANE services.</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office is responsible for the completion of administrative investigations at the Suffolk County House of Correction and Nashua Street Jail. SCSO employs a trained investigative unit to collect evidence as a law enforcement agency. Agency Policy states that if the investigative unit believes a crime has occurred, they will collaborate with the Boston Police Sexual Assault Unit for the investigation of sexual abuse. "If the Superintendent believes that a crime may have been committed, they will contact the BPD, the DA, or the A.G." The agency provided an MOU with the Boston Police outlining the relationship between the parties in the investigation of criminal acts in SCSO facilities. The Agency policy S567 Evidence Collection provides the investigators with a uniform standard of evidence collection on-site. The policy provides 11 pages of operational expectations for all criminal investigation evidence collection.</p> <p>In Massachusetts, the Department of Public Health sets forth the training requirements of SAFE and SANE examiners. The state has an advisory board that has a statutory responsibility to systematically create uniform protocols. The 2017 document advises the investigative process and the best practice procedures for the safe collection of evidence. The committee is made up of various state and private medical, legal, and advocacy organizations (22 agencies- including BARCC and the Boston Police crime lab). Neither SCSO staff nor Wellpath Health staff would not complete the forensic exam. Instead, the inmate victim would be sent to local hospitals in the region with confirmed SANE staffing. MOUs have been provided showing the relationship between SCSO and the local hospitals. Interviews with random staff confirmed they understand the importance of preserving evidence. They were able to identify steps needed to secure crime scenes and encourage the preservation of evidence on the reported victim and accused. The SCSO's Investigator interviewed have received training on crime scene investigation, including in a correctional environment, and these trainings were documented in 115.34</p> <p>Indicator (b). The protocol, as noted in indicator (a) the protocol developed by the state's health, legal, and law enforcement experts, including representatives of BARCC. The state has separate procedures for juveniles than adults, but the SCSO only is responsible for adult detainees. Juveniles in the state who are arrested go the Department of Youth Services facilities. The state's protocol, covers procedures for youth, but the Suffolk County Jail does not serve that population. The protocol has a committee that reviews current practices and adjusts consistent with national trends for best practices. The Auditor reviewed the protocol and compared it to the U.S. Department of Justice document cited and found the topics similar.</p> <p>Indicator (c) The Suffolk County Sheriff's Office will offer victims of sexual assault the ability to have a forensic exam without cost. The Auditor confirmed with the local hospitals on the availability of Sexual Assault Nurse Examiners and that services to victims were provided without charge. The area hospitals, including Boston Medical Center, are listed under the state's list of SANE Hospitals. Boston Medical Center staff confirmed that inmates from the SCSO facilities are regularly seen at the hospital for medical services, including a sexual assault forensic examination. The Hospital staff confirms the hospital has an</p>

on-call system if there is not a SANE nurse on duty. As noted in indicator (a) the agency has MOU with the local hospitals and the Auditor was able to confirm by phone on state DPH website the location of hospitals with SANE trained staff.

Indicator (d) The Suffolk County Sheriff's Office has entered into agreements with the local rape crisis agency to provide support services to victims of sexual assault. The Boston Area Rape Crisis Services (BARCC) is the city's rape crisis agency. BARCC run a full-service clinic for individual who have been the victims of sexual violence. The Auditor reviewed the documents that confirm the relationship with BARCC dating back to 2017. The current agreement was signed this year and extends to 2024.

Indicator (e) Both hospital and PREA Coordinator staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, criminal justice interviews and provide ongoing support and referral to the victim. The Auditor also was able to speak with Hospital and Boston Area Rape Crisis Services representative on services that would occur if an incident was to occur at the HOC or NSJ. The BARCC representative confirmed that they would respond to a hospital and also provide emotional support through professional visits and support during criminal investigator interviews.

Indicator (f) The Suffolk County Sheriff's Office is responsible for completing investigations in the facility. If the initial investigations support a criminal act, Boston police may be asked to take over the investigation. Discussions with the investigator and a representative of the District Attorney's Office support the various agencies will communicate throughout an investigation and subsequent criminal prosecution. The facilities investigator was aware of the various points an inmate victim is required to be informed.

Indicator (g) The Auditor is not required to review this indicator.

Indicator (h) The Auditor is not required to review this indicator as the SCSO has a history of providing access to victim advocates from a local Rape Crisis Agency. The document shows a relationship since 2017. The agency also has two staff who previously took the Rape Crisis advocacy training.

Compliance Determination

The Suffolk County Sheriff's Office has policies in place addressing concerns in this standard (S241 , S567). Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Investigators of SCSO, who investigates all major incidents at the Suffolk County House of Corrections and Nashua Street Jail. The Investigators are trained law enforcement officers who have received training in the investigation of Sexual Assaults in a Correctional Setting. If the case looks like criminal conduct has occurred, they can refer it to Boston's Police Department for criminal investigation. The area has several Hospitals immediately available with Sexual Assault Nurse Examiners (SANE). The state's Department of Health trains Sexual Assault Nurse Examiners in Massachusetts on the state's protocols. This 72-page document provided specific steps for forensic exams and the investigation of sexual assaults was developed in conjunction with medical and legal experts from Massachusetts. The Auditor spoke with hospital staff, who confirmed the availability of SANES. Hospital staff confirmed this service would be done free of charge, and if a SANE is not on duty, one could be called in. It is also reported that the hospital would call a local rape crisis agency. Boston Area Rape Crisis Services (BARCC) is the regional rape crisis agency, the Auditor confirmed would send a victim advocate to support the inmate through the forensic exam and any interviews. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. The Auditor was able to review the relationship with BARCC. In addition to trained sexual assault investigators, the Auditor also considered that SCSO staff knew the importance of protecting evidence, including advising inmates to not do anything that would degrade the evidence on their person.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="244 331 738 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="244 389 850 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="244 448 632 474">Policy S134 Department Investigations</p> <p data-bbox="244 506 834 533">PREA Investigation documentation spreadsheet 2020-2021</p> <p data-bbox="244 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="244 676 588 703">Interview with the Superintendents</p> <p data-bbox="244 734 627 761">Interview with District Attorney's Office</p> <p data-bbox="244 792 679 819">Interview with PREA Compliance Managers</p> <p data-bbox="244 851 563 878">Interview with Investigative staff</p> <p data-bbox="244 963 488 990">Summary Determination</p> <p data-bbox="244 1021 1477 1249">Indicator (a) The Suffolk County Sheriff's Office has systems in place to ensure criminal and administrative investigations occur in a timely fashion at their Jail facility. The agency has two policies that address the requirement of sexual abuse and sexual harassment investigations. The PREA policy set forth the requirements consistent with standard language. "The Department shall investigate all allegations of sexual abuse/harassment, including third party and anonymous reports. All investigations shall be conducted in accordance with policy S134, SID and relevant collective bargaining agreements, and completed even if the alleged abuser or victim has left the control of the Department." The SCSO Investigation policy further commits to a full proactive investigation. The policy states,</p> <p data-bbox="244 1281 1461 1339">"1. All complaints or requests for investigation shall be reviewed upon receipt by the ADS/SID, who may refer the matter to the responsible supervisor or assign an investigator(s) to the case.</p> <p data-bbox="244 1370 1477 1397">2. SID investigators may conduct investigations either independent of, or together with, an outside law enforcement agency.</p> <p data-bbox="244 1429 1477 1523">3. If SID concludes a criminal investigation is warranted, the ADS/SID shall notify the Superintendent. After consultation with the the Special Sheriff, the General Counsel, and the Sheriff, s/he will, as appropriate, be authorized to notify the District Attorney's Office or other law enforcement agency."</p> <p data-bbox="244 1554 1489 1881">The Suffolk County SID Investigator was interviewed on the process by which the unit is notified of all PREA-related Investigations. A review of investigative files supports that all investigations occur immediately upon the report of an incident. The Suffolk County Sheriffs' Office had eighty (80) investigations of potential sexual abuse and sexual harassment cases in the past year, Sept 20- Sept 21. Twenty-four (24) of the cases were of incidents that occurred in other agencies, including police custody, state correctional centers, halfway houses and other out-of-state correctional settings. Thirty-two (32) were sexual harassment cases and the remaining 25 cases were investigated for sexual contact. The file reviewed on-site by the Auditor showed the PREA-trained investigator was informed of the allegation quickly. The facility investigates all sexual contact, even consensual acts, between Inmates as potential PREA incidents. The facility was able to substantiate a criminal investigation into sexual abuse that occurred, and the case was referred to the local prosecutor for consideration. The Sheriff confirmed how he expects a thorough investigation of all allegations.</p> <p data-bbox="244 1966 1477 2096">Indicator (b) The Suffolk County Sheriff's Office has two policies that address the requirements of this standard, Policy S241 Prevention of Inmate Sexual Abuse/Harassment and, Policy S134 Department Investigations. The policies also comply with Massachusetts State Statutes which govern law enforcement duties. The Auditor was able to review the policies on the agency website http://www.scsdma.org</p>

Indicator (c) This indicator does not apply as the Suffolk County Sheriff's Office is a law enforcement agency responsible for criminal investigations. The agency will, at times, work with the Boston police to ensure thorough and impartial investigations occur.

Indicator (d) Auditor is not required to audit this provision.

Indicator (e) Auditor is not required to audit this provision.

Compliance Determination

The Suffolk County Jail has the policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The HOC and Jail have access through the Sheriff's Investigations Division to trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated.

The Suffolk County Sheriff's Office investigates all incidents of sexual contact by Inmates as a potential criminal investigation. This is done to ensure all evidence is collected even if the Inmates initially claimed the contact was consensual. This process ensures evidence is secured if one of the Inmates later changes his mind. Compliance was determined based on the published policy and interviews with the agency leadership and the investigative staff. The Auditor also considered the documentation reviewed in investigatory files and the 12-page tracking spreadsheet that supports investigations of an incident at SCSO and coordination with outside agencies on abuse at other institutions. Compliance is determined utilizing the above-stated information that meets indicators' requirements (a) and (b). Indicator (c) for standard 115.22 is not applicable because SCSO has a criminal investigative body with the authority to complete investigations in the SCSO facilities. Interviews with line staff further supported compliance in that the agency takes seriously all allegations, including those received through third-party sources, and ensures the impartiality of the investigation of staff-involved incidents.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ NS Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Suffolk County Sheriff's Office PREA Training materials</p> <p>SCSO training records</p> <p>Employee HR record showing original PREA training.</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Random staff</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct and the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment allegations. In policy S241 Prevention of Inmate Sexual Abuse/Harassment (page 10), the policy set forth training requirements, including a description of all the elements listed in Indicator (a). The policy states the following</p> <p>"All staff shall be trained in detecting sexual abuse/harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse/harassment, and required reporting when such allegations or suspicions arise.</p> <p>B. All staff with inmate contact shall be trained in the following:</p> <ol style="list-style-type: none"> 1. The Department's zero-tolerance policy for sexual abuse/harassment; 2. Detection, prevention, reporting, and response to sexual abuse/harassment; 3. Inmates' rights to be free from sexual abuse/harassment; 4. The rights of staff and inmates to be free from retaliation for reporting sexual abuse/harassment; 5. The dynamics of sexual abuse/harassment in confinement; 6. The common reactions of victims of sexual abuse/harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse/harassment; 8. How to avoid inappropriate relationships with inmates; 9. How to communicate effectively and professionally with inmates, including LGBTI inmates; and 10. How to comply with laws related to mandatory reporting of sexual abuse/harassment to outside authorities. <p>The Auditor reviewed the training materials from the Suffolk County Sheriff's Office to confirm the elements were addressed. The PREA Compliance Managers confirmed no matter what role in the institution, all employees are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of inmates. In interviews, random staff were able to describe things they do daily to keep inmates PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of inmates related to PREA, and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into inappropriate situations with an inmate, the criminal liability for failing to report a PREA incident, and how to work with LGBTI Inmates respectfully. The staff knew to use the transgendered or intersex inmate's preferred name and pronouns. They were aware that a multidisciplinary</p>

committee reviewed the transgender inmate's case individually to determine housing, canteen items they can have, search procedures, and treatment planning.

Indicator (b) The Suffolk County House of Correction is a co-correctional environment. All employees are trained in working with both male and female inmates, including how males and females may differ in their reactions to abuse. The same training is provided to the staff at the Nashua Street Jail, even though those staff only work with an all-male population.

Indicator (c) The SCSO employees and contractors report they receive training on PREA annually. Individuals who require certification would have received classroom instruction at the SCSO training facility. The agency has used online education during the pandemic. New staff receives PREA Instruction before they can work the floor independently. Staff records and their knowledge of the training information indicators support they receive training frequently. Staff report they get a full PREA specific training annually and regularly updates to policies. The training roster showed participants, which is consistent with the number of staff employed at the facility. Agency policy states, "All current employees shall be trained, and the SCSO shall provide each employee with refresher training every two years to ensure that all employees know the SCSO's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the SCSO shall provide refresher information on current sexual abuse and sexual harassment policies."

Indicator (d) The PREA Coordinator and staff interviews support that all staff have to acknowledge an understanding of PREA to get credited for the annual training hours. The Auditor reviewed the institutional training records, which support that all staff completed the mandatory class, not just correctional officers. The Auditor saw where new employees signed for their training when hired. The most recent classes were done online, requiring the staff to acknowledge it electronically. The Auditor saw documents supporting the facility administration, the Librarian, food service, health staff, classification, and maintenance have all successfully completed the course. Policy states, "The Department shall document staff training on this policy."

Compliance Determination

All staff are trained in Suffolk County's Zero Tolerance policies toward sexual assault and sexual harassment. The employees confirmed they have been trained on PREA and understand their duties related to policy S241 Prevention of Inmate Sexual Abuse/Harassment, including protecting, detecting, and responding to sexual harassment or sexual abuse incidents. In addition to the records provided in advance, the Auditor requested the training records of staff persons, which further supported annual training when reviewed. In addition to reviewing the training materials, the Auditor considered the staff's ability to describe these elements in interviews, which supported the information was retained. The Auditor did commend the administration on the staff's ability to clearly describe the information they learned about PREA and apply the information if needed.

Compliance determination was based on training records, the materials used in presentations, and random staff's ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Suffolk County HOC/ Jail Pre-Audit Questionnaire

Policy S241 Prevention of Inmate Sexual Abuse/Harassment

Volunteer/Contactor Policy acknowledgment form

Orientation Program Outline and acknowledgment

Training materials for Contractors and Volunteers

Individuals interviewed/ observations made.

PREA Coordinator

Wellpath Contracted staff

Observation on tour

Summary Determination

Indicator (a) Most contractors providing direct service to inmates at the Suffolk County Sheriff's Office facilities are employed by Wellpath Health, a Medical/ Mental Health treatment provider. There are other individuals with whom the agency contracts to support things such as transitioning detainees into the community. All contractors or volunteers who have routine access to the facility are required to undergo the PREA education program. As part of that program, the individuals are trained on PREA consistent with the agency policy (S241 Page 12), which outlines training expectations to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. The policy states, "The SCSO shall ensure that all contractors, interns, and volunteers who have contact with inmates have been trained on their responsibilities under the SCSO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures." One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual on how to report.

Indicator (b) The SCSO policy requires all contractors and volunteers to be trained on PREA. Staff providing direct services to Inmates (Wellpath Health) to undergo full SCSO training annually with correctional staff. Individuals who have routine visits (religious staff, community agency staff, canteen vendors, etc.) get an abbreviated educational program when they initiate services and are renewed annually. The Auditor was provided examples of orientation training materials for any new contractors/volunteers. Volunteers who provide inmate services were not immediately available for interviews as the facility is limiting access during the Covid-19 crisis.

Indicator (c) PREA policy S241 (page 12) requires the agency to keep track of the training. The policy requires individuals to sign for the information they receive. "The SCSO shall maintain documentation confirming that contractors, interns, and volunteers understand the training they have received." A sampling of volunteer and contractor records confirmed they had signed off on the form. The Auditor was also able to speak to contractors as part of the audit process to confirm they were educated on PREA.

Compliance Determination

SCSO is compliant with the standard expectations. The facility ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on tour, and formal interviews support they have received comprehensive training equivalent to their level of contact with the Inmates. Training records and interaction with contractors as part of the tour clearly support understanding the agency's Zero Tolerance to PREA-related issues. Compliance was determined through supporting documents, training records, and interviews with the contracted staff persons who were able to identify training elements.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ NS Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment education records</p> <p>Policy S428 Inmate Orientation</p> <p>Memo on PREA Education</p> <p>Inmate Orientation Acknowledgement form (within 30 days)</p> <p>PREA Brochure</p> <p>PREA Script for intakes</p> <p>Instructions to intake staff on PREA Education</p> <p>Individuals interviewed/ observations made.</p> <p>Intake Staff Person</p> <p>Case managers</p> <p>Inmates</p> <p>Observation on a tour of PREA Signage in two languages</p> <p>Observation of the PREA Video.</p> <p>Summary Determination</p>
	<p>Indicator (a) Inmates are provided information about PREA upon admission to the Suffolk County Sheriff's Office facilities. A review of the pre-audit tool showed that about 1/3 of the admissions were not educated, though. The Auditor's discussion with intake staff in both buildings described a slightly different process. In both buildings, the detainee is supposed to get a brochure about PREA. Formal and Informal discussions with staff could not confirm that they as intake staff spoke to the new admission about PREA. Inmates spoken with confirmed an inconsistent process if they were educated about PREA during the intake process.</p> <p>SCSO's PREA policy S241 sets forth the requirement of initial education of all new detainees upon admission. "Inmates shall receive PREA information during intake, at orientation, and from the inmate guide. Inmates shall be responsible for familiarizing themselves with the information provided and for reporting allegations to staff in a timely manner." The inmates also get a PREA brochure at intake. The Auditor requested that the outside agency reporting mechanism be added which it was during the post-audit period. During the corrective action period, the agency developed a script that provides information about PREA, the agency's zero-tolerance stance, and the inmate's right to be free from sexual abuse. The document includes information on the agency's commitment to protecting individuals no matter their LGBTI status, the importance of reporting a concern, and that all allegations will be investigated. The Auditor also requested documentation on the training of intake staff.</p> <p>Indicator (b) All Inmates at SCSO facilities are provided with a review of the facility-specific PREA information within 30 days in the facility entering the facility. The agency has provided documentation of the education of 2960 individuals who were detained 30 days or longer. About a quarter of the SCSO facilities admissions are released in the first 30 days. The agency policy has the case managers as the individuals responsible for the education of the detainees. The orientation education is</p>

completed to be completed in a group setting in the first week after admission. Orientation Policy (S428) states that for whatever reason an inmate misses an orientation session, they must attend the next session. The Orientation session will review the inmate booklet that provides all critical information for them to be aware of while they are in the facility. This document does discuss PREA and ways to report a concern. Inmates also can see the 16-minute video PREA; What You Need to Know. The agency also has begun to use tablets that include information about PREA, how to report a concern and the same video as provided in the orientation group. The Auditor spoke with inmates about the orientation process and was able to see the documents they signed at the completion of the group education. The Auditor reviewed the same individual's file as selected for 155.41.

Indicator (c) As noted in indicator (b), the facility confirmed that all inmates had received the orientation. A review of sampled records supported the inmates had signed a document that confirmed they attended. Some inmates were also familiar with the PREA Information was on the tablet.

Indicator (d) Education is available to inmates at SCSO in multiple languages and forms, from written to video to large print documents. One of the videos includes closed actions for hearing impaired inmates. Inmates support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations, or not reading. Many inmates stated that PREA was not a concern, but they knew the information was available and stated there were people who could help, including line officers, white shirts (supervisors), caseworkers, and medical or mental health staff. During the tour, the Auditor saw PREA Information in two languages

Indicator (e) Records were reviewed for a random sampling of clients. The Auditor picked a random sample of current client files out of each housing unit to review education documentation. The Auditor reviewed documentation to ensure the clients had signed for the PREA education provided at SCSO. The signed forms and inmate interviews support they have received PREA education. Documentation of PREA education is required, "The SCSO shall maintain documentation of inmate participation in these education sessions."

Indicator (f) Agency PREA Policy addresses the requirements of the indicator. "In addition to providing such education, the SCSO shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Observations throughout the tour support there are materials available to inmates continuously. The information viewed included handbooks, posters, and other signage about PREA or the local rape crisis agency resources. The Auditor confirmed, through interviews, that PREA information was also on the tablets. The facility has begun to utilize tablets for inmates, which has access to the inmate handbook and other PREA materials.

Compliance Determination

The Suffolk County Sheriff's Office PREA policy S241 sets forth the expectation of the timeliness of inmate education, manners in which education is delivered and the requirement for educating all inmates, including LEP and disabled inmate education. Inmates at SCSO facilities confirmed they are educated on PREA. As noted in indicator (a) there was some inconsistency about what information was being provided at intake. The agency has added a script so all intake officers are providing a consistent education on PREA. Documentation on the new script and the training of staff at intake was provided. After intake, all inmates attend an orientation group where PREA information is reviewed, and a form is signed by the inmates and placed in their case records. The facility has PREA educational materials available to Inmates in the form of brochures and posters in addition to the handbook. Information also includes phone numbers to internal and external methods of reporting and the local rape crisis agency.

Compliance determination considered the supporting educational documents, the inmates' answers about training, and their knowledge about facility-specific steps for reporting a concern. The Auditor took into consideration the agency's effort to make changes to the initial intake process to better ensure the immediate education of new inmates. Further supporting compliance is the Auditor's review of client records that showed their education, the materials viewed during the tours, and the technology the SCSO has invested in to ensure inmates are informed of the agency's zero-tolerance policy.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Training certificates for Investigators</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Interview with trained Investigators</p> <p>Investigative files</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office employs its own investigative body. The SCSO employs the Sheriff's Investigation Department (SID) to investigate all crime allegations in the institution. The SCSO also investigates allegations involving correctional officers or asks assistance from the Boston Police Department. The Auditor was provided information supporting 6 of the SID investigators who have received training in completing investigations consistent with the standard expectations. "SID is the internal investigative authority responsible for conducting investigations regarding allegations of serious staff misconduct, criminal activity, and for special assignments as directed by the Superintendents. All investigators will be trained in conducting sexual abuse/harassment investigations (see policy S241), so that SID may promptly, thoroughly and objectively investigate all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports." The Auditor was provided documentation of the in-person class provided by the Massachusetts Department of Correction.</p> <p>Indicator (b) The Auditor reviewed the MA DOC training outline to ensure the content was consistent with the standards required by the standard. The training materials and the interview with a trained investigator confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Auditor also spoke with the investigator on how they would implement the elements of the training in the course of an investigation. Agency policy also covers this indicator by saying, "Department investigators shall be trained to properly investigate sexual abuse/ harassment complaints, to properly use Miranda and Garrity warnings, to gather and preserve direct, circumstantial, and DNA evidence, and how to properly interview alleged victims, suspected perpetrator(s), and witnesses."</p> <p>Indicator (c) Training records were provided for staff who complete investigations. Copy of the certificate were also included in the file.</p> <p>Indicator (d) The Auditor is not required to review this indicator.</p> <p>Compliance Determination</p> <p>The Suffolk County Sheriff's Office ensures that staff who complete investigations have received appropriate training on investigating sexual assault in a correctional setting. Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Examples of investigations completed and the supporting training documents also supported the Auditor's findings.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Wellpath Policy RI 200-30 PRISON RAPE ELIMINATION ACT (PREA)</p> <p>Wellpath Policy HCD 100-F-06</p> <p>Wellpath Training slides for Med/MH Staff</p> <p>Training records for Wellpath Staff</p> <p>Individuals interviewed/ observations made.</p> <p>Medical Staff</p> <p>Mental Health</p> <p>Interview with Hospital staff</p> <p>Summary Determination</p> <p>Indicator (a) Suffolk County Sheriff's Office PREA policy requires specialized medical and mental health staff training. "Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who regularly work in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the training mandated for Employees in Section F (1) or Contractors in Section H (1) depending upon their status at the facility."</p> <p>The Suffolk County Sheriff's Office employs the services of Wellpath Health Care Services, a private Correctional Medical and Mental Health services provider. The Wellpath trains its staff on PREA-specific considerations from the medical and mental health provided perspective. Included in the training materials was information that the training addressed signs and symptoms of abuse, communication with a victim, reporting an allegation, and preserving evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before being transported to the hospital for a rape kit. Wellpath staff knew who to report PREA concerns to in the jail and within their supervision chain. Supporting documentation considered included the facility's PREA response plan.</p> <p>Indicator (b) The staff do not complete a forensic exam. The Auditor confirmed with the two local hospitals confirmed the availability to have trained nurses perform sexual assault exams. Nurses spoken to formally and informally confirmed their training and discussed steps to protect DNA. SCSO policy states, "Medical staff shall make a determination whether referral to an outside hospital with a rape crisis unit is indicated. If the determination is made that the inmate should be sent to an outside hospital, and they consent, the inmate shall be sent to one with a Sexual Assault Nurse Examiner (SANE) program where they will receive preventative treatment."</p> <p>Indicator (c) Documentation was provided to the Auditor for the Wellpath Health staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials. Individuals in both the Medical and mental health staff confirmed they had completed the specialized training as well as the SCSO training on PREA. The Auditor was provided 25 certificates for Wellpath staff.</p>

Indicator (d). A review of the training records and the interview with staff confirms that all Wellpath staff receive the same training as the SCSO employees annually and the training described in 115.32. SCSO training records reviewed by the Auditor further support compliance.

Compliance Determination

Medical and Mental Health Staff at SCSO are employed by Wellpath, who provides PREA training with a medical and mental health focus for their employees and provides the PREA Coordinator with the documentation. The Auditor met formally with Wellpath staff and asked other Wellpath staff questions on tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the SIDI investigators or PREA Coordinator. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. Compliance is based on the knowledge of the standards that Wellpath staff had, their understanding of how to protect the inmate victim and evidence, and how to provide ongoing support. As noted, Indicator (b) is NA, but the Auditor confirmed the availability of the forensic exam by certified Sexual Assault Forensic Examiners exist in the community.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S420J Classification</p> <p>Risk Screening Reference Guide</p> <p>Auditor Selected files for review</p> <p>Individuals interviewed/ observations made.</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Wellpath Health staff.</p> <p>Classification Officer</p> <p>Random Inmate</p> <p>Medical and custody Intake staff</p> <p>Observations on tour</p> <p>Summary Determination</p> <p>Indicator (a). All inmates admitted to Suffolk County Sheriff's Office facilities are screened for potential victimization no matter how often or how recent they have been in custody. The combined admissions of the two facilities were 5942 in the year prior to the site visit. As pretrial facilities, there is a reported 18% of the population that is released in the first 72 hours. PREA Policy S241 sets forth this requirement. The policy states, "The Department shall perform an intake screening to obtain and use information about the inmate's history to reduce the risk of sexual abuse/harassment of the inmate within seventy-two (72) hours of him/her being booked." It goes on to state, "All inmates shall be assessed (using an objective screening instrument) within seventy-two (72) hours upon booking or transfer into the facility for any history of, and risk for, sexual abuse/harassment." At the House of Corrections and Nashua Street Jail, a case management and medical staff complete screening with all admission using an objective screening tool. The Auditor was provided sample records from the past year, and the Auditor picked a random sample of the current population to review. All screenings are reviewed by the case management supervisor and then uploaded to the Offender Management System(OMS). Inmates spoken with all confirmed they were asked questions consistent with the PREA screening tool. The inmate report this is done within the first hour of the admission. Policy S240J Classification also sets forth the obligation of screening individuals for the risk of being victimized or perpetrating sexual violence. The Initial review of the screening materials found that not all screenings were completed within the first 72 hours. During the corrective action period staff were educated on the need to complete screening in a more timely fashion and the facility provided documentation of inmates admitted during the period whose screenings were completed in under the 72-hour timeframe.</p> <p>Indicator (b) The Policy states consistent with the standard requirements, Intake screening shall be completed within 72 hours of arrival at the facility. A review of the inmates' records on-site, showed that 90 percent of the detainees were screened in compliance with the standard. The Auditor informed the facility that it needed to address the timeliness of the initial screenings during the corrective actions period. The Auditor initially reviewed 7 additional files between the two sites and requested proof of compliance moving forward. The additional examples were provided over the subsequent months. The Auditor also received documentation sent to staff supporting this corrective action is expected at the agency's highest level as it was addressed by the Special Sheriff. The Superintendent committed he would move the expectation of screenings to be completed within 48 hours.</p> <p>Indicator (c) The Suffolk County Sheriff's Office has developed a tool for screening inmates for potential sexual violence or</p>

sexual victimization. PREA screening tool is called Internal Housing Risk Factors. The tool utilizes information from the inmate's criminal records, other correctional settings, staff observation and self-reported information. The results of these answers are used based on a scoring matrix to determine their screening results. Each inmate will receive two scores, one on the likelihood of victimization and the other on the risk for perpetrating sexual aggression. In both scoring groups, the inmate is either a "known", "potential," or "unknown." The Auditor was provided with a description of the process the case management staff used to complete the screening. The Auditor also asked the Intake Officer and Nurse if questions were asked at admission that could impact scoring.

Indicator (d) A review of the objective tool used in the Suffolk County Sheriff's Office facilities shows that it accounts for all ten elements required in this indicator. The screening includes the following information;

- a. Whether the inmate has a mental, physical, or developmental disability;
- b. The age of the inmate;
- c. The physical build of the inmate;
- d. Whether the inmate has previously been incarcerated;
- e. Whether the inmate's criminal history is exclusively nonviolent;
- f. Whether the inmate has prior convictions for sex offenses against an adult or child;
- g. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex ("LGBTI"), or gender nonconforming;
- h. Whether the inmate has previously experienced sexual victimization;
- i. The inmate's own perception of vulnerability; and
- j. Whether the inmate is detained solely for civil immigration purposes.

Both the screening staff and inmates confirm the process is done individually away from other detainees to provide the inmate with the opportunity to disclose any concerns. All random inmates interviewed, including some LGBTI inmates, supported the process, including staff asking them about their feelings of safety in the environment. The medical staff asks some of the more sensitive questions about abuse and sexuality. The Auditor was not able to determine if the information provided to a medical staff member is shared back to the screening staff to ensure accurate scoring of the tool. The Auditor required that the facility and Wellpath set up a mechanism to share necessary information to accurately score the instrument. Policy also states key management staff are to be informed of screening results. "Upon learning that an inmate has been identified as either a victim or a predator, or is at risk for such, the ADS/CAD shall be notified so that appropriate housing decisions can be made." The facility worked out a mechanism that inmates who disclosed to medical will prompt a notification to the classification staff so screenings can be scored in a more accurate manner than was previously being done.

Indicator (e) The Suffolk County Sheriff's Office tool considers the inmate's history of violence or sexual abusiveness in the community and prior institutional settings. The agency policy, the Screening tool Guide, and the actual tool reviewed by the Auditor support that individuals are screened for potential sexual aggressiveness. Individuals who screen as known aggressors or potential aggressors are kept away from known victims or potential victims. This information is also scored on the Internal Housing Risk Factors document.

Indicator (f) The SCSO policy requires the inmates to be reassessed within 30 days. The Auditor was able to review Offender Management Screens showing a consistent review in less than 30 days in the screenings reviewed. All were completed in less than 30 days, with most being reviewed within two weeks of the initial assessment. Policy S241 states, "An inmate's risk level shall be reassessed within a set time period, not to exceed thirty (30) days from the inmate's arrival, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually abused or harassed." The facility showed compliance with the timeliness of the reassessments. The facilities lose 40% of the detainees between the 72-hour and 30-day periods.

Indicator (g) The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occurring for several reasons. The inmate would be reassessed if they were either the victim or the perpetrator of sexual violence if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. The Auditor confirmed these expectations with the PREA Compliance Manager, the

Classification staff, and Wellpath staff. As noted in indicator (f), policy language support reassessments are to be completed for various reasons.

Indicator (h) The Auditor confirmed that inmates are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who completed the initial screening, classification staff who completed the reassessment, and the random sampling of inmates who also confirmed they could not get in trouble for not answering these questions. The policy states, "Inmates may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked during an assessment. In such instances, the inmate will be treated as if they answered in the negative."

Indicator (i) The Suffolk County Sheriff's Office limits access to information from the screening that may be exploited. Such information completes the screening information in its electronic case management system. The computer system limits staff access to the screening information, including sensitive information that could be used to manipulate the inmate. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. During the tour, the Auditor was able to see how PREA information is protected from general staff access. Medical and Mental Health charts are where key elements would be maintained, such as victimization history or sexuality. These charts are protected and have limited through Wellpath's own records system. The agency worked out a mechanism to ensure disclosures to medical or mental health at intake require notification to the screening staff to ensure accurate information is used to complete the PREA screening.

Compliance Determination

The Suffolk County Sheriff's Office has come into compliance with the standard. The facility has provided documentation in the form of policy, client records, and interviews that support an objective assessment is completed on all individuals entering the facility. Two issues in the standard had to be addressed as identified during the site visit. The first was the timeliness of initial screening, and the second was around sharing of answers at admission between medical and case managers completing PREA screening. During the corrective action period, the agency worked to ensure the inmates' initial screening was completed in a timely fashion. The facilities provided documentation to support the enacted changes. The agency also worked out a mechanism to ensure screening information obtained by medical is shared back to the individuals responsible for completing the PREA screening scoring to ensure accurate identification of a person's risk for victimization is made.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S420H Inmate Classification Plan</p> <p>Policy S420J Classification</p> <p>Transgender Admission screening</p> <p>Statement of Preference form</p> <p>Documentation of transgender multi-discipline spotlight meeting</p> <p>Protocol on the use of screening information with high-risk indicators</p> <p>Spreadsheets identifying High-risk individuals in each building</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Intake Officer</p> <p>Classification</p> <p>Housing Officers</p> <p>Classification</p> <p>Food Service Supervisor</p> <p>Random Staff</p> <p>Random inmates</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The SCSO policy that addresses prevention covers the five elements of this standard indicator in using information from screening to protect inmates from abuse. Policy S241 language includes, "The Department shall use all relevant information to make classification and programming decisions with the goal of keeping all inmates safe and free from sexual abuse/harassment." As a pretrial facility, there is no required therapeutic programs, but individuals can be referred to treatment with Wellpath Mental Health services staff or can be referred to BARCC, the local rape crisis agency. As a jail, there are limited work positions for inmates, but PREA scores could impact employment opportunities for inmates. All identified risk candidates are reported to the agency administration. The screening tool has information that could be used to ensure high-risk individuals are kept apart. The Agency tool, as noted in 115.41 has three scoring levels for potential risk of victimization or risk of being sexually aggressive. The agency uses the information to ensure that individuals are not placed in the same cell. The Auditor identified through interviews with staff that OMS only has two categories for victims and aggressors, resulting in the combination of known and potential scores grouped together. The agency was asked to consider how the information can be maintained to ensure those in the highest risk categories are managed to limit contact or ensure safety through supervision. A protocol was created for each building to be able to identify and track individuals at high risk of being abusive and those at high risk of being victimized. Until changes can be made in the OMS the agency has the identified individuals being tracked by the facility classification teams. They will use the list to ensure protections are enacted to ensure that programming, education, and work assignments prevent them from being near each other. The staff are instructed to review the list in making assignments. The OMS already prevented the housing of opposite scoring individuals in the same</p>

cell. Because of the smaller female population, they added language to ensure that if a known victim and a known perpetrator had to be housed in the same unit, they should be housed on opposite tiers and as far apart as possible, with the victim housed close to the officers' station.

Indicator (b) The agency does individualized planning for each inmate. The agency has classification policies which support compliance with the indicator (S240J and S240H). These policies provide staff with direction on how to approach the varied needs of individuals in the pretrial facilities. Each of the policies supports a structured process in place to screen individuals to meet their individual needs and promote a safe environment. Policy S240J discusses the need to identify and group individuals by need.

"I. This classification plan is used to separate inmates into groups that reduce the probability of assault and disruptive behavior and evaluates the following:

- A. mental and emotional stability;
- B. escape history;
- C. history of assaultive behavior;
- D. medical status;
- E. age; and
- F. need to keep separate.

II. This classification plan will ensure periodic review, and revision as needed, of inmate status in response to changes in inmate behavior or circumstances, which includes a procedure for appeal of classification decisions."

Indicator (c). The Auditor was able to speak with transgender individuals in the Suffolk County Sheriff's Office facilities. The Suffolk County Sheriff's Office has a policy language on working with Transgender and Intersex individuals and Intersex Inmates in S241. The agency has a weekly "Spotlight Meeting" that will review requests from any transgender individuals admitted to the facility. As noted in the search policy, the individual should have a say in the gender to search them. Similarly, the facility's expectation is to house the person consistent with their preference and safety. The policy statement reviewed by the Auditor defines for the reader the purpose and goal of the SCSO to ensure a safe and nondiscriminatory environment. The Auditor discussed housing with three individuals who identified as transgender on housing considerations. One individual was housed in the gender they identified as. The second reported they were also going to be housed in the gender they identified but changed their mind. The third individual reported they were not asked but were comfortable in their current unit. The Auditor encouraged a review of the documentation process to better define the reasoning behind housing placements, including if the final decision aligned with the inmate's request. The Auditor suggests that the documentation shows structured reasoning around supporting or denying an inmate's request based on factual information, behavioral actions, and clinical observations. The document provided during the corrective action period further supports the documentation and follow-up notification to the inmate on the outcome of the request.

Indicator (d) The Suffolk County Sheriff's Office facilities have a weekly 'Spotlight Meeting' on all individuals with heightened concerns in the facility, including individuals with health, mental health, and behavioral concerns. In this meeting, the needs of Transgender individuals would be addressed. As a Jail, most inmates move on before the six-month reviews. The meeting notes reviewed by the Auditor support broad participation of facility administration, custody staff, along with medical and mental health professionals. Meeting notes discuss various aspects of the inmate's life and any change or new request. The Auditor discussed ways to improve documentation of this process with the administration, including decisions on programming, housing, personal items approvals, search procedures, and medication approvals. Interviews by the Auditor with Transgender inmates confirm there are meeting with their classification officer to discuss needs but that they do not attend a specific multi-disciplinary meeting. The Auditor was also able to review a few examples of these meetings. In the protocol developed for corrective action, it addressed the process. "The Department has a Spotlight meeting that convenes a weekly multi-disciplinary committee comprised of Classification, Mental Health, Medical, Program Services, and the Superintendent's office. Should an inmate/detainee identify as a transgender individual, their housing need/preferences will be evaluated during this meeting. Areas that will be discussed are inmates/detainee's housing preferences, searches, commissary needs, clothing and any requests made to Medical and Mental Health. The inmate/detainee will then be notified of housing decisions/changes decided by the committee."

Indicator (e) Two of the three identified transgender inmates interviewed confirmed they had a voice in their housing. The individuals support that with case management staff, they are allowed to make requests as to housing programming searches, medication, and personal items to improve their overall comfort in the facility. The third individual reported they were satisfied with the housing assignment. As noted, the new document requires improved documentation and notification of Transgender or Intersex individuals' requests.

Indicator (f) SCSO policies S420 Inmate Classification Plan requires that transgender Inmates can shower separately from other inmates. "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." The shower set up in the housing units does not include gang showers or showers adjacent to other toileting facilities. Transgender individuals can shower separately from other. The Auditor confirmed with supervisory staff and Transgender inmates that they shower separately from the rest of the population during lock-up periods.

Indicator (g) The Suffolk County Sheriff's Office does not, by policy, practice, or legal requirement, house all LGBT inmates in one housing unit. There is no legal judgment requiring such a condition to exist. This was confirmed with interviews with the PREA Coordinator, random staff, and LGBTQI inmates. The Auditor reviewed the population report to further ensure this was not the practice at both the NSJ and the HOC.

Compliance Determination

Three policies address the indicators in this standard Policy S241 Prevention of Inmate Sexual Abuse/Harassment, Policy S420H Inmate Classification Plan, and Policy S420J Classification. As pretrial facilities, SCSO utilizes the information from inmate screening to protect their safety and limit the likelihood of assaults. The agency has demonstrated how the information obtained at intake is used in the facility at multiple levels. The Documentation and Interviews completed support systems are in place to work with all LGBTQI detainees and provide extra support when needed to transgender, intersex, disabled, LEP or other populations who others might target for abuse, harassment or manipulation. The agency has refined its process during the corrective action period to better document the decision process moving forward. All classification staff have been trained on how to use the new tracking process for individuals at higher risk of sexual abuse or sexual aggression. This process includes making informed decisions on housing, programming, education, and work assignments. The Auditor believes the changes made have brought the agency into compliance with this standard based on the initial documentation, interviews and the subsequent additional information and documentation provided during the corrective action period.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Suffolk County HOC/ Jail Pre-Audit Questionnaire

Policy S241 Prevention of Inmate Sexual Abuse/Harassment

Individuals interviewed/ observations made.

PREA Compliance Manager

Superintendents

Special Housing Unit staff

Summary Determination

Indicator (a) The Suffolk County Sheriff's Office has not housed any individual in segregation for being an actual or potential victim of sexual assault in the past year. The agency has language in place if needed PREA policy S241 states, " Inmates shall be segregated from others only as a last resort when less restrictive measures are inadequate to keep them and others safe. This segregation shall only last until alternative measures to keep inmates safe can be arranged. Inmates so segregated shall receive the opportunity to exercise daily and shall receive any legally-required educational programming. Segregated inmates shall also receive daily visits from a medical or mental health clinician and shall have access to the other programs and work details to the extent that is operationally possible.." The PREA Compliance Manager does report that a sexual assault victim is initially placed in the medical unit for extra observation and support before returning to the general population. The Aggressor would be moved to a disciplinary segregation unit.

Indicator (b) As noted in indicator (a), policy language supports not limiting the victims' access to services and programming. Since there have been no use of this condition, there were no inmates to speak with about accessing services

Indicator (c). As noted in indicator (a), and interview with the Superintendent supports, he would not want to place any further restrictions on an inmate victim that what is necessary to ensure safety. There has been no involuntary segregation over 30 days in the past year.

Indicator (d) As noted in indicator (c), the agency policy covers the requirements. Absent a case to review; the Auditor can only consider the policy statement and administration descriptions on how they would handle such situations.

Indicator (e). As noted in the indicators above, the SCSO has not used segregation as a mechanism to protect an individual from sexual abuse. With two buildings and multiple units in each, the SCSO has sufficient resources to protect individuals without the use of segregation.

Compliance Determination

Absent a case of involuntary segregation at the Suffolk County Sheriff's Office facilities. The Auditor must base compliance on policy, an understanding of general segregation rules, and interviews with staff working the units and the Superintendents.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 740 356">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 387 850 414">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 445 627 472">MOU with the District Attorney's Office</p> <p data-bbox="240 504 403 530">PREA Brochure</p> <p data-bbox="240 562 424 589">Inmate Handbook</p> <p data-bbox="240 620 389 647">PREA Posters</p> <p data-bbox="240 678 371 705">PREA Video</p> <p data-bbox="240 790 679 817">Individuals interviewed/ observations made.</p> <p data-bbox="240 848 416 875">Random Inmates</p> <p data-bbox="240 907 633 934">District Attorney's Office representative</p> <p data-bbox="240 965 453 992">Observations on tour</p> <p data-bbox="240 1077 488 1104">Summary Determination</p> <p data-bbox="240 1135 1485 1426">Indicator (a) The SCSO provides inmates with multiple ways of reporting PREA concerns of sexual assault, retaliation or staff negligence that leads to abuse. The facility encourages inmates to feel comfortable reporting to any staff member, contractor or volunteer or communicating with outside agencies. The facility provides this information in brochures, posters, handbooks, and an orientation video emphasizing the importance of reporting. SCSO Policy S241 Prevention of Inmate Sexual Abuse/Harassment states, "Inmates shall receive PREA information during intake, at orientation, and from the inmate guide. Inmates shall be responsible for familiarizing themselves with the information provided and reporting allegations to staff in a timely manner. The PREA Coordinator shall work with the command staff and the Training Division to develop a plan to educate and inform inmates about sexual abuse/harassment. The plan will include oral and written information regarding prevention, intervention, self-protection, reporting sexual abuse/harassment, and treatment and counseling."</p> <p data-bbox="240 1435 1477 1597">Random inmate interviews confirmed that they know there are multiple ways to report a concern within the facility. Inmates knew of the postings and information in the inmate handbook that describes options to report a concern, including directly to a staff they trust, to any Supervisor or medical or mental health staff, by writing the Superintendent or other supervisors. Inmates confirm they can do this verbally or through a written letter or a grievance. Inmates who reported 'PREA is not an issue' confirmed they could tell staff or 'call the number on the posters.'</p> <p data-bbox="240 1740 1473 2103">Indicator (b) The SCSO provides 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 SCSO. The agency has entered into a MOU with the local District Attorney's Office. The District Attorney's representative confirmed the relationship as a mechanism to receive reports from inmates. The representative confirmed history of working on investigations with the SCSO SID staff but admitted he could not recall a case that was initiated via a call to their office. The Auditor did find some conflicting phone numbers on the documents reviewed. The agency Corrected the numbers during the post-audit period on all educational documents an inmate receives or can find posted in the facilities. Inmates at SCSO facilities are not detained solely for civil immigration purposes. The inmates were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. The Phone numbers for the local rape crisis agency are posted prominently in each housing unit. BARCC, the local rape crisis agency, cannot report directly to the SCSO because of funding regulations requiring a release but confirmed they would encourage the victim to report it to someone in the facility.</p>

Indicator (c) Interviews confirmed, consistent with agency policy S241 that all staff take any report of a PREA related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act, leading to a sexual assault.

Indicator (d) The Suffolk County Sheriff's Office provides staff at the county jail several avenues for reporting a concern of sexual assault or sexual harassment. If a SCSO staff had a concern about the supervisor or another staff being involved with a client, they report they can go to another supervisor or to a higher-ranking individual. They report they can also make a report using either the posted phone numbers, speak to the agency Investigator or to the EAP. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

Compliance Determination

The Suffolk County Jail staff and inmate Interviews support there are mechanisms to ensure an investigation occurs in all allegations of sexual abuse or sexual harassment. Most inmates expressed they would tell staff and knew they could report on behalf of another inmate or how to file a concern anonymously. Some Inmates stated they could have families or their attorneys report concerns, while others named supervisors they would approach with a concern. Interviews with random staff support know they have to immediately report all concerns related to sexual abuse or sexual harassment no matter the source of the information or the format it is received. Staff reported no concerns in making reports up the chain of command and felt if appropriate they could go through other channels if necessary without consequences. Compliance is based on the strong understanding of the staff and inmates on how to report PREA Concerns and the importance of acting promptly. Compliance is also based on the multiple options posted in the facility on how to report. The Auditor took into consideration the outside agencies, including the Suffolk County DA to whom reports can also be made.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 740 356">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 387 852 414">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 445 555 472">Policy S491 Inmate grievances</p> <p data-bbox="240 504 413 530">grievance record</p> <p data-bbox="240 562 419 589">inmate handbook</p> <p data-bbox="240 674 679 701">Individuals interviewed/ observations made.</p> <p data-bbox="240 732 430 759">PREA Coordinator</p> <p data-bbox="240 790 416 817">Jail administrator</p> <p data-bbox="240 848 442 875">Executive Assistant</p> <p data-bbox="240 907 325 934">Inmates</p> <p data-bbox="240 965 443 992">Observation on tour</p> <p data-bbox="240 1077 488 1104">Summary Determination</p> <p data-bbox="240 1135 1485 1292">Indicator (a) The Suffolk County HOC and Nashua Street Jail are not exempt from the standard; inmates can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an inmate can file a grievance. The agency has a policy on grievances (S491), and sections of the PREA policy S241 also addresses grievance related to sexual misconduct allegations. From the documentation provided, there appears to have been nine grievances related to sexual misconduct; the majority of the allegations were not substantiated and two were still open at the time of the site visit.</p> <p data-bbox="240 1382 1468 1538">Indicator (b) Agency policy S241 and client handbooks support the inmate can file a without going through an informal resolution process. Agency Policy S241 (page 6) set forth that there is no time constraint conditions for sexual abuse or harassment, "The Department does not impose a time limit on when an inmate may submit an institutional grievance regarding an allegation of sexual abuse/harassment.." A review of the inmate handbook also confirms that inmates are told they can file a grievance through any staff,</p> <p data-bbox="240 1628 1477 1785">Indicator (c) Once received, a grievance officer will notify the SID investigator, who can investigate the claim. Once this occurs, the case will be expedited. SCSO PREA policy states," An inmate who alleges sexual abuse/harassment may file a grievance without submitting it to any staff member who is the subject of the complaint. The grievance will also not be referred to any staff member who is the subject of the complaint.." Inmates at SCSO can send sealed mail. If the claim is PREA-related, the SCSO investigators will be notified.</p> <p data-bbox="240 1821 1484 1910">Inmates confirmed they could use the grievance process without submitting to the individual who is the subject of the grievance or required to undergo an informal resolution process. Inmates spoke with confirmed they can send letters directly to the Superintendent.</p> <p data-bbox="240 2000 1493 2134">Indicator (d) Policy S491 sets forth the requirements for response time quicker than the 90 days required on the standard and appeals consistent with the standard. The Auditor calculated a resolution, even with an appeal must occur within 65 days. Of the investigations that were filed through grievances that are complete, the notice was completed between 72 your and 48 days.</p>

Indicator (e) Policy S491 states, "Inmates who are unable to communicate effectively in English may obtain assistance from a caseworker, legal services representative, or other inmates when preparing a grievance." Inmates spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another inmate. Staff was also aware they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) Policy S241 describes the provisions for an emergency grievance. Any emergency grievance or grievance where there is an imminent risk for sexual misconduct requires immediate notification to the facility's highest-ranking supervisor on duty. There were no incidents in which an emergency grievance was filed in the last 12 months. "Emergency Grievances

1. An inmate who believes their grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages shall plainly mark the grievance form "emergency."

2. Emergency grievances shall be hand-delivered to a staff member and not placed into an institutional grievance box. As soon as possible, but no later than the end of their shift, the staff member shall forward it to the IGC to determine whether it is, in fact, an emergency. In the absence of the IGC, the form shall be forwarded to the Shift Commander. If the matter is not deemed an emergency, the grievance form shall be returned to the inmate for proper filing.

3. Emergency grievances shall be processed in the same manner as other grievances, except that the process shall be completed within two (2) working days of the filing of the grievance.

4. The Superintendent shall decide an appeal from the denial of an emergency grievance within five (5) working days."

Indicator (g) Inmates can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if they are not through the grievance process. Policy 491 Inmate Grievance addressed this indicator by stating, "An inmate who knowingly submits a false report is subject to discipline."

Compliance Determination

Suffolk County Sheriff's Office is not exempt from the exhaustion of administrative remedies. The agency's policy addresses the concerns of the standard. Grievance Logs reviewed support that inmates can use this process to resolve concerns in the institution. There were eight PREA allegations filed. Inmates knew they could file a PREA-related concern through the grievance process but acknowledged that it would not be as quick to resolve as telling a staff person directly. Inmates reported they could get assistance from other inmates in completing forms if needed. Compliance determination relied on the policy and interviews with the PREA Compliance Manager, random staff, and inmates who were aware of the grievance process as a possible avenue to report a Sexual Misconduct concern. The Auditor also reviewed the investigations that was started by an inmate's grievances. The Auditor suggested that some of the grievance-related information contained in the PREA Policy be added to the grievance policy to be complimentary. The Auditor required that language be added to the inmate handbook informing them there is no time limit to filing a PREA-related grievance.

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

Policies and written/electronic documentation reviewed.

Suffolk County HOC/ Jail Pre-Audit Questionnaire

Policy S241 Prevention of Inmate Sexual Abuse/Harassment

Inmate Handbook

Agreement with BARCC for victim support

Individuals interviewed/ observations made.

Superintendent

Wellpath

BARCC Representative

Observation on tour

Summary Determination

Indicator (a) The Suffolk County Sheriff's Office policy S241 addressed this indicator when it states, "The Department will attempt to establish relationships with community service providers able to provide inmates with confidential support services related to sexual abuse/harassment." The SCSO provides local rape crisis agency access, but on-site access was curtailed during the COVID-19 crisis. The Boston Area Rape Crisis Services (BARCC) is the local rape crisis provider in Suffolk County. The agency's employees are considered professional visitor status, which allows for confidential communication. Phone numbers for

Indicator (b) All inmates are informed that confidentiality is limited if an individual is at risk of victimization at the inception of services. There is information on the posting of how to call the rape crisis agency where it will not be recorded. Most inmates were aware the phone calls were recorded if they called the rape crisis agency. The Auditor confirmed with inmates and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog.

Indicator (c) The Suffolk County Sheriff's Office has a Memorandum of Understanding with BARCC. The agreement is renewable. BARCC. The MOU with BARCC was signed by the organization's president and was renewed this year. The Auditor was provided information about the renewal process and provided examples of the past three years of MOUs. The Auditor confirmed the MOU has been renewed with a Boston Area Rape Crisis Services representative, and the agency provided a copy of the document.

Compliance Determination

Inmate victims at SCSO facilities can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Boston Area Rape Crisis Services (BARCC) to provide support to victims (Indicator (c)). As part of the audit process, the Auditor spoke by phone to a BARCC representative, who confirmed their ability to provide service at the Suffolk County facilities. The PREA Brochure and signage at both facilities had a toll-free number for inmates to access from the payphone in the facility or with a mental health worker. The handbook tells inmates they can call or write BARCC who could come to the facility to provide professional visits when the COVID crisis is resolved.

In determining compliance, the Auditor also considered policy language interviews with the BARCC, that inmates could identify how confidential the communication is within the facility, including mail and telephone contacts and the information posted throughout the facilities.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 385 740 412">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 443 852 470">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 613 679 640">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 430 698">PREA Coordinator</p> <p data-bbox="242 788 488 815">Summary Determination</p> <p data-bbox="242 846 1490 1070">Indicator (a). Suffolk County Sheriff's Office has developed a mechanism for individuals who want to report PREA concerns as a third party, including fellow inmates, family, or friends. Information can be done in person, by phone, US mail, or by contacting the SCSO PREA Coordinators through the agency website Prison Rape Elimination Act (PREA) – Suffolk County Sheriff's Department (scsdma.org). There is information directing Inmates in the PREA brochure, PREA poster, inmate handbook, and the website noted above. The staff interviewed were aware that they must take all reported concerns about PREA potential violations, including third parties. The facility phones allow for inmates to dial out the advocates or the District Attorneys' office. Postings supporting reporting and were visible both inside the facility and in the facility's public areas.</p> <p data-bbox="242 1102 1490 1263">The SCSO Policy addresses the requirements of this standard. "Third parties, including staff members, attorneys, and outside advocates, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse/harassment. If such third parties file a request on behalf of the inmate, the Department requires that the inmate certify, in writing, their agreement or refusal to the filing of a request on their behalf. If the inmate certifies their agreement, then they must personally pursue any subsequent steps in the administrative remedy process."</p> <p data-bbox="242 1294 510 1321">Compliance Determination</p> <p data-bbox="242 1352 1490 1473">The Auditor finds the Suffolk County Sheriff's facilities are compliant with having a third-party reporting system. Compliance is determined based on policy, the systems SCSO has put in place to support the inmates, and that inmates were aware they could make a complaint on behalf of another inmate. The Auditor also considered staff who understood they must report all PREA allegations no matter the source.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>PREA investigations</p> <p>Mass.gov Adult Protective Services</p> <p>Wellpath PREA training materials</p> <p>Wellpath health documentation on infirming limits of confidentiality</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Random staff</p> <p>Investigator</p> <p>Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a). In several parts of the Agency's PREA policy -144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/PREA, staff are directed to report all knowledge or suspicion related to sexual misconduct against an inmate. Policy states, "All allegations and incidents of sexual abuse/ harassment of inmates shall be immediately reported by staff to either the Shift Commander (if uniformed) or a member of the command staff (if non-uniformed). B. During regular business hours, the Shift Commander will immediately notify the Superintendent and Assistant Superintendent of Operations (AS/OPS), who shall advise SID and the PREA Coordinator. C. During non-business hours, the Shift Commander shall contact the duty officer, who shall immediately notify the Superintendent, the SID duty officer, and the PREA Coordinator. D. Failure to report these allegations or incidents by staff may result in disciplinary action up to and including termination "Staff understood, as evident in random staff questioning, the expectation around reporting all incidents related to sexual harassment or sexual abuse. Random staff reports these notifications would be completed immediately and include when an inmate discloses information about abuse in a prior institution or even if they do not believe the event to have occurred. The staff were also clear that staff misconduct through actions or inactions leading to abuse must be reported.</p> <p>Indicator (b) As noted in indicator (a), the policy language of SCSO requires staff to keep confidential all allegations of sexual misconduct except to the individuals required to investigate such events. Staff interviewed were aware of the importance of keeping information disclosed by an inmate to those with a need to know, such as the Supervisor on duty and appropriate medical or mental health staff who may respond.</p> <p>Indicator (c) As noted in previous standards, the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Policy 241 states, " Upon initiation of services, medical providers shall inform the inmates of their duty to report and the limitations of confidentiality unless otherwise precluded by law." Staff report inmates sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. Inmates confirm that the information shared with Wellpath is confidential unless someone is in danger. The Auditor reviewed consent forms that inmates sign that informs them of the limitations on confidentiality. The Auditor also confirmed this expectation in the review of Wellpath health services materials. The Wellpath nurse confirmed that inmates sign the confidentiality limitation document at intake.</p>

Indicator (d) The juvenile aspects of indicator d) does not apply, as they are not housed at SCSO facilities. Crimes against senior inmates or others with developmental disabilities are reportable to Massachusetts agencies responsible for protecting the elderly and those with diminished capacities. Crimes against these protected populations may result in additional charges. It was reported that the Attorney General's Office would potentially become involved in the case. The Auditor has previously spoken with State Police officials who confirm abuse of these groups can have additional charges associated with the crime.

Indicator (e) All staff are clearly aware that the facility investigator and PREA coordinator must be called as part of the response plan. Documentation reviewed in the investigative files and documents loaded into POWER DMS support that staff refers all information on potential sexual offenses in a timely fashion and that the investigative teams are put into action immediately.

Compliance Determination

There are policies that direct staff of Suffolk County Jail in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Suffolk County Sheriff's Office policy S241 Prevention of Inmate Sexual Abuse/Harassment. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment, including third-party and anonymous complaints. The staff interviewed knew they also had to report on a coworker whose actions or inactions led to a sexual assault.

All staff, including the medical and mental health contractors, were aware of mandated reporting, their legal responsibility to report, and the importance of confidentiality except to supervisory and medical to aid in getting access to treatment or allowing investigation. The Suffolk County Sheriff's Office Investigators confirm that crimes against vulnerable adults or individuals with diminished capacities will be reported to the appropriate state agency. Inmates' interviews supported an understanding on the limits of confidentiality that medical or mental health professionals have. Compliance is based on interviews, the policy, and supporting documentation that shows investigations are initiated immediately upon knowledge of the facility of an incident. The Auditor also took into consideration the various investigative files supporting a quick response by staff in the learning of any sexual misconduct.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>PREA Investigation</p> <p>Individuals interviewed/ observations made.</p> <p>Sheriff</p> <p>Jail Administrator</p> <p>Duty Sergeant</p> <p>PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Suffolk County Sheriff's Office Policy S241 Prevention of Inmate Sexual Abuse/Harassment requires the facility staff to take immediate action if someone is at risk." When the SCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate." Interviews with the Superintendent and command staff confirms there is an immediate response to any situation where physical or sexual harm is imminent. Random staff knew the importance of quick responses in situations. The facility provided an example of the movement of inmates when allegations of actual or potential abuse were found. The Superintendents reports they will assess both parties and determine the best plan of action. They can easily separate individuals with multiple units, including moving a known aggressor to higher security units if needed.</p> <p>Compliance Determination</p> <p>Compliance is based on interviews and the examples provided. In each of the instances provided, the facility responded immediately, providing direct conversation with the shift commander and movement on the potential aggressor. The Auditor also took into consideration with two facilities, and they can easily separate inmates from their aggressors.</p>

115.63	Reporting to other confinement facilities
	<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="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 387 852 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 445 951 474">Documentation of Investigation started from reports from other facilities</p> <p data-bbox="242 504 633 533">Documentation from Investigatory files.</p> <p data-bbox="242 562 579 591">SCSO Investigation Spead Sheet</p> <p data-bbox="242 674 679 703">Individuals interviewed/ observations made.</p> <p data-bbox="242 732 430 761">PREA Coordinator</p> <p data-bbox="242 790 418 819">Jail Administrator</p> <p data-bbox="242 902 488 931">Summary Determination</p> <p data-bbox="242 960 1493 1088">Indicator (a) The Suffolk County Jail Policy S241 page 5 addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. "The Sheriff or designee shall notify the head of the agency where any sexual abuse of an inmate occurred, in writing, within seventy-two (72) hours and include a copy of the notice in the SID file. "</p> <p data-bbox="242 1173 1426 1301">Indicator (b). The Superintendents were aware of the responsibility to ensure notifications occur within 72 hours upon information of sexual abuse at another facility. Documentation was provided to the auditor supporting notification of an incident where the Deputy Assistant Superintendent of NSJ informed their counterpart at another county Jail. The Documentation supported notification occurred the same day.</p> <p data-bbox="242 1388 1461 1451">Indicator (c). The Superintendent reports that phone notifications are backed up with emails. The Auditor also can see the notification documentation in the Investigation report.</p> <p data-bbox="242 1538 1481 1632">Indicator (d). The SCSO investigator will be notified immediately of any allegation by a former inmate of an allegation of sexual abuse at the House of Correction or Nashua Street Jail. The Auditor was able to see examples in the OAS and in the investigatory files supporting the agency investigating all claims received from other facilities.</p> <p data-bbox="242 1720 510 1749">Compliance Determination</p> <p data-bbox="242 1778 1493 1973">Compliance with this standard was based on the agency policy, the Superintendent's knowledge of the requirements, and the documentation provided. SCSO policy addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities within the timeframes consistent with the standard. The Superintendent also confirmed the expectations of immediate investigations/cooperation of any complaint to or from any other facility. Also considered was the documentation of 20 investigation files opened due to an allegation of a current inmate's abuse at another facility or a report of abuse received from another facility.</p>

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>First responding staff</p> <p>Random staff</p> <p>Investigation spreadsheet</p> <p>Investigation files</p> <p>Summary Determination</p> <p>Indicator (a) Policy S241 Prevention of Inmate Sexual Abuse/Harassment addresses the requirements of the First Responder Standard</p> <p>“A. The Shift Commander shall immediately be notified in the event of a sexual abuse/harassment allegation.</p> <p>B. The scene shall be secured for possible crime-scene processing.</p> <p>C. The inmate’s behavior and appearance shall be noted and documented by the supervisor on scene, as well as a list of potential witnesses.</p> <p>D. The inmate victim shall be taken to the infirmary for emergency medical care and mental health treatment.</p> <p>E. The inmate victim and the perpetrator shall be separated immediately.”</p> <p>Interviews with random staff, including non-correctional officers, supports they know the steps required to ensure quick access to care while protecting potential evidence. Staff were all able to provide examples of what they had learned about protecting evidence, including closing off the area where the assault happened and requesting the individuals involved not to eat, drink, brush, use the toilet, shower, or change clothing. Investigative files reviewed supported first responder duties were completed. The Auditor spoke with individuals who had made PREA allegations and saw investigative files supporting forensic exams were completed at local hospitals.</p> <p>Indicator (b) All staff, including the Wellpath Medical and Mental health staff, are trained as first responders to incidents of sexual abuse.</p> <p>Compliance Determination</p> <p>The Suffolk County jail has put in place training and resources to ensure all staff knows their responsibilities as first responders to incidents of sexual abuse. The agency’s PREA policy and supporting checklist outline the steps to be taken to preserve evidence and protect the detainee. Compliance is based on policy, interviews with staff, and documentation from previous investigations that support first responders act consistently with policy directives.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Superintendent</p> <p>PREA Compliance Managers</p> <p>correctional officers</p> <p>medical and mental health staff</p> <p>Summary Determination</p> <p>Indicator (a) SCSO's policy S241 Prevention of Inmate Sexual Abuse/Harassment acts as an outline for the coordination of resources in response to incidents of sexual misconduct. Policy S241 has three consecutive pages of information for first responders, Supervisors, Medical staff, SID Investigators and the PREA Coordinator. The Policy also addresses post-incident reviews and the Coordination with outside agencies, including local hospitals, Police, and the District Attorney. The Auditor suggested that a separate document be created with phone contact numbers for the outside agencies and placed in their Facility emergency response binder. Investigation files and other documents reviewed supported the coordination of the case from initial notifications to transportation to local hospitals and, upon return, continued support.</p> <p>Compliance Determination</p> <p>A review of the elements of the plan and discussion with facility leadership and staff members in the various identified positions supports compliance. Random staff interviews showed a consistent understanding of their role in the plan, as did discussions with medical, mental health, supervisory staff, and facility leadership. Compliance is based on these interviews, the agency's policy, and the evidence in the investigation file supporting coordinated actions</p>

115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Union Contracts</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Superintendent</p> <p>Staff</p> <p>Summary Determination</p> <p>Indicator (a) Discussions with the Superintendent on behalf of the Sheriff confirmed that the contracts with unions representing the SCSO employees do not prevent him from removing the staff person during an investigation into a criminal act such as PREA sexual assault. The agency policy confirms this, "The Department shall not enter a collective bargaining agreement that limits its ability to remove any staff member alleged to have committed sexual abuse/harassment from contact with inmates during the investigation, or limits the level of discipline it may impose. Nothing in this policy precludes the application of progressive discipline in an appropriate case." The Auditor also spoke with a Union leader on the tour who confirmed staff can be put out on administrative leave during an investigation.</p> <p>Compliance Determination</p> <p>The Suffolk County Sheriff's Office is compliant with the expectations of this standard. The Auditor reviewed documentation in policy, union contracts, and actual incident investigations that support the ability of SCSO to keep victims safe from their accused abusers.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 740 356">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 387 852 414">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 445 663 472">Documentation of Monitoring of detainees</p> <p data-bbox="240 557 681 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 616 400 642">Superintendent</p> <p data-bbox="240 674 430 701">PREA Coordinator</p> <p data-bbox="240 732 424 759">Investigative Staff</p> <p data-bbox="240 902 488 929">Summary Determination</p> <p data-bbox="240 960 1477 1153">Indicator (a) Suffolk County Sheriff's Office has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy S241 on page 2. It states, "All acts of retaliation against inmates or staff who refuse, report, or cooperate in an investigation of sexual abuse/harassment are prohibited." It goes on to state, "If the investigation determines that any staff member retaliated against other staff or an inmate for reporting sexual abuse/harassment, they will be disciplined up to and including termination." At SCSO facilities, the Classification Officers are responsible for tracking inmates for retaliation. The Superintendent or Assistant Superintendents would monitor staff members.</p> <p data-bbox="240 1240 1493 1469">Indicator (b) The Superintendent both supported their facilities are large enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Inmates would routinely be offered counseling services, and caseworkers would provide routine check-ins to ensure the client is feeling safe. The Superintendent confirmed that he could work with other counties' Jail Administrators to ensure the inmate feels safe in extreme situations. In most cases, male detainees can also be transferred between the two sites. The SCSO policy S241 (page 9) states, "Steps shall be taken to prevent any retaliatory actions, such as changing housing units or accelerated classification for possible transfer."</p> <p data-bbox="240 1556 1493 1888">Indicator (c) The agency's policy supports all individuals (Inmates and Staff) who report a PREA incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. Policy S241 states, consistent with the indicator, "Unless unfounded, the Department shall monitor the conduct and/or treatment of all staff and inmates for ninety (90) days following a report of sexual abuse/harassment to see if there are changes that suggest possible retaliation and take prompt action to remedy the situation. This monitoring shall include a review of negative staff performance reviews, reassignments, inmate disciplinary reports, housing changes, periodic status checks with the inmate, and program changes." The Auditor reviewed the documentation provided and interviewed staff on the steps to protect an individual from retaliation. The documentation supported periodic contact with the victim post allegation. The Auditor had made a suggestion about the development or use of a form that could improve the consistency of the documentation for the elements of indicators (c) and (d).</p> <p data-bbox="240 1975 1458 2101">Indicator (d) The occurrence of status checks have been documented through case notes. Victims would be referred for support through mental health services. The assigned case worker could also seek input from the QMHP working with the victim. The reports reviewed document periodic face to face contact and other programming notes for each person who alleged sexual abuse or harassment.</p>

Indicator (e) As noted in indicator (b) the facility has sufficient means to protect an inmate. The facilities Superintendents supported the facility's ability to protect individuals and hold aggressors accountable. The random staff were able to describe actions they would take to protect an inmate who comes to them with any safety concerns. The random inmates interviewed supported that they could go to staff if there was a concern about their safety and felt the staff would take the issue seriously and would keep them safe. The Investigator and the Superintendents support that all individuals who cooperate in the investigative process will be monitored for their safety.

Indicator (f) The Auditor is not required to review this indicator.

Compliance Determination

The Suffolk County Sheriff's Office has a policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations. The facility provided examples of cases in which the inmates have been monitored. The Superintendents would utilize their respective administrative staffs to further monitor staff. The Superintendents confirmed that multiple mechanisms would be put in place to protect individuals who report sexual assaults. They reported efforts would include changing housing, preventing contact between the accused and the victim, and monitoring reports about the inmate or staff to see if there is any change in behaviors.

The standard was initially not in compliance due to the lack of records provided for the Auditor to review. The facility was able to go back and provide documentation of these reviews at both the House of Correction and the Nashua Street Jail. The standard is compliant based on policy, the information provided to the Auditor during the corrective action period, and interviews with administrative and line staff. The Auditor also made suggestions on ways to improve documentation.

115.68	Post-allegation protective custody
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 273 799 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 389 852 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 448 632 474">Policy S134 Department Investigations</p> <p data-bbox="240 506 671 533">Policy S422 Special Management Housing</p> <p data-bbox="240 564 716 591">Special Management Security Placement Form</p> <p data-bbox="240 676 679 703">Individuals interviewed/ observations made.</p> <p data-bbox="240 734 400 761">Superintendent</p> <p data-bbox="240 792 528 819">PREA Compliance Manager</p> <p data-bbox="240 904 488 931">Summary Determination</p> <p data-bbox="240 963 1497 1124">Indicator (a) SCSO policy S241 addresses the indicator when it states, " All acts of retaliation against inmates or staff who refuse, report, or cooperate in an investigation of sexual abuse/harassment are prohibited.." Similar language in the investigation policy requires staff to ensure no misconduct occurs. The agency's policy S422 Special Management Unit and the accompanying Security Placement Form supports the SHU is for Disciplinary violations, including sexual assault. Inmates' placement in the Specialized housing during an investigation are provided notice that the status will be reviewed in 72 hours.</p> <p data-bbox="240 1133 1410 1223">Discussions with leadership in both SCSO facilities confirm that they have never put a victim of sexual abuse into involuntary segregation as a method of protective custody. Leadership in both facilities confirms the ability to manage inmates within the environment and keep individuals apart during pretrial confinement.</p> <p data-bbox="240 1308 512 1335">Compliance Determination</p> <p data-bbox="240 1366 1430 1456">Compliance, without any incident of segregation use post allegation, is based on policy and discussions with the facility management on their goal of avoiding the use of segregation to keep individuals safe. The facility has multiple housing options to move individuals who cooperate in an investigation to keep them safe.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 740 356">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 387 852 414">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 445 632 472">Policy S134 Department Investigations</p> <p data-bbox="240 504 416 530">Investigation files</p> <p data-bbox="240 562 740 589">Inmate record retention document (investigations)</p> <p data-bbox="240 620 424 647">Inmate Handbook</p> <p data-bbox="240 678 547 705">Investigator Training Materials</p> <p data-bbox="240 736 485 763">SID Training certificates</p> <p data-bbox="240 848 679 875">Individuals interviewed/ observations made.</p> <p data-bbox="240 907 408 934">Superintendents</p> <p data-bbox="240 965 467 992">SID Investigative Staff</p> <p data-bbox="240 1023 627 1050">District Attorney Office Representative</p> <p data-bbox="240 1193 488 1220">Summary Determination</p> <p data-bbox="240 1252 1489 1641">Indicator (a) Suffolk County Sheriff's Office has trained law enforcement staff who will be responsible for both criminal and administrative investigations. In the cases of sexual assault, they can enlist the assistance of the Boston Police Department's Sexual Assault Unit. Policy S241 and Policy S134 define the investigative team's responsibilities, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken and the reasoning behind the findings. "The Department shall investigate all allegations of sexual abuse/harassment, including third-party and anonymous reports. All investigations shall be conducted in accordance with policy S134, SID, and relevant collective bargaining agreements and completed even if the alleged abuser or victim has left the control of the Department. If the Superintendent believes that a crime may have been committed, they will contact the BPD, the DA or the AG.." The Policies define duties, and agency policy requires investigation of all allegations, including those from third parties or anonymous sources. The SCSO investigators are outside the command structure of the Jail Administrator. This separation further supports the objective nature of the investigatory process. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred.</p> <p data-bbox="240 1731 1489 1861">Indicator (b) As noted in 115.34, the SCSO has the Sheriff's Investigation Department (SID) with six (6) individuals who have completed a course on Investigations of Sexual Assaults in a Correctional Institution. In addition to the training documentation provided in 115.34, the Auditor also reviewed the files to ensure that these trained investigators were the individuals to complete sexual abuse or sexual harassment investigations at the Suffolk County Sheriff's Office facilities.</p> <p data-bbox="240 1951 1489 2143">Indicator (c) Investigative staff interviewed, inmates who were part of an investigation confirmed, and investigative files reviewed supported the requirements of this indicator. The investigative know how to collect evidence from a crime scene to ensure chain of custody of evidence, including DNA. Line staff at SCSO facilities are also trained to preserve evidence, including locking potential crime scenes and encouraging the victim not to do anything that would degrade the quality of the DNA evidence. As noted in 115.21, a forensic exam of the victim would not occur at SCSO facilities but at a local hospital with SANE-trained nurses. The investigation file also confirms the interview of the victim, alleged perpetrator, and witness</p>

are done routinely as part of the investigation. The Investigator interviewed was able to describe the process they undergo in completing an investigation, including how they may consider historical information.

Indicator (d) The Investigator supports that compelled interviews have not occurred in the current cases and that they would work closely with the local prosecutor on the case. The policy states, "When the quality of the evidence appears to support a criminal prosecution, compelled interviews will not be conducted without first consulting with the DA, AG, or BPD." The Auditor confirmed with the Suffolk County District Attorney's office that there is communication between the agencies on potential criminal cases. In the Investigator's interview, she discussed where they would inform the prosecutor in the process. The recent criminal cases did not require compelled interviews.

Indicator (e) The Investigator interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator established in the discussions with the Auditor what she bases the credibility of an alleged victim. She reports that individuals involved in the case will be assessed individually and not influenced by the person's status as an inmate or staff or solely on their past record. We discussed the importance of the interview process and the consistency of statements, written reports and video evidence available. Agency policy S241 states the requirement, credibility of an alleged victim shall be assessed on an individual basis and not solely determined by the person's status as an inmate or staff member.

Indicator (f) Interviews with the Investigator and the Superintendent confirmed that Department investigations will assess whether staff actions or inactions contributed to the abuse or harassment incident. The Superintendent supported that there is an assessment of the staff actions in all critical incidents. If there is an issue identified, further assessment will follow as part of the administrative investigation.

Indicator (g). All criminal investigations completed by the SCSO investigative team result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained. The Auditor reviewed sixteen handled by SID investigators and found the reports and documented evidence used in coming to the files' stated conclusion. Policy language covers the indicator, "Department investigation reports shall include the physical, testimonial and documentary evidence, the reasoning behind the credibility assessment, and the investigative findings."

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. It states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

Indicator (i) The SCSO record retention requires a retention period of ten years. Inmates at the facility are housed on average for less than six months. The SID has a full database on all investigations they complete at SCSO facilities. The records are maintained in the SID office, including the digital recording of photos, videos, and audio evidence.

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The SCSO Investigators would work with local police who would go outside the institution to pursue information related to the case.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) This indicator does not apply as noted above; the SCSO has full authority to complete criminal investigations in its facilities.

As the county's law enforcement agency, the Suffolk County Sheriff's Office will complete all investigations related to PREA at the Suffolk County House of Correction and Nashua Street Jail. The facility has trained Sheriff's Investigative Division staff for all PREA complaints. As noted in 115.34, SID officers have been trained in investigating Sexual Assault in a correctional environment. Policy S241 Prevention of Inmate Sexual Abuse/Harassment and Policy S134 Department Investigations cover this standard's various elements. The Superintendent supports the expectation that all investigations are done promptly, thoroughly, and objectively; it sets the standards for evidence collection, interview process, and coordination with the local prosecutorial authority. The interview with the Investigator confirmed the standard of proof, determining the credibility of a witness, and that all conduct appearing to be criminal is referred for prosecution. Interviews also confirmed that SCSO would continue to investigate cases even after the departure of either a victim or a perpetrator, and the polygraphs or other truth-telling devices are not a condition of proceeding in an investigation. In determining compliance, the Auditor considered the results of the interview, the stated factors above, the policy in place, and the sixteen investigatory files that were reviewed.

115.72	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S143 Department Investigation</p> <p>Individuals interviewed/ observations made.</p> <p>Investigators</p> <p>Summary Determination</p> <p>Indicator (a). The Auditor confirmed with the investigators that SCSO policy, S241 Prevention of Inmate Sexual Abuse/Harassment, requires no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Policy states, "The Department shall use a preponderance of the evidence standard when determining whether allegations of sexual abuse/harassment can or cannot be substantiated.." The investigative staff has taken the Massachusetts DOC training on investigating sexual abuse in a confinement setting course which covers this topic. The auditor reviewed with the investigator how she comes to determining if a case was substantiated unfounded or unsubstantiated in the course of an investigation.</p> <p>Compliance Determination</p> <p>The Auditor relied on the interviews with investigators, training records and the review of investigation case files in determining the Standard is compliant. The agency also has policy language in place to direct the investigator on evidence to substantiate a PREA incident's findings.</p>
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115.73	Reporting to inmates
	<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="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 738 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 389 850 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 448 619 474">Policy S143 Department Investigation</p> <p data-bbox="240 506 887 533">PREA Investigation notifications Form from investigation records</p> <p data-bbox="240 618 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="240 676 596 703">Interview with an Investigative Staff</p> <p data-bbox="240 734 571 761">Interview with PREA Coordinator</p> <p data-bbox="240 792 668 819">Interview with PREA Compliance Manager</p> <p data-bbox="240 904 488 931">Summary Determination</p> <p data-bbox="240 963 1489 1223">Indicator (a) the Suffolk County Sheriff's Office provides notification to all inmates on the outcome of their investigations into sexual misconduct. The agency S241 Prevention of Inmate Sexual Abuse/Harassment page 21-22 requires the notification to inmates if the allegation was substantiated, unsubstantiated or determined to be unfounded. The interview with the Investigator supports that she comes to one of these three conclusions in all sexual abuse or sexual harassment cases. The policy states, "Following an investigation into an inmate's allegation that they suffered sexual abuse/harassment in a Department facility, the Department shall inform the inmate as to whether the allegation was substantiated, unsubstantiated, or unfounded (Form 241-1). The Department shall also inform the inmate if a substantiated allegation results in an indictment or a conviction (Form 241-2). Any reporting obligation ceases once the inmate has been released from Department custody."</p> <p data-bbox="240 1308 1477 1438">Indicator (b) The interviews with the Superintendent and the SID Investigator supported if a case is referred to the Boston Police Sexual Crimes Unit, the Sheriff's Office would maintain a channel of communication with the BPD investigative team. This is done to ensure that the administrative and criminal investigations do not impede each other and that enough information is shared to ensure timely notifications are made to the victim if still in the custody of SCSO.</p> <p data-bbox="240 1523 1489 1783">Indicator (c) The policy S241 also requires notification if the accused perpetrator is a staff person, contractor, or volunteer if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any inmate regarding any indictment or conviction of a perpetrator as long as the victim is still in custody. The Policy states, "Any staff accused of sexual abuse/harassment may be placed on "no inmate contact" status or administrative leave pending an investigation. Contractors, volunteers or interns shall be barred from the facility until the completion of the investigation. If the investigation determines that any staff member retaliated against other staff or an inmate for reporting sexual abuse/harassment, they will be disciplined up to and including termination."</p> <p data-bbox="240 1814 1477 1912">A review of Form-241-1 includes a space for the documentation when a staff person or contractor is no longer in the facility, has been indicted or convicted. Most victims would have left the facility before an indictment or conviction as a pretrial facility.</p> <p data-bbox="240 1998 1477 2128">Indicator (d) The SCSO has a second form 241-2, which is used to document an indictment or conviction of a perpetrator of sexual violence. As noted in indicator (c), the pretrial nature of SCSO facilities and the short-term nature of the environment means these notifications might not occur during their stay at SCSO facilities. Notification of outcome for an individual no longer in SCSO custody would come from the court system.</p>

Indicator (e) The Auditor was provided the notification letters provided to the inmates who remained in the custody of SCSO. The forms 242-1, and 241-2 are set up to notify the inmates at various points of the investigation, consistent with the standard. The information from communication with inmates who had filed a PREA complaint supports that there is notification even if they are not in agreement with the outcome. Inmates are asked to sign for receipt of the forms provided to them.

Indicator (f) The Auditor is not required to audit this provision.

Compliance Determination

The Auditor was able to review documents in investigative files that support inmate notifications occur. Clients who had made PREA allegations confirmed they were notified of the outcome. The Auditor finds the facility in compliance with the standard based on policy, the documentation provided, and interviews with the Investigator, the PREA Coordinator, and the inmate who had previously filed PREA allegations.

115.76	Disciplinary sanctions for staff
	<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="242 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 385 890 412">Suffolk County HOC/ Nashua Street Jail Pre-Audit Questionnaire</p> <p data-bbox="242 443 852 470">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 557 679 584">Individuals interviewed/ observations made.</p> <p data-bbox="242 613 399 640">Superintendent</p> <p data-bbox="242 672 405 698">SID Investigator</p> <p data-bbox="242 786 488 813">Summary Determination</p> <p data-bbox="242 844 1485 1037">Indicator (a) SCSO policy, S241 Prevention of Inmate Sexual Abuse/Harassment (page 3) states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions, including termination, will be presumed consequences for a substantiated finding of sexual abuse. "Violations of this policy by staff will result in disciplinary action, up to and including termination, as well as any other appropriate action necessary to ensure that such activity does not recur. Termination will be the presumptive disciplinary sanction for staff involved in the sexual abuse of inmates.</p> <p data-bbox="242 1126 1481 1252">Indicator (b). As stated in indicator a, the SCSO policy confirms that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse or sexual misconduct with inmates. In their interviews, both Superintendents were very clear that such behavior would not be tolerated. There were two cases of staff terminations in the past three years for sexual misconduct.</p> <p data-bbox="242 1341 1493 1467">Indicator (c). "Disciplinary sanctions for violations of SCSO 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.' There was no discipline of staff for actions that were not criminal.</p> <p data-bbox="242 1556 1477 1682">Indicator (d). All terminations for violations of SCSO sexual abuse or sexual harassment policies will be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. The Superintendents and the SID investigator confirmed that if a individual quit the investigation would continue to the end and the prosecutory authority would be notified.</p> <p data-bbox="242 1771 510 1798">Compliance Determination</p> <p data-bbox="242 1830 1425 1921">Compliance for this standard was based on the agency's past practice, interviews with the Superintendent and the SID Investigator, and documentation of handling a staff-involved case though it did not result in discipline. The facility had reviewed the most recent case for the prosecution</p>

115.77	Corrective action for contractors and volunteers
	<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="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 387 852 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 560 679 589">Individuals interviewed/ observations made.</p> <p data-bbox="242 618 399 647">Superintendent</p> <p data-bbox="242 676 528 705">PREA Compliance Manager</p> <p data-bbox="242 734 520 763">Medical, mental health staff</p> <p data-bbox="242 846 488 875">Summary Determination</p> <p data-bbox="242 904 1485 1198">Indicator (a) Policy S241 set forth expectations for contractors, volunteers, or interns, who engage in sexual misconduct with inmates and, when appropriate, make notification to licensing boards. The policy states, "The Department shall immediately report any possible criminal conduct of staff involving sexual abuse to law enforcement agencies for potential prosecution, to any relevant licensing bodies for potential administrative action, and, if relevant, to the head of the agency where the abuse allegedly occurred." The policy goes on to further states, "Any staff accused of sexual abuse/harassment may be placed on "no inmate contact" status or administrative leave pending an investigation. Contractors, volunteers or interns shall be barred from the facility until the completion of the investigation." The facility reports there were two incidents in which contracted staff conduct as determined through investigation violated expectations, and they were removed from the facility because of such actions though they could not support a criminal act occurred.</p> <p data-bbox="242 1227 1485 1323">Indicator (b). As noted in the previous indicator, SCSO policy supports that the facility will take remedial action in determining whether to prohibit further contact with inmates by individuals in the standing groups. All staff and contractors have refreshed annually on PREA and boundary issues.</p> <p data-bbox="242 1352 512 1382">Compliance Determination</p> <p data-bbox="242 1411 1485 1538">The Superintendent confirmed he would immediately halt access to any individual alleged to have engaged in sexual misconduct with an inmate. As also previously stated, contractors such as medical or mental health professionals who violate such rules would be reported to licensing bodies. The Auditor made suggestions to copy logbooks when the Superintendent halts a contractor's access to the facility to improve documentation overall.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Policy S430 Inmate Discipline Plan</p> <p>Suffolk County Inmate Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Investigative Officer</p> <p>Supervisors</p> <p>Inmates</p> <p>Summary Determination</p> <p>Indicator (a) Inmates who have been found to have engaged in a criminal offense, including sexual assault, are not only subject to criminal prosecution they are also referred for facility disciplinary hearing. Two policies address inmate discipline at SCSO policy S241 Prevention of Inmate Sexual Abuse/Harassment, and policy: S430 Inmate Discipline Plan. Policy S241 sets forth the obligation to discipline inmates who again who engage in incidents of sexual abuse, while policy S430 defines for the reader the different levels of discipline in the institution for different types of sexual misconduct. Policy S241 states, "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/harassment or following a criminal finding of guilt for inmate on inmate sexual abuse."</p> <p>Indicator (b) Inmates can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline codes are defined in Policy S430 and in the Inmate handbook shows multiple levels of discipline that the hearing committee could impose. The inmate is given a ability in a disciplinary hearing to plead his case. The officer will consider multiple factors in determining consequences including the nature of the offence, and the inmates mental health cognitive functioning.</p> <p>Indicator (c) Agency policy requires a consideration of the inmates mental health before the Discipline Officer imposes a sanction. If there is a concern the individual lack comprehension of their actions they may not be disciplined or recies a lesser consequence. The Policy states, "Department will take appropriate disciplinary action against any mentallycompetent inmate or staff making false allegations or material statements that they could not have believed in good faith were true."</p> <p>Indicator (d) SCSO inmates have access to a full array of Mental Health Services facilities. As a pretrial facility, the Suffolk County Huse of Corrections and Nashua Street Jail will not impose mandatory treatment for those who engage in sexual misconduct in the facility. The disciplinary committee has a dozen options to impose upon a person who engages in sexual misconduct, but mandatory counseling is not one of the listed items. If convicted the individual will be placed into the long term custody of the Massachusetts Department of Correction who could impose such requirements.</p> <p>Indicator (e) The investigative staff and facility PREA Coordinator confirmed inmates who engage in sexual misconduct with staff would not be disciplined unless it is proven the staff did not consent. There were no cases in the past year of inmate substantiated sexual assault of a staff person that resulted in discipline.</p> <p>Indicator (f) As shown in Indicator (d) an inmate cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigator confirmed she must conclude this before the inmate would be referred to the Disciplinary Board. The Auditors review of the handbook revealed that inmates can be disciplined for sexual misconduct and for lying. Major misconduct events can result in disciplinary restrictions, Segregation, and loss classification status. There were no cases in which an inmate was disciplined for making a PREA allegation in bad faith.</p>

Indicator (g) Inmates who engage in consensual sexual misconduct can be subjected to discipline as defined in the handbook. Inmates can be disciplined for "A. Engaging in sexual acts B. For the use of obscene language, actions or gestures C. Sexual abuse or harassment." Inmate spoken with confirmed sexual act are prohibited and inmates can receive a disciplinary hearing referral.

Compliance Determination

Policy S241 Prevention of Sexual Abuse, Sexual Harassment and S430 Inmate Discipline Plan covers the requirements of standard 115.78. Inmates at SCSO facilities are subject to Inmate Discipline Hearings when a investigation conclude misconduct. The inmates are provided information on the offenses and the consequences for each act in their handbook, The Disciplinary policy covers several items and a range of consequences for sexual harassment, inmate-on-inmate consensual sexual contact and sexual assault. Discipline Policy and the handbook confirm that the committee hearing the case will consider the individual's functional capacity, allowing others to assist in the case preparation... Compliance is based upon the policy, documentation from the inmate handbook, interviews with the investigator and Supervisors, in the documentation of past disciplinary committee meetings.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>PREA Incident Review</p> <p>Individuals interviewed/ observations made.</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Inmates</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) the facility is not a prison</p> <p>Indicator (b) The facility is not a prison.</p> <p>Indicator (c) The Suffolk County Sheriff's Office offers mental health services to inmates who report prior abuse histories. Inmates who identified through the screening process or admitted a history of sexual trauma can be referred to either Wellpath Mental Health Services or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with inmates and Mental health staff. SCSO policy S241 Prevention of Inmate Sexual Abuse/Harassment (pages 3-4) sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health the policy states, " Inmates identified from any source as being at risk of sexual abuse/harassment, and/or who have previously been sexually abused or harassed, shall be referred to a mental health clinician for assessment, monitoring and counseling. Such reports will be kept confidential, but the inmate's name will be added to the Superintendent's victims/predators list.". Medical staff report they will offer mental health support to any positive individual on the screening tool.</p> <p>Indicator (d) The Auditor confirmed through interviews with intake staff, Classification, medical staff, mental health staff, Custody Supervisors, and the PREA Coordinator that sensitive information is protected. Custody staff does not have access to information in the medical or mental health records of Wellpath. Information obtained and documented in the case management system is also limited in access to those individuals who need to know. The Health Service Administrator provided information on how Wellpath ensures confidentiality of information that could be used against an inmate.</p> <p>Indicator (e) All inmates sign with Wellpath staff an understanding of the limits of confidentiality related to criminal behaviors. Nurses report this is completed at intake. Medical and Mental Health staff support routinely reiterates the limits with clients during each service session. Inmates interviewed confirmed that they had signed acknowledgment forms and verbally understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations.</p> <p>Compliance Determination</p> <p>The Suffolk County Sheriff's Office has contracted Wellpath Correctional Healthcare to provide the Medical and Mental Health Services at the County Jail. All individuals complete a screening with both custody and medical staff upon admission. The nursing and mental health staff confirmed that individuals identified are referred to Mental Health consistently with the standards and the Policies of the SCSO and Wellpath Correctional Healthcare. The documentation provided and reviewed show that Inmates are referred to Wellpath Mental Health, who will also make referrals to BARCC, the local rape crisis organization, for ongoing support. Wellpath provides confidential electronic medical records separate from the county</p>

Electronic Case Management System. Critical information that could be used against a victim is secured in the Wellpath electronic medical records system. Interviews with Mental Health and Medical staff confirm that all inmates are notified about the limits of confidentiality at service initiation. To determine compliance, the Auditor took into consideration the Jail and Wellpath policies, interviews with Medical and Mental Health staff, and random inmates' understanding of confidentiality. The Auditor also was able to review files that showed a practice consistent with stated policy.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Wellpath Policy PREA</p> <p>Massachusetts Protocol for Sexual Abuse Cases.</p> <p>https://www.mass.gov/doc/coverage-and-billing-procedures-for-sexual-assault-exams-in-massachusetts/download</p> <p>Individuals interviewed/ observations made.</p> <p>Wellpath Medical Staff</p> <p>Wellpath Mental Health Staff</p> <p>Inmates</p> <p>PREA Coordinator</p> <p>Local hospital representatives</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Suffolk County Sheriff's Office facilities have a full-service medical clinic that operates around the clock. Registered Nurses are always available, and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Inmates report access to these services if they are in crisis. Medical staff report having medical autonomy if the inmate must go out of the building for emergency services to facilitate that trip. The SCSO has a Deputy Assistant Superintendent who oversees services at both the HOC and the NSJ. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, inmates at SCSO facilities would go to area hospitals with SANE-trained nurses and support from local rape crisis agencies. Being a major city, Boston has several hospitals, all with SAFE/SANE services. The House of Correction is one block away from the Boston Medical Center and the Nashua Street Jail is under a mile to Massachusetts General Hospital.</p> <p>Indicator (b) Medical services are available 24 hours per day at the Suffolk County Jail. Random staff knew as part of their first responder duties that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. Policy S241 directs custody staff to, "The inmate victim shall be taken to the infirmary for emergency medical care and mental health treatment."</p> <p>Indicator (c) Discussions with both Hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications and emergency contraception. The Auditor confirmed the same medications would be offered to the inmate again upon return from a forensic exam even if they initially denied it. Wellpath medical staff confirmed they would educate the inmate on the importance of such medications for continued health. Agency policy states, "Inmates who are possible victims of sexually abusive vaginal penetration shall be offered a pregnancy test. If pregnancy results, inmates shall receive comprehensive information about and timely access to all lawful medical services. Inmates who are possible victims of sexual abuse/harassment shall be offered tests for sexually transmitted diseases as needed, regardless of whether the inmate cooperates with an investigation. Inmate victims of sexual abuse/harassment 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." The Auditor's review of the Massachusetts protocol for handling sexual assault cases also set these same health measures are offered to victims of abuse</p> <p>Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost.</p>

Both Wellpath and SCSO policies address the fact that service will be provided without cost. The Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at local hospitals through funding from the state. This is done to encourage all victims to come forward for help. The clinic at SCSO would function in the same way by providing follow-up care. Massachusetts state law enacts the state's obligation through the Attorney General's Office to ensure payment for forensic exams and related treatment for victims of sexual assaults through the state's Victims Compensation Fund..

Compliance Determination

Suffolk County Sheriff's Office Facilities can quickly respond to and provide emergency care and referral to a local hospital for forensic services located just blocks away. The SCSO PREA response plan outlines the steps taken to ensure access to care. The HOC and NSJ have on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider. Two local hospitals confirmed SAFE or SANE capabilities. As part of the audit process, the Auditor spoke to a community representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any inmate in SCSO custody. Compliance determination took into consideration the access to services, Wellpath and SCSO policies, information from the State of Massachusetts on forensic exam requirements, payment, and the interviews completed.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Suffolk County HOC/ Jail Pre-Audit Questionnaire

Policy S241 Prevention of Inmate Sexual Abuse/Harassment

Wellpath Policy RI 200-30 PRISON RAPE ELIMINATION ACT (PREA) FOR WELLPATH RECOVERY SOLUTIONS FACILITIES

Mass.Gov website (Protocols for the care of Sexual Abuse Victims)

Individuals interviewed/ observations made.

Medical Staff

Inmates

BARCC Representative

PREA Coordinator

Observation of the medical unit

Hospital representatives

Summary Determination

Indicator (a) The Suffolk County Sheriff's Office ensures that all inmates are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath Health staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the inmate will be offered a forensic exam at a local hospital if the incident is a prior life event that occurred in another institution or in the community. The medical and mental health teams will complete a health assessment and mental health referral for services. If the inmate was more comfortable discussing the abuse with a rape crisis agency staff, a mental health referral can be made to BARCC the local rape crisis agency to provide the appropriate supportive counseling. Wellpath policy states the requirement to provide care in policy RI200-30 when it says, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Community Confinement Facilities shall utilize local community Facilities to provide emergency medical treatment and crisis intervention." Formal and Informal discussions with medical staff confirm the ability to provide immediate stabilization of a victim before transport to local hospitals with SANE services.

Indicator (b) Inmates who are victims of sexual assault at SCSO are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at another county jail; the inmate, once identified, is referred to Wellpath for follow-up services. If the inmate prefers, they can be referred to the local rape crisis agency for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff confirmed, as did the BARCC representative that they would make referrals to local hospitals, provide post forensic exam treatment, and ensure continuity of care if the inmate were released home or transferred to another facility. Wellpath health policy states, "The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release."

Indicator (c) As noted in indicator (a), the medical clinics at the Suffolk County House of Correction and Nashua Street Jail facilities is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services, including dental and vision. The infirmary addresses the needs of illnesses associated with the wide age range at

served in a large innercity Jail. The facility provides mental health services, including counseling, medication management, and, when needed, the extra support of the mental health unit or direct observation room in the clinic space. The Auditor spoke with the individual in the clinic setting, including individuals with mental health issues. Inmates in the housing unit informed the Auditor on the process to see medical staff, including emergency referrals, without telling the correctional officer the specifics of the request.

Indicator (d) Interviews with Wellpath health services staff and local hospital staff both confirm the victims of sexual abuse would be offered pregnancy testing. Policy S241 (page 7) confirms that all-female victims would be offered pregnancy testing even if they initially refused at the hospital. The Policy states, "Inmates who are possible victims of sexually abusive vaginal penetration shall be offered a pregnancy test. If pregnancy results, inmates shall receive comprehensive information about, and timely access to, all lawful medical services." Medical staff at the House of Correction and the hospital confirmed pregnancy testing is offered. (All females are housed at the House of Correction.) The described practice is consistent with the state protocols for the care of sexual abuse victims.

Indicator (e) if a victim of sexual assault becomes pregnant while housed at the Suffolk County Jail, Wellpath health staff will afford all pregnancy-related information on services available within the state law. Policy S241 covers this as noted in indicator (d). Wellpath Policy also states, "These services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable." Documentation was provided on a forensic exam confirming testing was done. Described practice is consistent with the state protocols for the care of sexual abuse victims.

Indicator (f) The Auditor confirmed with both the medical staff at the House of Correction and the Nashua Street Jail as well as representatives of the area hospitals used by SCSO that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy. Documentation was provided on a forensic exam confirming testing was done. Described practice is consistent with the state protocols for the care of sexual abuse victims.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the inmate, including if the inmate must go out for a forensic exam. Massachusetts has a victim's compensation fund that will absorb the cost of the exam. This is reportedly done to ensure finances are not a barrier to victims seeking treatment. The fund is under the Attorney Generals Victim Compensation Fund. State Health Department trains SAFE/SANE staff on the process. Policy RI 200-30, confirms the expectation of no-cost services. "Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim."

Indicator (h) NA the facility is a Jail

Compliance Determination

The policy S241 Prevention of Inmate Sexual Abuse/Harassment and Wellpath Health Care policy RI 200-30 speak to each aspect of this standard. The availability of BARCC (local rape crisis service) allows for ongoing treatment services if they prefer to use them instead of the onsite mental health staff provided by Wellpath. Through contracting with rape crisis centers, the SCSO has opened the inmate victims to resources post-release. As part of the audit process, the auditor spoke to representatives of both these agencies, who ensured coordination of services to victims in custody and upon release was available. The services provided between the community hospital, the facility, and the contracted services providers ensure that inmates at the HOC and NSJ are provided with equitable services to those provided to victims in the community. Wellpath provides medical services 24 hours per day and access to Qualified Mental Health Professional services onsite and on-call. Discussions with representatives of both local hospitals also ensure appropriate testing and forensic services would be made available to victims from the Jail. Compliance is based on the resources available on-site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of BARCC and the local hospitals with support appropriate care. The Auditor also considered documentation consistent with state protocols for sexual abuse victims without cost.

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p>Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p>Sexual Abuse Incident Reviews Data Form</p> <p>PREA Review Committee Meeting Record</p> <p>SID PREA Tracking report</p> <p>Individuals interviewed/ observations made.</p> <p>Investigative Officer</p> <p>Inmates</p> <p>Superintendent</p> <p>PREA Compliance Managers</p> <p>Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a) Policy S241 sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states, "A PREA Review Committee shall be appointed by the Superintendent after the investigation is complete to conduct a critical assessment of the Department's response." The Auditor was provided with examples of the review team's findings on the Sexual Abuse Incident Review Form. The Auditor was provided PREA incident Review Forms and a narrative summary report of the meeting.</p> <p>Indicator (b) The Facility Command meets monthly to review all cases that have come to a conclusion of the investigative process. The Auditor compared the review forms provided against the SID PREA tracking report. This allowed the Auditor to compare the date the report was finalized against the meeting date.</p> <p>Indicator (c) Interviews support that the committee meets regularly and included facility leadership at multiple levels. The Auditor suggested that all attendees are listed either on the review form itself or in the narrative log.</p> <p>Indicator (d) The elements described in this indicator are all covered in the review form which includes the six items described in the indicator. The form allows the committee to make recommendations to the Superintendent on policy or practice change or the need for monitoring technology. In addition to determining if the abuse was because the victim was a member of the targeted groups described, the form goes on to document housing assessments and mental health referrals. The Form also goes on to document if the licensing body of professional individuals involved in sexual misconduct have been informed of the incident. Comments can be added to the form about the case. The Superintendent and the PREA Compliance Managers were aware of the elements.</p> <p>Indicator (e) The form documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions to take place. Policy states, "The SCSO shall implement the recommendations for improvement, or shall document its reasons for not doing so."</p> <p>Compliance Determination</p> <p>Compliance was determined based on policy language, documentation, and staff understanding of the requirements. SCSO has systems in place to use information from the critical review at both HOC and NSJ to improve the overall safety of inmates.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 385 740 412">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="240 443 852 470">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="240 501 510 528">SID PREA Tracking report</p> <p data-bbox="240 560 481 586">Completed SSV reports</p> <p data-bbox="240 618 426 645">Investigation Files</p> <p data-bbox="240 728 679 754">Individuals interviewed/ observations made.</p> <p data-bbox="240 786 399 813">Superintendent</p> <p data-bbox="240 844 537 871">PREA Compliance Managers</p> <p data-bbox="240 902 442 929">Executive Assistant</p> <p data-bbox="240 960 360 987">Investigator</p> <p data-bbox="240 1072 488 1099">Summary Determination</p> <p data-bbox="240 1133 1481 1393">Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. S241 Prevention of Inmate Sexual Abuse/Harassment states, "All incidents or allegations of sexual abuse/harassment shall be documented to ensure a source for historical data. The Department shall collect accurate, uniform data from every allegation of sexual abuse/harassment for at least ten (10) years (unless otherwise required by law) and will review aggregate data at least annually in order to assess and improve the effectiveness of its sexual abuse/harassment prevention, detection, and response policy, practices, and training." The Auditor was provided a copy of the SID PREA Tracking report, which shows consistent information is provided. The Auditor also found the investigation files to contain information consistent with information used in the SSV report.</p> <p data-bbox="240 1480 1485 1641">Indicator (b) The Suffolk County Sheriff's Office completes an annual report with aggregate data from the Suffolk County Jail. The Auditor was able to see the data over a three-year period from 2018 to 2020. The Auditor also reviewed the agency's annual report, which is published on the SCSO website. The Executive Assistant described for the Auditor how information on the incident is funneled to her to develop the report. Interviews with middle management staff confirmed that the PREA Coordinator is informed of any allegations.</p> <p data-bbox="240 1673 1477 1899">Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice.. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. There has been no request by the Department of Justice for a Survey of Sexual Violence report from HOC or NSJ. Interviews with the Executive Assistant confirmed the elements required were tracked. The PREA Coordinator provided completed SSV reports as proof of sufficient element tracking. The Auditor also took into consideration information reviewed in investigatory files.</p> <p data-bbox="240 1986 1473 2080">Indicator (d) The SCSO requires the retention of records at all records related to sexual assault allegations facilities. Copies of criminal files involving inmates-on-inmate contact will be retained lby the Sheriff's Investigation Division (SID). The Superintendent/PREA Coordinator would receive all incident outcomes and ensure data accuracy.</p> <p data-bbox="240 2112 1339 2139">Indicator (e) The Suffolk County Sheriff's Office does not subcontract beds to supervise individuals in custody.</p>

Indicator (f) The Department of Justice has not requested PREA related information from the Suffolk County Jail in the past year.

Compliance Determination

The Auditor has found the standard to be compliant. The SCSO has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2020 SCSO Annual PREA report also includes data for the SCSO facilities. Compliance is based on discussions with the Investigator, Executive Assistant, Superintendent, and facility supervisory staff, which supports the information is routinely tracked and provided to the PREA Coordinator. Documentation of the data tracking system and the completed SSV surveys further support compliance.

115.88	Data review for corrective action
	<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="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 387 852 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 445 580 474">Annual PREA Reports 2018-2020</p> <p data-bbox="242 504 627 533">Suffolk County Sheriff's Office website</p> <p data-bbox="242 613 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 399 701">Superintendent</p> <p data-bbox="242 730 537 759">PREA Compliance Managers</p> <p data-bbox="242 788 488 817">Summary Determination</p> <p data-bbox="242 846 1485 1072">Indicator (a) The Suffolk County Sheriff's Office utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The Sheriff reportedly meets with agency leadership regularly, including the Superintendents of the House of Corrections and the Nashua Street Jail. The Superintendents each discussed their expectations on how data is used with his management team to assess needs. PREA Compliance Managers supported critical analysis for PREA incidents and all critical events. Agency policy names the Superintendents as the PREA Coordinators. They are the individuals responsible for the collection of data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="242 1102 1469 1196">Indicator (b) The SCSO publishes an annual report comparing the number of sexual assault and sexual harassment claims from one year to the previous year's data. The report shows if the accused was a staff or an inmate and provides the outcome determination.</p> <p data-bbox="242 1225 1481 1319">Indicator (c) The SCSO Sheriff confirmed PREA annual report developed by the PREA Coordinator and reviewed by the Jail Administrator is approved by him before being placed on the agency's website. The Auditor reviewed the website for the documentation.</p> <p data-bbox="242 1348 1463 1413">Indicator (d) The SCSO removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.</p> <p data-bbox="242 1442 510 1471">Compliance Determination</p> <p data-bbox="242 1500 1473 1727">SCSO policy sets forth expectations consistent with standard language. The data elements are required to be reviewed by the PREA Coordinator to ensure consistent data. Interviews with Superintendents supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to critically review data to identify problem areas and enact corrective actions. Members of the management team are aware of the need to identify trends that could highlight potential risks in the environment or in the policy application. The Auditor finds the facility to be compliant with the standard expectations. This determination was based upon the interviews completed and the documents reviewed.</p>

115.89	Data storage, publication, and destruction
	<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="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 387 850 416">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 445 649 474">Mass State Record Retention Document</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 654 645">Interview with Agency PREA Coordinator</p> <p data-bbox="242 728 488 757">Summary Determination</p> <p data-bbox="242 788 1469 981">Indicator (a) The SCSO has policies that protect the security of information. Policies S241 outline the safety of PREA information and who has access. Discussions with the PREA Compliance Managers, the individuals who complete screenings, the investigators, and medical and mental health staff describe layers of controls to ensure no unnecessary disclosure. The electronic case management system and electronic medical records systems limit the access that can be used to exploit. In response to an incident, all relevant information can be retained by the PREA Coordinator in a locked file cabinet in his private office.</p> <p data-bbox="242 1012 1484 1272">Indicator (b) The SCSO ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facilities' efforts to create and maintain PREA safe environments. The website also includes information on the number of PREA incidents alleged to have occurred and the investigative outcomes. Policy S241 Prevention of Inmate Sexual Abuse/Harassment states, "The Department shall prepare an annual report of its findings and corrective actions for each facility, as well as the Department as a whole, for approval by the Sheriff. This report shall include a comparison of the current year's data and corrective actions with those of prior years and provide an assessment of the Department's progress in addressing sexual abuse/harassment."</p> <p data-bbox="242 1359 1181 1388">Indicator (c) The annual report located on the SCSOs website does not include any identifiers.</p> <p data-bbox="242 1420 1493 1713">Indicator (d) Policy, as mentioned in 115.87, sets forth the obligations for collecting data on all PREA incidents. The PREA Coordinator is aware that all PREA related Data be maintained for a period of no less than ten years. Policy languages also confirm this expectation, "The Department shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse/harassment incident reviews. The Department shall collect accurate, uniform data from every allegation of sexual abuse/harassment for at least ten (10) years (unless otherwise required by law) and will review aggregate data at least annually in order to assess and improve the effectiveness of its sexual abuse/harassment prevention, detection, and response policy, practices, and training." The Auditor was also provided the state record retention document, which states investigations for this type of environment must be kept for a period of 10 years.</p> <p data-bbox="242 1744 510 1774">Compliance Determination</p> <p data-bbox="242 1803 1477 1995">The Suffolk County Sheriff's Office (SCSO) Policy S241 Prevention of Inmate Sexual Abuse/Harassment addresses this standard's requirements. All facility data is provided to the agency responsible for maintaining and securing all data. When the facility has an incident, all identifying information is to be removed before any information is made public. All data for the annual report is required to be kept at a minimum for ten years by policy S241 Prevention of Inmate Sexual Abuse/Harassment. Compliance is based on interviews with the PREA Coordinator and PREA Compliance Managers. The information is available on the County Sheriff's Website and the facility policy defining the requirements.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Suffolk County HOC/ Jail Pre-Audit Questionnaire

Policy S241 Prevention of Inmate Sexual Abuse/Harassment

Previous Audit report

Individuals interviewed/ observations made.

PREA Coordinator

Summary Determination

Indicator (a) The Suffolk County Sheriff's office completed its first PREA Audit in the fall of 2018 with a final report issued in January of 2019. The agency only has two facilities, but they were audited as one in the previous audit and again this time. The Auditor was not aware that there are separate management teams at each facility and recommended that these facilities be audited as two audits moving forward. The documentation supports what the auditor finds found on-site, that PREA is a daily consideration in the facility.

Indicator (b) the SCSO only has one facility.

Indicator (h) The Auditor did have open access to all parts of the facilities. Despite COVID-19 social distancing measures, the Auditor was able to move freely about the housing units on tour to be able to speak informally with inmates and staff to ensure they were aware of the audit, the agency's efforts to educate inmates, and how to seek assistance if the need arises. The Administrative Captain, PREA Compliance Manager, a Sergeant and Executive Assistant aided in the Auditor returning to areas for further review when needed and ensuring staff and residents were available for interviews.

Indicator (i) This is the Suffolk County Sheriff's Office first Audit using the On-line Audit System. The Agency did allow the auditor to have items requested and worked with the Auditor to upload hundreds of documents during the audit process to ensure a thorough record of information used in determining compliance

Indicator (m) The Auditor was able to interview inmates throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the inmate to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process. Similarly, staff interviews were also completed in a manner to provide privacy.

Indicator (n) The Auditor received one confidential mail item from inmates, staff, or other interested parties. Inmate knew about the audit the posting and that information to the auditor would be confidential unless there were safety or criminal concerns.

Compliance Determination

The Suffolk County Sheriff's Office has now had PREA audits in successive three-year periods. The documented files support that PREA is a daily consideration at both the House of Corrections and the Nashua Street Jail. The Auditor was allowed appropriate access throughout the facility during his stay. For the above-stated reasons, the auditor finds the standard has been met.

115.403	Audit contents and findings
	<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="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 740 358">Suffolk County HOC/ Jail Pre-Audit Questionnaire</p> <p data-bbox="242 385 852 414">Policy S241 Prevention of Inmate Sexual Abuse/Harassment</p> <p data-bbox="242 443 632 472">Suffolk County Sheriff's Office Website</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 613 655 642">Interview with Agency PREA Coordinator</p> <p data-bbox="242 728 488 757">Summary Determination</p> <p data-bbox="242 842 1490 1039">Indicator: (f) The Suffolk County Sheriff's Office did not have the previous PREA Audit posted. This was determined through a review of the SCSO Website. The Auditor spoke with agency staff about this in the post audit period. The Auditor informed them of the need to correct there website which had all prior annual PREA reports and related policy and reporting information. The Auditor was able to obtain the prior audit Report which was from a December 2018 site visit and finished in January of 2019. During the Corrective Action Period the agency posted the previous report and were told that it must remain there until this report is finalized and can replace it.</p> <p data-bbox="242 1126 512 1155">Compliance Determination</p> <p data-bbox="242 1182 1477 1346">The SCSO website did not have the previous facility PREA Audit posted under its PREA information link. The Auditor as noted in indicator (f) informed the agency that the posting was required to ensure compliance. Agency Officials are aware of the need to rectified the situation and are aware once finalized this report must be placed on the website where it must remain until the audit. As noted in (f) the agency has updated it's website to include the previous report. The Auditor now finds this standard as compliant.</p>

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.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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.)	na
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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation 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.)	na

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