

PREA Facility Audit Report: Final

Name of Facility: Essex County Pre-Release and Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/10/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Amy J. Fairbanks	Date of Signature: 06/10/2025

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	04/15/2025
End Date of On-Site Audit:	04/17/2025

FACILITY INFORMATION	
Facility name:	Essex County Pre-Release and Reentry Center
Facility physical address:	165 Marston Street, Lawrence, Massachusetts - 01841
Facility mailing address:	

Primary Contact

Name:	Justina Cositore
Email Address:	jcositore@essexsheriffma.org
Telephone Number:	978-750-1900 x3333

Facility Director	
Name:	Heidi Mora
Email Address:	hmora@essexsheriffma.org
Telephone Number:	978-750-1900 x4348

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Elizabeth Veno
Email Address:	eveno@wellpath.us
Telephone Number:	978-750-1900 x3456

Facility Characteristics	
Designed facility capacity:	332
Current population of facility:	97
Average daily population for the past 12 months:	141
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-73
Facility security levels/resident custody levels:	Minimum (PRC)
Number of staff currently employed at the facility who may have contact with residents:	577
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	163
Number of volunteers who have contact with residents, currently authorized to enter the facility:	122

AGENCY INFORMATION	
Name of agency:	Essex County Sheriff's Department
Governing authority or parent agency (if applicable):	
Physical Address:	20 Manning Avenue, Middleton, Massachusetts - 01949
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Justina Cositore	Email Address:	jcositore@essexsheriffma.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

4	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.267 - Agency protection against retaliation • 115.273 - Reporting to residents • 115.286 - Sexual abuse incident reviews
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Number of standards met:

37

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:	2025-04-15
2. End date of the onsite portion of the audit:	2025-04-17

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:	Just Detention International, Prison Legal Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	332
15. Average daily population for the past 12 months:	141
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	87
19. 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:	14
20. 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
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. 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:	1
23. 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:	7
24. 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:	6

<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>1</p>
<p>27. 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:</p>	<p>6</p>
<p>28. 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:</p>	<p>0</p>
<p>29. 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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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:</p>	<p>577</p>
<p>31. 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:</p>	<p>122</p>

32. 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:	163
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	8Inmates were interviewed from all three housing units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. 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
41. 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:	1
42. 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:	1

<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. 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>With the low number of inmates and numerous encounters during the tour and with staff, the auditor found it credible that there were no inmates who identified as transgender/intersex.</p>

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. 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>There were no investigations, one inmate identified who had reported was no longer housed at this operation.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. 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>There is no restrictive housing setting at this operation.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" 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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Bilingual staff were available and selected to be interviewed.</p>

<p>53. 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>54. 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>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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>

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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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>70. 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 checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>71. 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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse or sexual harassment allegations in the previous twelve months at this operation.

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual abuse or sexual harassment allegations in the previous twelve months at this operation.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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.

- Yes
- No

Non-certified Support Staff

96. 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.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Organization Chart - Office of Professional Standards Inspection and Compliance Division · Interview with the Sheriff · Interview with the Superintendent · Informal dialogue with the Assistant Superintendent for Professional Standards, Inspection and Compliance Division · Interview with the PREA Coordinator

- Interview with the PREA Compliance Manager (PCM)
- Observations during the audit
- FAQ

The following policy excerpts demonstrate the facility's commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Purpose:

The purpose of this policy is to provide clear, concise, and comprehensive procedures relative to the Essex County Sheriff's Department's (ECSD) commitment of adhering to a zero tolerance of sexual harassment and/or sexually abusive behaviors within the facilities it operates. This policy also provides for the procedural guidelines in the prevention, detection, and response to all allegations of sexual harassment and/or sexually abusive behaviors by any employee, vendor, contractor, volunteer, advocate, visitor, intern, or inmate and/or resident towards an inmate and/or resident confined to an ECSD facility.

Evidence reviewed/analyzed by provision:

(a) 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) is a forty-four (44) page policy that outlines how the agency meets all the standards required by the PREA law. It mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. It includes definitions to ensure consistency of interpretation. They are consistent with the definitions in the PREA law. Excerpts will be reflected throughout this report.

(b) The organization chart demonstrates that the Assistant Superintendent of Professional Standards, Inspection and Compliance Division reports directly to the Superintendent of this division. There is a designated PREA Coordinator. The PREA Coordinator was interviewed. A summary of that interview is as follows. The PREA Coordinator oversees all activities related to prevention, detection and response. She also serves as the ADA Coordinator. She completes all risk reassessments, allowing her to have direct ongoing experience with matters relating to PREA and making her recognizable to the inmate population. She reports directly to the Asst. Superintendent of Inspection and Compliance, who was actively present during the onsite audit. There are three PREA compliance managers (PCMs) who work directly with her to assist with needs at all three operations of this agency (House of Corrections, Pre Release Center and Women in Transition).

She and the Assistant Superintendent of Professional Standards, Inspection and Compliance have direct access to the Superintendent and the Sheriff as confirmed by interviews with the Superintendent (facility head) and Sheriff (agency head).

	<p>As indicated, the agency has assigned three PREA Compliance Managers, one for the House of Corrections, Pre Release, and Women in Transition operations.</p> <p>Dialgouge with all three, observations during the onsite audit and overview of various tasks relating to PREA compliance demonstrated to the auditor that the agency works as a team when participating on the incident review committee monthly meetings.</p> <p>Summary of evidence to support findings: Policy demonstrates compliance with the requirements of this standard. Interviews with the Sheriff, Superintendent, Assistant Superintendent, PREA Coordinator, and three PCMS all demonstrate active support and commitment to preventing, detecting and response to all concerns with sexual abuse and sexual harassment directed towards the inmate population. Observations of interaction all provided the auditor with sufficient evidence to conclude the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities as required by the FAQ clarification issued by the DOJ workgroup to support the finding of compliance. The PCMs hold sufficient authority in their role at each operation monitor successful ongoing implementation of policies and procedures that comply with the PREA standards. The position of PCM is not required at the community confinement operations. For this accumulation of evidence, the auditor finds the facility exceeds compliance.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview with the Superintendent · PAQ <p>The PAQ confirms that the agency does not contract for the confinement of inmates.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Contracting for the Confinement of Inmates/Residents/Participants</p> <p><i>The ECSD contracts for the confinement of its inmates with private agencies or</i></p>

	<p><i>other entities, including other government agencies, shall include in any new contract or contract renewal, the entities obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide contract monitoring to ensure the contractor is complying with the PREA standards.</i></p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b)(c) The community confinement operations at the Essex County Sheriff's Office do no house residents with private agencies or other entities, including other government agencies as concluded by the interview with the Superintendent and observations.</p> <p>Summary of evidence to support findings: The auditor finds the standard compliant - not applicable.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview with the Sheriff · Interview with the Superintendent · Interview with the PREA Coordinator · Interview with the PCM · Randomly requested staffing rosters · Random staff interviews · Annual Staffing Review · Observations · PAQ <p>The PAQ indicates that the average daily population since the last PREA audit is 86. However, the staffing plan is predicated on an inmate population of 141. The facility reports there have been deviations due to medical emergencies in which a post was closed so that corrections officers can supervise the outside medical needs.</p>

The following policy excerpt supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Supervision and Monitoring

The ECSD shall conduct an annual staffing analysis that shall provide adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual harassment or sexually abusive behaviors. Any deviations shall be documented by the Shift Commander. In calculating adequate staffing levels and determining needs for video monitoring, the following, along with any other relevant factors, shall be taken into consideration: 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. f) Composition of the inmate population g) Number and placement of supervisory staff. h) Institutional programs occurring on a shift. i) Applicable state or local laws, regulations, or standards. j) The prevalence of substantiated or unsubstantiated incidents of sexual misconduct. k) Any other relevant factors. Each facility PREA Manager will, on an annual basis, conduct a comprehensive PREA Safety Assessment and forward it to the ECSD's PREA Coordinator. This assessment shall assess, determine, and document whether adjustments are needed to: a) The staffing plan established pursuant to above paragraph of this section. b) The facility's deployment of video monitoring systems and other monitoring technologies. c) The resources the ECSD has available to commit to ensure adherence to the staffing plan.

Evidence reviewed/analyzed by provision:

(a) The Annual Staffing Analysis addresses all operations for the Essex County Sheriffs (ECSD). The interview with the Superintendent and review of the staffing plan confirmed the following:

(1) The facility has been maintaining accreditation status through the American Correctional Association (ACA) for the House of Corrections, Women in Transition and are currently working towards accreditation with the PRE Release center. They are accredited by the National Commission on Correctional health (NCCHC). Additionally, the PREA Coordinator and Superintendent reported that the National Institute of Corrections (NIC) standards were utilized for a review of staffing.

(2) There are no judicial findings of inadequacy;

(3) There are no findings of inadequacy from Federal investigative agencies;

(4) There are no findings of inadequacy from internal or external oversight bodies; The auditor was informed that the Massachusetts Department of Correction conducts audits twice yearly to analyze and assess operations. The Superintendent confirmed that no deficiencies have been noted requiring a change in operations.

(5) All components of the facility's physical plant are reviewed. Video monitoring is

used; specific information regarding placement of cameras was reviewed during the audit.

(6) The composition of the inmate population has been the same for several years.

(7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly.

(8) Institution programs occurring on a particular shift is evaluated regarding the of the time and days of the programs occurring.

(9) Any applicable State or local laws, regulations, or standards are reviewed. Staff discussed with the auditor that changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for substance abusers, treatment/ searches of transgenders and other areas.

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is additionally analyzed in the Annual Report.

(11) No other relevant factors have been identified. A detailed Annual Vulnerability Assessment, conducted by the PREA Coordinator and addressed to the Superintendent, one for each operation, was provided to the auditor demonstrating a narrative analysis of the facility addressing the requirements of provision (a).

(b) The facility indicated on the PAQ that there have been no instances of non-compliance as overtime is utilized to ensure all positions are filled. Staffing rosters were requested for the 1st day of the July 2024, October 2024, and February 2025 demonstrating sufficient staffing levels for all three operations. It was reported and observed during the onsite audit that overtime is used to ensure that all positions are filled. Random staff interviews confirmed that they work overtime and are from time to time mandated to work overtime to ensure staff positions are filled. During the audit, the auditor observed staff were assigned to posts, and camera coverage is excellent. Numerous upgrades to the camera system, addressing blind spots, and physical plant were observed at the Pre Release Center.

(c) Policy, interviews with the Superintendent and the PREA Coordinator confirmed this staffing review is conducted. Review of the staffing plan confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually.

Summary of evidence to support a finding of compliance: Review of the policies, staffing plan, Vulnerability Assessment and random selection of rosters provided evidence which supports compliance. Interviews with staff such as corrections officers, supervisors, Superintendent and PREA Coordinator all supported a finding of compliance. Randomly requested documentation of unannounced rounds, overall observations during the audit process did not lead to any evidence that would indicate non-compliance.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Attachment to Policy Gender Identification Preference Form · Attachment to Policy Attention All Inmates/Residents · Interviews with Superintendent · Interview with the PREA Coordinator · Interviews with random security staff (males and females) · Interviews with random inmates · Observations of living areas · Observations of strip search areas · Observation/Review of video monitoring · Demonstration of an inmate intake search process · Training curriculum – Searches and Contraband · PAQ · Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ) <p>The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of inmates, no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. It states that 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p>

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Cross-gender Searches and Viewing

Inmate/resident/participant cross-gender strip searches and cross-gender visual body cavity searches shall NOT be conducted except in exigent circumstances or by a medical practitioner and only then by authorization from the Superintendent. The facility shall document all cross-gender strip searches, cross gender visual body cavity searches and cross-gender pat-down searches of female inmates/residents/participants. No transgender or intersex inmate/resident/participant shall be searched for the sole purpose of determining the inmate/resident/participant's genital status. If an inmate's genital status is unknown, it may be determined by conversation with the inmate, review of medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. All staff of the opposite gender are required to verbally announce, or have verbally announced for them, their presence when entering an inmate/resident/participant housing unit whenever such entry changes the status quo of the gender of staff on duty in that housing unit. This requirement shall be noted in each housing unit's Post Orders. Such announcements shall also be entered into the OMS Unit Log. In the event there is no PA system available within an inmate/resident/participant housing unit, announcements shall be made as the employee enters the unit (and/or goes floor-by-floor in a unit with multiple floors). All inmates/residents/participants shall 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 security rounds. Inmates/residents/participants assigned to live in a dormitory setting shall be informed that there is no expectation of privacy, and that opposite gender staff are, at times, required to assume a Post in these types of housing unit (Attachment 1). As such, inmates/residents/participants shall be required to change clothing in the unit's bathroom and shall always be required to be appropriately dressed. The ECSD Training Division shall be responsible for the development, implementation, and training of correctional staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. This training shall ensure that such searches are conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs of the facility housing such inmates/residents/participants. This training shall be documented and kept on file by the ECSD's Training Division.

Policy mirrors the standard requirements, emphasizes expectations for the inmates to ensure no cross gender viewing and assigns responsibility for training.

Evidence reviewed/analyzed by provision:

(a) The standard requires the following: The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Policy reinforces this. The training curriculum for searches also emphasizes that cross gender pat searches occur only in exigent

circumstances. In accordance with the 2018 Crime Reform Act, a transgender/intersex inmate can request a search based on the gender identification. The supports compliance with the FAQ issued regarding acceptable processes for searches of transgender inmates, December 2016.

(b) Female residents are not housed at this operation.

(c) Policy requires that cross-gender searches be documented. The PAQ indicates no cross-gender searches have occurred. The auditor found no evidence to dispute this during the onsite audit.

(d) The auditor was provided documentation that reflected that cross-gender announcements are documented in the electronic logbook as the "PREA Announcement". All random staff interviews and random inmate interviews confirmed that this announcement is made every time a female staff enters the unit and that inmates are able to shower, use the toilet and change clothes without being seen in using the toilet, showering, or changing clothes.

Bathroom facilities at the Pre Release center provided sufficient coverage for males when using the toilet, urinals or showers. Updated shower facilities provided individual shower stalls with doors, one bathroom with a sink, toilet and shower with a door is available for transgender inmates or those with disabilities. Other bathrooms provided toilets with dividers. All random inmate interviews confirmed that opposite gender staff announce when conducting rounds. The auditor viewed the updated video monitoring system. The view of the monitoring supports that opposite gender staff cannot view buttocks, or genitalia; they do not show views of the cells, bathroom or showers.

(e) As stated in the policy, transgender or intersex inmates are not searched or physically examined to determine genital status. All staff interviews supported that they were knowledgeable regarding this requirement of the standard, and this has not occurred at this facility. The interview with the transgender inmate supported compliance with this provision.

Attachment to Policy: Gender Identification Preference Form addresses the preference for searches by a transgender/intersex.

While I am in custody of the Essex County Sheriffs Department, I would prefer to be strip searched by an Officer of the below indicated gender whenever possible. I understand that this preference will be respected unless there is an emergency or exigent circumstance; there is no Officer of that gender available; and, or the failure to conduct a search will jeopardize the safety/security of the facility, inmates or staff.

Indicate preference: Male: _____ Female: _____

Inmate signature: _____

Date: _____

Staff signature: _____

	<p>Date: _____</p> <p>Name of staff member: _____</p> <p>(f) The auditor reviewed the training curriculum for pat searches; it is a 34-page power point presentation that emphasized a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and provided for techniques for searching males and females. Randomly requested interviews with inmates supported that the search process is respectful. Random staff interviews all confirmed they have been properly trained on the different techniques for males and females.</p> <p>Summary of evidence to support the finding of compliance: Policies which support compliance, staff interviews demonstrated knowledge of these requirements from training received, the training curriculum, training records, and overall observations made during the audit process provide ample evidence to support a finding of compliance. In accordance with FAQ clarifications, policy allows a transgender/intersex inmate to designate the gender of the staff to pat search in accordance with the inmate's gender identification. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches. Inmate interviews confirmed that they can shower, use the toilet and change clothes without being viewed by opposite gender staff. The auditor is finding this facility is compliant with this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) · PREA poster English and Spanish · Language Interpretation services On Demand Video Remote Interpreting Services (current) and Foreign Language Interpretation and Translation Services (includes ASL) in person, telephone video · Sign Language Interpretation Services · Video Relay Service (instructions English and Spanish) · Essex County Sheriff's Department Request for Reasonable Accommodation

form

- Inmate Handbook – English and Spanish
- Interview with the Sheriff
- Interview with the ADA Coordinator (PREA Coordinator)
- Interviews with random staff
- Interviews Inmates LEP or disabled
- Interviews with bi-lingual staff
- Test of language line access services
- Observations during the tour
- PAQ

The PAQ indicates that the number of instances where incarcerated individual interpreters, readers, or other types of incarcerated individual assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations is zero.

The following policy excerpts supports compliance with the requirements of this standard:

*103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP)
The ECSD ADA Coordinator shall take appropriate steps to ensure that inmates/residents/participants with disabilities (including deaf, hard of hearing, blind or vision impaired or those with intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in, or benefit from, all aspects of the ECSD's efforts to prevent, detect and respond to sexual abuse and sexual harassment allegations. Such steps shall include providing access to interpreters (who can interpret effectively, accurately, and impartially using any necessary specialized vocabulary). The ADA Coordinator shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates/residents/participants with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have impaired vision. The ECSD is not required to take actions which it can demonstrate would result in a fundamental alteration in any of the services, programs, or activities, or would add an undue financial and administrative burdens or jeopardize the security and safety of the facility. (Or any other such terms as used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.) The ECSD staff shall not rely on inmate/resident/participant interpreters, readers, and/or other types of inmate/resident/participant assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/resident/*

participant's safety, or delay or interfere with the performance of a first-responder's duties. In such cases, the ECSD staff must clearly document the extent the inmate/resident/participant was used and what efforts were made to utilize internal or external resources to assist, rather than utilizing another inmate/resident/participant.

Evidence reviewed/analyzed by provision:

(a)The facility has an Americans with Disabilities Act (ADA) coordinator who addresses all specific needs of inmates which are identified in the intake process or subsequently thereafter. This position is held by the PREA Coordinator. She confirmed that disabilities are identified at intake and appropriate accommodations are then arranged, specifically through her office. She confirmed that medical and mental health staff are actively involved in identifying and addressing any disability needs related to inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. Additionally, there is a video relay phone available for deaf and hard of hearing inmates.

(b)Additionally, there is a contract for language interpretation services. During random staff interviews, many staff are aware of the availability of the language line services which can be used, if needed. This was relayed to the auditor by staff who do or have worked intake or in the medical department. The facility has bilingual staff, who many indicated in their interviews, they contact if needed. The auditor was provided the Inmate Handbook which is available in English and Spanish. Posters throughout the facility were provided in both English and Spanish. Inmates interviewed whose primary language was Spanish all indicated to the auditor that they received the guidebook in English and Spanish, and orientation in English and Spanish. The auditor tested access to the language line and was able to reach an interpreter immediately (requested Arabic). The facility offers ESL classes.

(c) The PAQ reports that there have been no instances where an inmate was used to interpret during a PREA investigation in the previous 12 months. The auditor found no reason to dispute this fact during the audit process. All staff interviews confirmed that another inmate would not be used to interpret for an inmate making a PREA allegation or any part of the PREA requirements (intake, investigation, etc).

Summary of evidence to support a finding of compliance: Policy supports the requirements of the standard. Random staff interviews, PREA Coordinator/ADA Coordinator interview, and the interview with the Sheriff support that inmates with disabilities and limited English inmates will be provided the resources to ensure they have equal participation and benefits from the requirements of this standard. Contracts with a language line service, testing of availability of language line service, availability of information throughout the institution in English and Spanish, ESL availability of bi-lingual staff and interviews with limited English inmates all provide the auditor with sufficient evidence to support a finding of compliance.

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Documentation of background check · Interviews with the Human Resources staff · Review of Employee Handbook · Review of personnel files – newly hired, contractor, promotions · Documentation of background checks every five years · Observations · PAQ <p>he PAQ indicates that 278 staff have been hired who may have contact with inmates in the previous twelve months. There were 5 contractual staff hired within the previous 12 months who may have contact with inmates; 100% have had criminal background checks. This represents hiring for the House of Corrections, Pre-Release program and Women in Transition Program.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Hiring and Promotion</p> <p><i>The ECSD shall not hire or promote anyone who may have contact with inmates/ residents/participants, and shall not enlist the services of any contractor, intern, advocate, or volunteer who may have contact with inmates who has: a) Engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. b) Been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt, or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or c) Been civilly or administratively adjudicated to have engaged in sexual misconduct. The ECSD shall consider any incidents of sexual harassment before hiring or promoting anyone and before enlisting the services of any contractor who may have contact with inmates. Before hiring any new employees and as part of any promotional process, the ECSD shall conduct appropriate background checks on all applicants and employees. A criminal background records check (CORI) shall be</i></p>

conducted before enlisting the services of any contractor who may have contact with inmates. Consistent with governing law, the ECSD shall contact all former institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. At least every five years, the ECSD's IAD shall conduct criminal background checks of current employees. and vendors. The IAD shall maintain up-to-date information noting that such checks were completed within the time period stipulated. The SI Division will conduct a background check on contractors, advocates, interns and volunteers every year during the ID renewal process. The ECSD shall ask all employees and applicants who may have contact with inmates/residents/ participants about previous sexual misconduct, as described above, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The ECSD shall also require all staff to disclose any such misconduct. Any material omissions regarding such misconduct shall be grounds for disciplinary action, up to and including termination. Unless prohibited by law, the ECSD shall provide such information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an employer for whom such employee has applied to work.

Policy reflects all requirements of the standard and reflects responsibility for the requirement.

(a) The auditor reviewed the application process. The application process specifically asks all applicants to answer the questions (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity. The interview with the HR Manager confirmed this requirement for newly hired and promotional staff.

(b) Policy supports the requirement of the standard. Interview with the Human Resource Director indicates that they had not had a candidate with a history of sexual harassment which required consideration.

(c) The auditor requested and reviewed personnel files, contractual files and personnel files of recently promoted staff person which demonstrated the application process and answered the required questions in provision (a).

(d) Contractual staff personnel files were reviewed, one for Aramark and one for Wellpath, which also had evidence of the background check.

(e) The auditor interviewed Internal Affairs staff (two) who conduct background investigations of candidates as well as run criminal database reviews on current employees every five years. They illustrated the process by which they are provided with a list of who is due to the check. Criminal background checks include the following: employment history, answers to the questions noted in provision (a),

	<p>reference checks, background checks (which include the following: State Police, FBI, Massachusetts Board of Probation and Registry of Motor Vehicles). Documentation of this check was provided to the auditor for two staff upon request by the auditor. Background checks of all employees is additionally reported in the agency annual report.</p> <p>(f) Policy supports that staff have a continuing duty to report misconduct. The Employee Handbook has a section on PREA, reinforcing the zero tolerance and prohibited behavior, and the requirement to immediately report any knowledge or suspicions, or any information regarding inappropriate sexual behavior timely and to the Shift Commander.</p> <p>(g) The application has the candidate sign acknowledging: “It is understood that any misrepresentation by me on this application will be sufficient cause for cancellation of the application and/or dismissal from the Essex County Sheriff’s Department if I am employed. “</p> <p>(h) Per the interview with the Human Resource Director, their office has not had to provide information to another agency about a prior employee. Upon receipt of a release of records, this information would be provided.</p> <p>Summary of evidence to support a finding of compliance: Policy, interviews with the Human Resource Director, background investigator (internal Affairs Unit), and review of documentation from personnel files all provided the auditor with consistent information to support that the provisions of the standard are in policy, and policy is followed.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interviews Sheriff · Interview Superintendent · Observations · PAQ <p>The PAQ indicates the facility has not acquired any new facilities or made any</p>

	<p>substantial expansions or modifications of existing facilities since the last PREA audit and has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, <i>The ECSD shall consider the effect of the design, acquisition, expansion, or modification of its facilities upon the ability to protect inmates from harm including sexual harassment and/or sexually abusive behaviors when designing or acquiring any new facility or in planning any substantial expansion or modification (including electronic monitoring systems) of existing facilities. Additionally, the ECSD shall consider how such technology may enhance its ability to protect inmates from sexual harassment and/or sexually abusive behaviors when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in any of their facilities.</i></p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b) This interview with the Sheriff confirmed that PREA (prevention, detection and response to sexual assault and sexual harassment) is included in the review and any decisions regarding modifications. Additionally, he indicated there are plans for upgrades to the video monitoring which have been approved. Inmate safety is the motivation for when and where these upgrades are to take place. The interview with the Superintendent additionally supported this requirement, noting plans for upgrades had been approved and that inmate safety is considered for determining placement and monitoring. The facility completes a vulnerability assessment annually, in which video monitoring is analyzed.</p> <p>Summary of evidence to support a finding of compliance: Policy noted above supports that sexual abuse and sexual harassment prevention will be considered when making changes to the physical plant or upgrading the camera system. The interview with the Sheriff and Superintendent supports this as well. Observations and information provided in the PAQ allowed the auditor to find ample evidence to support a finding of compliance with the standards.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy

(SHARPP)

- Verification of SANE exams available - <https://www.mass.gov/doc/sane-section-ii-roles-and-responsibilities>
- Interview with investigators
- Uniform evidence protocol Massachusetts Sexual Assault Nurse Examiner Program Protocol for Adult/Adolescent SANEs and Emergency Department Clinician
- Interview with PCM
- Observation of Investigator Training curriculum – uniform evidence protocol and source
- Interview with Regional SANE Coordinator for Commonwealth of Massachusetts
- Observation of the PREA Kit
- MOU with Lawrence YWCA
- Massachusetts State Police website
- Sexual Assault Nurse Examiner program Massachusetts website
- PAQ

The PAQ indicates there have been zero forensic medical exams, zero SANE/SAFE exams, no exams performed by a qualified medical practitioner during the previous twelve months. The auditor found no evidence to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Evidence Protocol and Forensic Medical Examinations

The ECSD shall follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. To this end, the ECSD will use as a reference the National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents, 2nd Edition) and the National Training Standards for Sexual Medical Forensic Examiners (June 2006) manuals to:

- a) Supplement the ECSD's SHARPP and to meet the PREA Standards.*
- b) Provide guidance to the ECSD's investigation and medical staff.*
- c) Ensure complete, comprehensive, and thorough sexual assault medical examinations and investigations are completed.*

d) *Ensure the needs of victims are being met.*

e) *Aid in the development in the ECSD response to victims of sexually abusive behaviors and ensure the accountability and/or prosecution of predators.*

The ECSD shall offer any inmate/resident/participant who experience sexual abuse access to forensic medical examinations without financial cost. Examinations shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible. If such professionals cannot be made available, the examination can be performed by other qualified medical practitioners. The ECSD staff will document its efforts to conduct such examinations.

It should be noted that the ECSD medical staff does not conduct forensic examinations of any inmate/resident/participant victims who have alleged sexual assault. Sexual assault forensic examinations are undertaken at an area local hospital which is staffed with or has access to Sexual Assault Nurse Examiners (SANE). If a SANE cannot be made available, the examination may be performed by other qualified medical practitioners at outside medical facility. The agency will document its efforts to conduct appropriate examinations.

The ECSD shall investigate all allegations of sexual harassment and/or sexually abusive behaviors involving inmate/resident/participant-on-inmate/resident/participant or an inmate/resident/participant-on employee, vendor, contractor, volunteer, advocate, visitor, or an intern. The ECSD's Director of Security will triage all in-coming allegations and forward them to the ECSD's IAD/SI who shall determine the appropriate investigation avenue in which to address the reported allegation. IAD can either return the allegation to SI for investigation, retain the allegation and investigate it themselves or defer the allegation to the MA State Police and/or the Essex County District Attorney's office for investigation.

After notification of an allegation in which an inmate/resident/participant was the victim of a sexual assault or other sexually abusive behaviors, staff shall immediately take the following actions:

a) *Separate and secure the alleged victim from the alleged perpetrator.*

b) *Notify the Shift Commander, who will then notify the Director of Security.*

c) *Secure the crime scene.*

d) *Request the alleged victim and ensure the alleged perpetrator do not take any of the following actions which could destroy any potential evidence:*

a. *Shower, wash-up, or clean-up,*

b. *Brush their teeth,*

c. *Use the toilet,*

d. *Drink any liquids, or,*

e. Change clothing.

e) If appropriate or ordered to do so, escort the alleged victim to the facility medical unit for evaluation and immediate first aid.

f) Complete an Incident Report, prior to the end of shift, detailing their involvement/ interaction with the alleged victim and/or alleged perpetrator.

Any inmate/resident/participant who reports being a victim of sexual assault at any time during their confinement, will be evaluated by a health professional trained in evidence collection and referred to an outside medical facility for evidence gathering and treatment, if necessary. The medical and psychological trauma of a sexual assault are minimized as much as possible by prompt and appropriate health evaluation. All such evaluations will be provided free of cost to the client.

The ECSD has entered a Memorandum of Understanding (MOU) which makes an advocate from a rape crisis center available to the victim (Lawrence, MA YWCA). A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in the 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages.

If requested by the victim, the victim advocate, qualified employee, or qualified community-based organization employee shall accompany and support the victim through the forensic medical examination process and investigatory interviews shall provide emotional support, crisis intervention, information, and referrals.

To the extent the department itself is not responsible for investigating allegations of sexual abuse, the department shall request the investigating agency follow the requirements of paragraphs (A)-(E) of this section.

The requirements of paragraphs (A)-(E) of this section shall also apply to:

a) Any State entity outside of the department that is responsible for investigating allegations of sexual abuse in prisons or jails; and

b) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

As indicated, the policy mirrors the standard requirements and specifies who is responsible for various aspects of the requirements and how they will be accomplished.

Evidence reviewed/analyzed by provision:

(a)(b) To assist with ensuring that a uniform evidence protocol is used, the facility maintains a PREA Response Kit and checklist of contents. Investigators were trained in conjunction with the Massachusetts Department of Correction Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. The Commonwealth of Massachusetts has a uniform protocol

for forensic examinations - Uniform evidence protocol Massachusetts Sexual Assault Nurse Examiner Program Protocol for Adult/Adolescent SANEs and Emergency Department Clinician

The Massachusetts State Police addresses evidence and processes it at the State Police Crime Lab. The auditor found on the website the following: Furthermore, the Massachusetts State Police website states, The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment. Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard.

(c) (d) (e) Policy supports that all victims of sexual abuse will be offered a forensic exam with no cost to the victim. The interview and research on the internet further support that this state has a statewide organized system for ensuring that SANE exams are available for all who need them. The interview with the SANE Coordinator for the Commonwealth of Massachusetts confirmed that there are SANE certified hospitals throughout the state. All efforts will be made to include sending a SANE certified nurse to a site when needed. She indicated they have been successful with providing this level of exam for several years. Requests for an advocate is automatically addressed by the hospital. However, the MOU with the Lawrence YWCA, which also provides emotional support services to all inmates, confirmed that it will provide victim services to inmates/residents who are transported to the local hospital, if requested.

The Commonwealth of Massachusetts SANE program has the following Program Goals:

The goals of the SANE Program are to:

- Certify a cadre of sexual assault nurse examiners to respond 24 hours a day at designated emergency Offices across the Commonwealth;
- Provide specialized medical-legal exams for victims of sexual assault, 12 years of age or older;
- Enhance existing community-based response systems for victims of sexual assault; improve and standardize data on the incidence of sexual assault victims seeking treatment in Massachusetts hospital emergency Offices and;
- Increase the rates of identification, prosecution and conviction of sexual assault perpetrators through a standardized procedure for the collection of forensic evidence from victims of sexual assault.

The Role of the Sexual Assault Nurse Examiner

The role of the Sexual Assault Nurse Examiner (SANE) is to provide specialized examination and care to victims of sexual assault 12 years of age or older.

Specifically, SANEs will:

- Assess, provide care for, and document the signs and symptoms of physical and emotional trauma;
- Collect, document, preserve, maintain custody of, and transfer forensic evidence to law enforcement authorities;
- Consult with the ED Physician regarding the provision of medical treatment, medication orders, and readiness for discharge;
- Provide services in the ED, OR and ICU with appropriate hospital staff and equipment
- To meet SANE standards of care;
- Assess risk and offer prophylaxis for pregnancy;
- Assess risk and offer prophylaxis for sexually transmitted disease and HIV;
- Provide education to the patient throughout the examination process;
- Develop and discuss a discharge and aftercare plan with the patient;
- Cooperate with law enforcement authorities during court proceedings and;
- Complete mandatory reporting forms.

The agency/facility's Response Plan indicates that if a SANE exam is warranted and the victim's requests the inmate will be transported to the hospital that provides this service.

The following information was retrieved from Rape Crisis Centers | Mass.gov

Trained rape crisis counselors at local programs:

Provide 24/7 hotline counseling, information, and referral

Will go with survivors to hospitals and/or police stations 24/7

Will go with a survivor to court

Provide one-to-one counseling and support group counseling

Provide primary prevention education; professional training; outreach

(f) As indicated to the auditor in interviews and policy, if the Massachusetts State Police becomes involved, they will provide both a qualified victim advocate, if requested, and ensure a SANE exam is conducted. The auditor finds this credible based on the PREA certifications of the Lockup facilities, operated by the State Police.

Summary of evidence to support a finding of compliance: Policy excerpts, review of investigations, investigator training, Massachusetts State Police website and interviews with the investigator, and PREA Compliance Manager support

	<p>compliance. A PREA kit is available to help process evidence appropriately. Staff interviews supported that staff were aware of the requirements and actions needed to preserve evidence. The Regional SANE Coordinator confirmed that SANE exams are available to this population. The policy is posted on the agency website. The Commonwealth of Massachusetts has an established SANE program ensuring the examinations are conducted using an established uniform protocol. The qualified advocate is contacted by the hospital if the victim indicates as established by the State of Massachusetts. Additionally, the facility has an MOU with a qualified victim advocacy organization. The investigating agency, if not the facility investigators are Massachusetts State Police detectives. With this accumulation of evidence, the auditor finds the facility compliant with the standard provisions.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interviews Sheriff · Interviews Investigative staff · Publication that describes the investigative responsibilities - policy · PAQ <p>The PAQ indicates there have been no allegations resulting in administrative investigations and none resulting in criminal investigations in the past 12 months.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Allegations Referred for Investigations</p> <p><i>The ECSD shall investigate all allegations of sexual harassment and/or sexually abusive behaviors involving inmate-on-inmate or an employee, vendor, contractor, volunteer, advocate, visitor or an intern-on-inmate. The Director of Security will triage all in-coming allegations to determine the appropriate investigation avenue in which to address the reported allegation. SI can retain the allegation to investigate it themselves, refer it to IAD, or to the MA State Police and/or Essex County District Attorney's Office for investigation. If enough information or evidence is obtained</i></p>

during the investigation, a disciplinary report shall be issued or referral for criminal prosecution shall be made.

The ECSD shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those employees who have received specialized training in sexual harassment and/or sexually abusive behaviors. The assigned trained sexual assault investigator shall ensure that all evidence collected at the facility or at any hospital (Sexual Assault Evidence Collection Kit/Rape Kit, etc.) is transported to the State Police as soon as possible. Evidence retained in excess of twenty-four (24) hours (weekends/holidays), shall be properly refrigerated.

Potential witnesses shall be interviewed, to gather information, corroborate the victim's statements, and/or to identify any suspect(s). Care should be taken to ensure the safety and security of potential witnesses from retribution or retaliation, and, if necessary and warranted, potential inmate/resident/participant witnesses shall be afforded opportunities for changes in housing assignment, more secure housing, and/or accelerated classification for transfer.

The Superintendent shall ensure that an inmate/resident/participant's risk level is reassessed upon a referral, request for, a reported incident of sexual abuse, or receipt of additional information that bears on the inmate/resident/participant's risk of sexual victimization or abusiveness. A new Housing Risk

Assessment is to be completed on the inmate/resident/participant predator and/or inmate/resident/participant victim. The new Housing Risk Assessment will be utilized to inform housing, bed assignment, work assignment, education, and program assignments with the goal of keeping separate those inmates/residents/participants at high risk of being sexually victimized from those at high risk of being sexually abusive.

The ECSD shall request periodic updates on any allegation for investigation referred to an agency, not affiliated, with the ECSD. The PREA Manager and/or the SI staff making such referrals shall document such referrals, updates and the final disposition from the agency conducting the investigation. This information shall be maintained by SI and/or IAD.

Policy mirrors the standard requirements and provides procedural information for how to ensure the required actions are taken.

Evidence reviewed/analyzed by provision:

(a)(b)(c) Policy ensures that all allegations of sexual abuse or sexual harassment are investigated. Interview with the investigator ensured the auditor that all allegations follow an established reporting process, ensuring immediate reports, and that he has received these allegations as required. The complete policy can be viewed on the website at Prison Rape Elimination Act (PREA) Essex County Sheriff's Department (essexsheriffma.org). Random staff interviews confirmed to the auditor their understanding of reporting all knowledge and suspicions to the investigator via

	<p>the shift commander immediately.</p> <p>Summary of evidence to support a finding of compliance: The complete policy can be viewed on the website at Prison Rape Elimination Act (PREA) Essex County Sheriff's Department (essexsheriffma.org). Review of policy as well as interviews with the Sheriff and investigators (assigned to this facility and investigators with overall responsibility for the agency) support that any suspicion or knowledge of sexual abuse, sexual harassment, neglect, or retaliation will be reported to the supervisors through to the shift commander to the investigators. The auditor found sufficient evidence to support the finding of compliance.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Training curriculum · Staff training records/acknowledgment of comprehension · Interview with the Training Coordinator · Interviews random staff · Observations · PAQ · FAQ <p>The PAQ indicates that all employees who have contact with inmates who were trained on PREA requirements as outlined in the provision.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) Employees, Vendors, Contractors, Volunteers, Advocated, Visitors and Interns Training and Education</p> <p><i>The ECSD's Training Division, in consultation with the ECSD's PREA Coordinator, shall develop a comprehensive training curriculum and shall provide ongoing</i></p>

training and education to ensure employees, vendors, contractors, volunteers, advocates, visitors and interns are trained and educated regarding their responsibilities to prevent, detect, and respond to reported allegations of sexual harassment or sexually abusive behaviors. In addition, specialized training shall be provided for those employees who respond to and investigate PREA incidents (investigative staff, medical and mental health staff). All training participants shall document, through signature or electronic verification that they have received and understand the training presented. Refresher training for all shall take place every two years to ensure they remain current with the ECSD's SHARPP and PREA standards.

The ECSD Training Division shall ensure anyone who may have contact with inmates/residents/participants receive the following training:

a) Zero tolerance of any form of sexual harassment or sexually abusive behaviors towards any inmate, by another inmate or by an employee, vendor, contractor, volunteer, advocate, visitor or intern and their responsibilities and reporting.

b) Responsibilities of ALL relative to the ECSD's SHARPP (in the prevention, detection, and response to all allegations of sexual harassment and sexually abusive behaviors).

c) Inmates/residents/participants' rights to be free from sexual abuse and sexual harassment.

d) The rights of inmates/residents/participants and employees, vendors, contractors, volunteers, advocates, visitors, and interns to be free from retaliation for reporting any allegations of sexual harassment and/or sexually abusive behaviors.

e) The dynamics of sexual abuse and sexual harassment in confinement facilities.

f) The common reactions/signs of sexual abuse and sexual harassment victims/survivors.

g) How to detect and respond to signs of threatened and actual sexual abuse.

h) How to avoid inappropriate relationships with inmates.

i) How to communicate effectively and professionally with inmates/residents/participants, including lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) or gender nonconforming inmates.

j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Evidence reviewed/analyzed by provision:

(a) The auditor was provided with the training lesson plan for PREA. It addresses the following:

- History of the law
- Definitions of PREA
- Zero tolerance, how to promote a culture that prevents sexual abuse and sexual harassment
- How to fulfill responsibilities regarding sexual abuse, sexual harassment and all PREA-related incident - prevention, detection and response
- Purpose - prevent, detect and respond
- Inmate Reporting
- Risk assessments and how information is used for housing, bed, work, education and programming
- OMS Alerts
- Staff first responder duties, including preservation of evidence and evidence collection
- Investigation outcomes
- Disciplinary sanctions
- Unannounced rounds
- PREA posters
- Rape counseling services
- Males and female behavior regarding sexual abuse and sexual harassment

Additionally included in the training is the following video: PREA: What You Need to Know, produced by JDI; it is approximately sixteen minutes long and discusses the following: confined persons right to be free from sexual abuse and sexual harassment, there is a zero tolerance to any form of sexual abuse or sexual harassment, right to report privately and safely, free medical, mental health and trained sexual abuse counseling, definitions of sexual harassment, sexual abuse, avoiding behaviors that will help maintain safety, third party reports, the facility's requirement to continually provide information on how to report, including outside the facility; and reasonable communication with sexual abuse advocacy groups.

Review of the Massachusetts Sheriffs Association Certified Correction Officer Training confirmed that all Correction Officers are trained in the following:

All staff shall be trained in detection of sexual abuse and sexual harassment,

preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and in the reporting structure when allegations or suspicions of sexual abuse arise.

- All staff with inmates contact shall be trained in the following:
- Your departments zero tolerance policy for sexual abuse and sexual harassment;
- detection, prevention, reporting, and response to sexual abuse or sexual harassment;
- inmates' rights to be free from sexual abuse and sexual harassment;
- the rights of staff and inmates to be free from retaliation for reporting sexual abuse and/or sexual harassment;
- the dynamics of sexual abuse and sexual harassment in confinement;
- the common reactions of victims of sexual abuse and sexual harassment;
- how to detect and respond to signs of threatened and actual sexual abuse;
- how to avoid inappropriate relationships with inmates;
- how to communicate effectively and professionally with inmates including LGBTQI inmates; and
- how to comply with laws related to mandatory reporting of sexual abuse to outside authorities.

It addresses the following information: review of the law, zero tolerance policy, definitions of sexual abuse, sexual harassment, specific reactions of sexual abuse, prevention, reporting, coordinated response, sexual assault response kits/collection of evidence, report writing, investigation, disciplinary sanctions inmates, review of inappropriate conduct by staff with inmates, LGBTQI concerns (to include effective communication), cross gender searches, transgender/intersex searches - what is deemed appropriate, review of the Guidance on Cross Gender and Transgender Pat Search video (PREA Resource Center), the PREA audit and policy, state law, ACA standards and federal law.

All staff interviews confirmed that they have received the training and that it addresses the topics required. Staff confirmed they received the training prior to having inmate contact, supporting compliance with the FAQ issued October 2014.

(b) As indicated in the review of the lesson plan, it addresses aspects unique to females and males.

(c) Training records were provided to the auditor with pre-audit documentation that reflected that volunteers, security staff, non-security staff, vendors, and interns all attend the PREA training at the same time. Additional randomly requested

	<p>documentation of training completion was provided reflecting this. This facility has been actively involved in PREA compliance since 2014. The interview with the Training Coordinator confirmed with the auditor that all staff have received the training. He confirmed that staff receive in-person training of PREA every other year, and an online version of PREA training every year is not conducted in person. He indicated that PREA is taught in new employee/academy training; staff receive this prior to assignment within the facility. This was confirmed during formal and informal interviews.</p> <p>(d) The training coordinator confirmed that staff must pass a quiz in order to ensure they understood the training; therefore, providing electronic verification that they understood the training. Random staff interviews confirmed this to the auditor as well. Randomly requested documentation of completed training was provided to the auditor. It demonstrated, as indicated by the Assistant Superintendent for compliance, a score of 100% is required to be considered as passing.</p> <p>Summary of evidence to support a finding of compliance: Policies support that training will be conducted at least every two years with refresher information provided annually. Review of the training curriculum demonstrates that the required topics are addressed. Staff interviews additionally provided the auditor with evidence of compliance with the provisions of the standard. As clarified in the FAQ, staff receive PREA training prior to having contact with inmates. The auditor concludes that there was sufficient evidence to support the finding of compliance with all provisions.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Supplemental PREA training Aramark · Interview contractors – Aramark, Wellpath Care, Spectrum six total (agency wide) · Interview with a volunteer · Interview with the Volunteer Coordinator · Interview with the Training Coordinator

- Review of training records (contractors and volunteers)
- Observations
- PAQ

The PAQ indicates there are 285 volunteers and contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) Employees, Vendors, Contractors, Volunteers, Advocated, Visitors and Interns Training and Education

The ECSD's Training Division, in consultation with the ECSD's PREA Coordinator, shall develop a comprehensive training curriculum and shall provide ongoing training and education to ensure employees, vendors, contractors, volunteers, advocates, visitors and interns are trained and educated regarding their responsibilities to prevent, detect, and respond to reported allegations of sexual harassment or sexually abusive behaviors.

Evidence reviewed/analyzed by provision:

(a) (b) (c) The interview with the contractual staff (Wellpath, Inc, Aramark, Spectrum, and Volunteers of America) confirmed that they have been educated on the requirements of PREA and their role in preventing, detecting and responding to sexual abuse or sexual harassment. Aramark additionally provides their own version of PREA training to their staff. Training records were provided to the auditor with pre-audit documentation that reflected that volunteers, security staff, non-security staff, vendors, and interns all attend the PREA training at the same time if the services warrant training for full time staff. The interview with the Training Coordinator confirmed this. The interview with the Volunteer Coordinator relayed to the auditor the process for a volunteer initiating service and maintaining service at this agency. She confirmed that after applying and screening for appropriateness, a security clearance is conducted. Upon approval an 8-hour orientation is scheduled which addresses PREA. An acknowledgement is signed and noted in the database. PREA is reviewed yearly, as applications are reviewed yearly based on the submission of renewal by the volunteer.

Review of training power point for volunteers.

History of law
prevent, detect, respond

Zero tolerance, standards, accountability

Review of policy

	<p>Definitions</p> <p>Goals for effective enforcement</p> <p>Reporting</p> <p>Disciplinary sanctions</p> <p>Responsibilities</p> <p>PREA video</p> <p>PREA posters</p> <p>Rape counseling posters</p> <p>Summary of evidence to support a finding of compliance: Based on review of the information provided to contractual staff and volunteers, review of the training documentation, interview with the Training Coordinator, interview with the contractual staff, volunteer and interview with the volunteer coordinator, the auditor finds sufficient evidence to support a finding of compliance with this standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Review of PREA Video - JDI · Observations posters, pamphlets · Demonstration of the intake process · Demonstration of orientation · Interviews Intake staff · Interviews with staff who conduct Orientation · Facility Rulebook · Random request for documentation of orientation one inmate each month over the last twelve months

- Interviews with inmates 30 total to include the inmate housed at this facility the longest

- PAQ

The PAQ indicates that 249 inmates were admitted that were given information at intake. Five transferred from another operation.

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Inmate/Resident/Participant Education

During the intake process, inmates/residents/participants shall receive information explaining the ECSD's zero tolerance policy regarding sexual harassment and/or sexually abusive behaviors and how to report any such allegations and their rights to be free from any such incidents or retaliation for reporting them. Furthermore, within 30 days of intake, the ECSD shall provide comprehensive education to inmates/residents/participants (normally done during Orientation) either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the department's policies and procedures for responding to such incidents. The ECSD provides inmate/resident/participant education in formats accessible to all, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well those inmates/residents/participants who have limited reading skills. These inmates/residents/participants shall be identified during the intake process and shall meet with Programming Staff to address their individual needs. Inmates/residents/participants in the educational trainings (to include Inmate/Resident/Participant Orientation) shall be documented in each inmate/resident/participant respective case folder. Each ECSD's facility PREA Manager shall ensure educational information regarding the prevention, detection and response to sexual harassment, sexually abusive behaviors (as well as sexual trauma support services) are readily available or visible to inmates/residents/participants (posters, inmate/resident/participant handbooks, or other written formats) within the facility and/or assigned Housing Unit.

Evidence reviewed/analyzed by provision:

(a) At this operation, inmates are provided information regarding PREA through receipt of the handbook (hardcopy) as demonstrated by the Intake staff. Random inmate interviews confirmed receipt of this handbook at intake.

(b) Interview with staff who conduct intake confirmed that every inmate attends the same process regardless of how they were received into the facility.

(c) See comments to §115.16

(d) Documentation of receipt of this information is noted in the Offender Management System (OMS). The auditor randomly requested this documentation

	<p>for one inmate for the past twelve months. Examples were provided which demonstrated this process. Inmates housed at this operation are processed through the intake at the House of Corrections, then also receive education upon arrival at this operation.</p> <p>(e) Inmates are issued tablets which contain all the information related to PREA. This was confirmed by interviews with inmates. Additionally, posters were visible in all housing units and other areas where inmates may gather, securely bolted to the wall, typically by the phones. Many inmates commented in their interviews that there are “posters all over the place with that information.”</p> <p>Summary of evidence to support findings: Policy, educational materials, interviews with intake staff, classification staff, demonstration of intake, observation of medical intake, inmate interviews and observations of educational materials (posters) all provided ample evidence for the auditor to support a finding of compliance.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) · PREA Specialized Training curriculum February 2025 · Training records · Observations · Interviews Investigative staff - three total · PAQ # of investigators agency <p>The PAQ indicates there are currently fifteen investigators trained to handle and respond to sexual abuse allegations. They address allegations at all operations; however, one is specifically assigned to investigations at the Pre-Release Center and Women in Transition.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Investigator’s Specialized Training</p>

In addition to the general training provided to ALL staff, in accordance with 115.31/.231, the ECSD shall ensure that sexual assault investigators receive training in conducting such investigations in confinement settings. Specialized training shall include: a) Techniques for interviewing sexual abuse victims, b) Proper use of the Miranda and Garrity warnings, c) Sexual abuse evidence collection in confinement settings, and d) The criteria and evidence required to substantiate a case for administrative action or prosecution referral. The ECSD shall maintain documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations. Any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. The SAIT is generally a 3-day, comprehensive, training program. The ECSD's Training Division shall maintain documentation that the investigative staff have completed the required specialized training.

Evidence reviewed/analyzed by provision:

(a) (c) The auditor was provided with documentation demonstrating that ten staff have received specialized training in investigations in a confinement setting along with documentation that they have completed regular PREA Training.

(b) Three attended the in-person PREA Resource Training regarding investigating sexual abuse allegations in confinement conducted at their facility. The auditor was provided with the training modules. Modules include the following: Introduction, PREA Update and Standards Overview, Legal Issues and Liability, Culture, Trauma and Victim Response, Medical and Mental Health Care, First Response and Evidence collection, Adult Interviewing techniques, Report Writing, Prosecutorial Collaboration. Review of the training supports that it does address the following: interviewing techniques, criteria to substantiate an administrative finding or referral to prosecution.

Five investigators completed training through the Massachusetts Department of Correction investigator training. The auditor reviewed the training curriculum. The training curriculum addressed the following topics over a course of three days:

- Introduction to Sexual Assault Investigation
- Defining PREA
- Evidence Protocol
- Interviewing, including Miranda and Garrity
- Investigative Outcomes
- Documentation
- Post Allegation

Interviews with the designated investigators confirmed receipt of this training and

	<p>receipt of regular PREA training annually. Review of the investigations confirmed they were conducted by staff who have received this training.</p> <p>Finding of compliance is based on the following: Training curriculum, documentation of training completion, interviews and review of investigations support that there is sufficient evidence to support a finding of compliance with the requirements of the standard.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Specialized medical and mental health training curriculum · Training records showing specialized training and regular PREA training · Observation one example of both regular and specialized training provided with PAQ · Interviews medical staff and mental health staff · PAQ <p>The PAQ indicates that the facility has twelve medical and mental health staff, 100% have received specialized training. One nurse is assigned to this operation regularly.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Medical and Mental Health Care Specialized Training</p> <p><i>All full and part-time medical and mental health care practitioners who work in any ECSD facilities, in addition to the general training provided to ALL staff (in accordance with 115.31/.231), shall receive specialized training in the following, at a minimum: a) How to detect and assess signs of sexual abuse and sexual harassment; b) How to preserve physical evidence of sexual abuse (this is not inclusive of any evidence obtained through a forensic examination); c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and, d) How and to whom to report allegations or suspicions of sexual</i></p>

abuse and sexual harassment – through the ECSD SHARPP Response Plan. The ECSD’s Training Division shall maintain documentation that medical and mental health practitioners have received the specialized training as required.

Evidence reviewed/analyzed by provision:

(a) (c)(d)The auditor reviewed the training curriculum and confirmed that it addresses the following: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Documentation demonstrating all medical and mental health staff have received this training in addition to regular PREA training. Interviews with the medical staff assigned to this operation confirmed receipt of this training as required.

(b) Not applicable, another agency provides this service.

Summary of evidence to support findings: Policy, PAQ, review of the training curriculum, review of training documentation and interviews with medical and mental health staff all provided sufficient evidence for the auditor to support a finding of compliance.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Risk Assessment tool · Risk assessments initial, 30-day reassessment demonstrating completion, randomly requested · Review of Sexual Abuse Incident Review · Interviews staff who perform risk screens · Interview PREA Coordinator · Interview with the PCM · Interviews with randomly selected inmates

· PAQ

· FAQ

The PAQ indicates that 249 inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, 249 inmates remained past 30 days) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Screening for Risk Victimization and Abusiveness

The ECSD shall assess all inmates/residents/participants during their intake screening and upon transfer to another ECSD facility for their risk of victimization or predatory behaviors. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The intake screening shall consider, at a minimum, the following criteria to assess inmates/residents/participants at risk for sexual victimization: a. Whether the inmate/resident/participant has a mental, physical, or developmental disability. b. The age of the inmate/resident/participant. c. The physical build of the inmate/resident/participant. d. Whether the inmate/resident/participant 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 lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) 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. Furthermore, the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse, as known to the ECSD, in assessing inmates/residents/participants for the risk of being sexually abusive. Within 30 days from the arrival at the facility, the inmate/resident/participant will be reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate/resident/participant's risk of sexual victimization or abusiveness. Inmates/residents/participants shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked above. The ECSD shall control the dissemination within the facility of responses to questions asked during this screening in order to ensure that sensitive information is not exploited to the inmate/resident/participant's detriment by staff or other inmates. Such information is on a need-to-know basis only.

Evidence reviewed/analyzed by provision:

(a)(b) Policy, interviews with Intake staff and demonstration of intake support that an initial intake screen is completed immediately upon arrival to assess risk of sexual abuse or risk of being sexually abused. This demonstration revealed it is conducted individually and privately. A second review of the information is conducted with the intake nurse and maintained in the medical file. The auditor observed one intake medical assessment and confirmed this.

(c)(d) (e)An example of the Risk Assessment was provided with the pre-audit documentation. The objective screening tool used considers the following information:

Risk of being sexual victimization

- mental, physical, development disability
- age
- physical build
- first incarceration
- convictions for sex offense against an adult or child
- perception of or self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming, subjective assessment by the screener
- crimes exclusively nonviolent
- previous experience as a victim of sexual abuse community and while incarcerated
- previous incarceration sexual sex act
- previous placement in protective custody
- If previous incarceration, have been approached for sex/ and or threatened with sexual assault?
- inmate's perception of vulnerability
- prior institutional sexual activity

The risk screen developed and used at this facility addresses all of these requirements of the provision. The facility does not hold inmates who are detained solely for civil immigration. The screen is completed upon arrival by the intake officers. It did meet the requirements of the FAQ in that staff can should make a subjective opinion of whether the inmates is perceived as gay, lesbian, bisexual, transgender, intersex or gender nonconforming. This was confirmed by interviews with intake risk assessment staff.

(e) The screening tools addresses the following:

Risk of being Sexually Abusive

- conviction for a crime related to sexual offense against a child or adult
- history of committing institutional sexual abuse, convicted of or known history
- history of sexual activity while confined
- Gang affiliation
- History of violence if prior confinement?
- Convictions of sex offense against a child or adult
- Prior convictions for violent crimes or domestic violence?
- Any other specific concerns

In addition to the requirements of the standard, the screen addresses gang affiliation.

The questions are asked verbally and in private according to the interview with the person who conducts risk assessments and demonstration of the intake process. Additionally, interviews with inmates confirmed this.

(f) The auditor interviewed the staff who completed the 30-day reassessment. It is personally conducted by the PREA Coordinator. It was confirmed to the auditor that this occurs in person, privately and the inmates are verbally asked the questions again. This practice does meet the expectations clarified in the FAQ that requires that the 30-day reviewed be conducted in person with the inmates. The auditor requested and received random inmates' Risk Assessments demonstrating completion of the Risk Survey initially and within 30 days if they are still confined.

(g) Policy and interview with the random staff assured the auditor that staff are observant and would communicate any information to the Superintendent/PREA Coordinator that may initiate an updated (when warranted referral, receipt of additional information or request) risk assessment. This is additionally reviewed during the Sexual Abuse Incident Review.

(h) The interview with the intake staff/staff who conduct risk assessments confirmed to the auditor that they would not require an inmate to answer sensitive questions - (d)(1), (d)(7), (8), or (d)(9) if they did not want to respond. Inmate interviews confirmed that they did not believe they were required to answer if they did not want to.

(i) Per the interview with the PREA Coordinator, PCM and observation of the inmate record storage (OMS) has controls on access to the screen.

Summary of evidence to support findings: Policy, PAQ, review of the Risk Assessment Questions, review of randomly requested risk assessments, interviews

	<p>with staff who complete the risk assessment, initial and 30 day review, interview with the PCM and analysis of the requirements in the FAQs provided ample evidence for the auditor to support a finding of compliance with all provisions of the standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interviews PREA Coordinator · Interview with staff who conduct the risk screen · Policy on transgender/intersex assessment · Observations <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Use of Screening Information</p> <p><i>The ECSD shall use information from the risk screening (required by 981.20 (115.41/.241) for consideration in the type of facility (male/female), housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive to the extent possible. The ECSD Classification process shall make individualized determinations about how to ensure the safety of each inmate/resident/participant. In deciding whether to assign a transgender or intersex inmate/resident/participant to a male/female facility, housing unit, and in making other housing and programming assignments, the ECSD shall consider, on a case-by-case basis, whether such placement would ensure the inmate/resident/participant's health and safety, and whether the placement would present management or security problems within the unit of assignment and/or the facility overall. A transgender or intersex inmate/resident/participant's own view with respect to their own safety shall be given serious consideration in the decision-making process as well. The Director of Classification shall ensure the Classification Caseworkers reassess housing and programming assignments at least twice each year to review any potential threats to safety of any inmate/resident/participant identified as</i></p>

transgender or intersex. These shall be documented and kept in the inmate/resident/participant's respective case folder. Transgender and intersex inmates/residents/participants shall be given the opportunity to shower separately from other inmates/residents/participants within the housing unit of assignment. This information shall be documented by using the appropriate forms and shall be maintained in the inmate/resident/participant's case folder (ATTACHMENTS 2 and 2a). The ECSD shall not place LGBTQI inmates/residents/participants in dedicated units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

(a) (b) The facility ensures that inmates who are potential predatory and potentially vulnerable are not housed in the same area. The criteria used to qualify for this program eliminates the likelihood of an inmate screening as potentially abusive. This was confirmed by interviews with the PREA Coordinator.

(c)(d) (e)(f) At the time of the audit, it was reported there no inmate who identified as transgender female. The interview with the PREA Coordinator confirmed to the auditor that there is an assigned Classification officer would be responsible for this review with assistance of the case manager assigned to assist her with her needs. The auditor interviewed this staff. She confirmed that she meets with the inmates identified as transgender monthly. At that time, mental health needs, housing needs and shower arrangements are discussed.

(g) During the audit process of touring reviewing documentation and interviewing staff, it is determined that this facility does not have dedicated facilities, units, or wings solely on the basis of such identification or status as transgender, intersex, homosexual, bi-sexual, gay or lesbian.

Summary of evidence to support a finding of compliance: Policy reflects compliance with the provisions of the standards. Interviews with all staff and targeted inmates and overall observations provided the auditor with sufficient evidence to support the finding of compliance.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP)

- Inmate Handbook
- PREA Intake Information
- Interviews random staff
- Interviews random inmates (including inmates who had reported sexual abuse)
- Inmate telephone test for reporting
- Observations

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Inmate Reporting

*The ECSD provides multiple internal ways for inmates/residents/participants to confidentially report sexual harassment and/or sexually abusive behaviors and/or retaliation for reporting such allegations, by other inmates/residents/participants or staff, and staff neglect or violation of responsibilities that may have contributed to such. 1. ECSD Internal Report Process: Inmates/residents/participants may report sexual abuse or sexual harassment allegations to any ECSD employee, vendor, contractor, volunteer, advocate, visitor, and/or intern. All reports, whether verbally, in writing, anonymously, and/or from third parties, shall be documented in writing and forwarded as soon as possible to the facility Shift Commander, Director of Security or Superintendent by the end of the employee's shift. The reports shall then be reviewed and forwarded through the ECSD's SI office. Inmates/residents/participants may confidentially report any sexual abuse or sexual harassment allegations using the ECSD's Tip Hotline. Using an inmate/resident/participant authorized telephone, the inmate/resident/participant must first choose a language when asked. The inmate/resident/participant will then choose Option 8 and then be requested to enter their PIN Number. Finally, the inmate/resident/participant must then enter 321 when asked to do so. 2. ECSD External Reporting Process: Inmates/residents/participants may report sexual abuse or sexual harassment by calling the National Sexual Assault Hotline at (800) 656-4673. Additionally, inmates/residents/participants may also report sexual abuse or sexual harassment by writing to: Essex District Attorney's Office Family Crimes and Sexual Assault Unit 10 Federal Street Salem, MA 01970 ECSD staff members may also privately report sexual abuse and sexual harassment of inmates/residents/participants to the Essex District Attorney's Office by calling (978) 599-1699. On any inmate/resident/participant authorized telephone, inmates/residents/participants may confidentially report to the Essex District Attorney's Office at no charge by dialing *599 as soon as they pick up the telephone. No language option needs to be selected. 3. Third Party Reporting: The ECSD shall accept any report of an allegation of sexual harassment and/or sexual abuse to any department staff or via a call into the main facility or to any of the other ECSD Facility Main Number (978) 750-1900 (follow the prompts). All*

allegations will be forwarded to the ECSD's SI unit.

Policy supports all aspects of the standard provisions and provides specific details/procedures noting how this is accomplished.

Inmate Handbook

SEXUAL ABUSE/ASSAULT/PREA (PRISON RAPE ELIMINATION ACT) Prison Rape Elimination Act supports elimination, reduction, and prevention of sexual abuse in corrections. It is the policy of the Essex County Sheriff's Department to be in compliance with the Prison Rape Elimination Act (PREA). The department is committed to a zero-tolerance policy regarding sexual assaults to include sexual harassment, whether inmate/resident on inmate/resident or staff on inmate/resident. All intentional acts of a sexually abusive behavior (to include sexual harassment) or intimacy between an inmate/resident and a department employee, vendor, volunteer, or between an inmate/resident and another inmate/resident regardless of consent, are prohibited and the perpetrator shall be subject to administrative, criminal and/or disciplinary sanctions. The department is committed to investigating, disciplining, and referring for prosecution department employees, vendors/contractors, volunteers, and inmate/residents who engage in sexually abusive behavior. As an inmate within the Essex County Correctional Facility, you have the right to serve your sentence without fear of being sexually exploited or sexually harassed. Any sexual contact with any person is expressly prohibited and all such incidents should be immediately reported. Any allegation or incident of sexual contact will be taken seriously and investigated fully. A telephone "hotline" has been set up through the inmate telephone system that will allow you to report any contact of a sexual nature with other inmates, staff and volunteers or outside contractors. All inmates can universally access this number. To access, at no charge, the crime tip hotline, you need to follow the telephone prompts. When asked, enter prompt #8. Enter your pin number. After entering your pin number, dial 321 to leave a message. In addition to the crime tip hotline, you may also confidentially and at no charge, report any contact of a sexual nature with other inmates, staff and volunteers or outside contractors to Essex District Attorney's Office. All inmates can universally access their number. To access the Essex District Attorney's Tip Line, you need to immediately dial *599 as it will immediately connect you. Do not select a language when asked, just press *599. As an inmate, you may also contact the Essex District Attorney's Office by writing to the following address: Essex District Attorney's Office, Family Crimes and Sexual Assault Unit, 10 Federal Street, Salem, MA 01970. Inmates also have universal access to Rape Counseling Services provided by YWCA Northeastern Massachusetts in Lawrence MA. To access this 24/7 confidential counseling and support services for 4 sexual assault victims/survivors and anyone else affected by it, you need to dial *333 as it will immediately connect you. Do not select a language when asked, just press *333. This service can also be accessed on a non-inmate authorized telephones by calling (877) 509-9922. Please be aware that this service is for counseling and support services only. To report, via telephone, any contact of a sexual nature with other inmates, staff and volunteers or outside contractors please use the department's crime tip line or the Essex District Attorney's Tip Line. As an inmate, you may also contact the YWCA

Northeastern Massachusetts by writing to the following address: YWCA Northeastern Massachusetts 38 Lawrence Street Lawrence, MA 01840 You do not need to place any of the above numbers on your PIN list. Any allegation that you make that is found to be false will result in disciplinary action. Inmates will not be subjected to personal abuse or harassment. Inmates are expected to respect staff authority, duties and restrict their interaction with staff to a professional capacity. Any inappropriate communication or conduct by inmates towards staff will be subject to investigation and possible disciplinary action. Inmates need to be aware that they will always encounter staff of the opposite gender during their incarceration at this facility. Please always conduct yourself accordingly, as the opposite gender staff work in all aspects of the daily operations of this facility. Inmates are encouraged to self-report acts prohibited by M.G.L. c.268 s.21A. This may include use of grievance forms or personal communication with appropriate staff. Inmates may also report an observed violation upon another inmate by these same means.

Evidence reviewed/analyzed by provision:

(a)(b) Policy supports and the inmate handbook reinforces that inmates can report privately sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The handbook provides detailed options on how they can report privately in numerous methods to include a tip line. The auditor tested the internal tip line with the assistance of an inmate (PIN required) and received acknowledgment of its receipt within hours. The auditor tested the phone to the outside reporting line, noting it indicated the option to report anonymously in the message and was able to successfully connect without the use of a PIN. There are numerous phones throughout the facility however, inmates are also issued tablets that affords them the ability to make phone calls which enhances the ability for a private conversation.

(c) Per the PAQ and staff interviews, staff are required to document verbal reports by the end of their shift but will report them immediately. All staff acknowledged they will accept reports made verbally, in writing, anonymously, and from third parties and will allow for the report to be made privately. During inmate interviews, the auditor noted that most inmates indicated they would report concerns to staff. The auditor concluded that this demonstrated trust in the staff that their concerns will be addressed properly. Interviews with inmates who had reported sexual abuse or sexual harassment reinforced this conclusion.

(d) Staff interviews acknowledged understanding that they too can report privately. Numerous methods for doing this were provided to include calling the tip line, going to a supervisor they trust and even up to the Sheriff's noting there is an open-door policy.

Summary of evidence to support findings: Policy, information regarding reporting, testing of reporting numbers, inmate interviews, staff interviews, observations of tablets and posters with reporting information all provided ample evidence for the auditor to support a finding of compliance.

115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Grievance Form · Interview Superintendent · Interview with Grievance Coordinator · Facility Rulebook · PAQ <p>The PAQ provided the following information:</p> <p>zero grievances regarding sexual abuse</p> <p>zero grievances that reached a final decision in 90 days, zero involved extensions</p> <p>zero third party grievances; Zero in which third party assistance was declined</p> <p>zero emergency grievances</p> <p>zero grievances alleging imminent sexual abuse</p> <p>zero grievances written in bad faith</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Exhaustion of Administrative Remedies</p> <p><i>The ECSD does not impose a time limit on when an inmate/resident/participant may submit a grievance regarding an allegation of sexual harassment and/or sexual abuse. However, applicable time limits shall be applied to any portion of a grievance which does not allege an incident(s) of sexual harassment or sexual abuse (ATTACHMENT 3). The department shall not require an inmate/resident/participant to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the ECSD's ability to defend itself against an inmate/resident/participant lawsuit on the ground that the applicable statute of limitations has expired. The ECSD shall ensure: a) An inmate/resident/participant who alleges sexual abuse may submit a grievance</i></p>

without submitting it to an employee who is the subject of the complaint, and b) No grievance shall be referred to an employee who is the subject of the grievance/complaint A final decision on the merits of any portion of a grievance alleging sexual harassment or sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The ECSD may impose an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision. The ECSD shall notify the inmate/resident/participant in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate/resident/participant does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate/resident/participant may consider the absence of a response to be a denial at that level. Third parties, including fellow inmates/residents/participants, employees, family members, attorneys, and outside advocates, shall be permitted to assist inmates/residents/participants in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates/residents/participants. If a third-party files such a request on behalf of an inmate, the department may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate/resident/participant declines to have the request processed on their behalf, the ECSD shall document the inmate/resident/participant's decision. Any inmates/residents/participants who believe they are subject to a substantial risk of imminent sexual abuse may file an Emergency Grievance. All such Emergency Grievances shall be provided with an initial response within 48 hours, and a final decision shall be issued within 5 calendar days. The initial response and final decision shall be documented and state what, if any, appropriate measure was taken to address the inmate/resident/participant's concerns of being at risk of imminent sexual abuse. The ECSD may discipline inmates/residents/participants for knowingly filing a grievance, in bad faith, related to an allegation of sexual harassment and/or sexual abuse, when it can be clearly demonstrated through an investigation that the inmate/resident/participant knowingly filed a grievance in bad faith.

Inmate Handbook:

Grievance Procedures The purpose of this procedure is to provide an inmate with a way for administrative settlement of legitimate grievances. A grievance is a formal complaint concerning an incident, which may include an incident of sexual abuse and/or sexual harassment by another inmate or staff member, policy, or condition within the facility. For incidents regarding sexual behavior between inmates and/or staff, please refer to the PREA portion of this handbook.

Evidence reviewed/analyzed by provision:

(a) (b) (c)(d) (e) (f) (g) Policy addresses all aspects of the standard provisions. Per the interview with the Grievance Coordinator, he receives grievances three times a

	<p>week in the units through secure access. Upon review, if any allegation involved sexual abuse, he immediately forwards it to the Shift Commander for initiation of the response plan. He indicated inmates do not have to complete an informal grievance for sexual abuse. It will be investigated by appropriate staff (investigators) and not the person named in the grievance. An answer is provided within five business days. The inmate may appeal to the Superintendent's office ten days later in which he will receive a response within 30 days. These timeframes are less than allowed in the standard. Inmates have the option of filing an emergency grievance which will also be addressed immediately upon receipt. Two grievances led to an investigation which were addressed within the timelines noted by the agency.</p> <p>Summary of evidence to support findings: Policy, information in the inmate handbook, review of the grievance process, interview with the Grievance Coordinator, review of investigations all provided sufficient evidence for the auditor to support a finding of compliance.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · MOU with YWCA Northeastern Massachusetts · Interview with Director YWCA · PREA Postings · Interviews random inmates · Observations <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Inmate Access to Outside Confidential Support Services</p> <p><i>The ECSD inmates/residents/participants have access to outside victim advocates for emotional support services related to sexual abuse. The ECSD has entered into a Memorandum of Understanding (MOU) with the YWCA Northeastern Massachusetts.</i></p>

*Inmates may confidentially contact 24 Hour Rape Counseling and Support Services located at the YWCA Northeastern Massachusetts, 38 Lawrence Street, Lawrence, MA 01840. This service is for sexual assault victims/survivors, and anyone affected by it - this is not an avenue for inmates/residents/participants to report an allegation for investigative purposes. On any inmate/resident/participant authorized telephone, the inmate/resident/participant must immediately dial *333 as it will directly connect them, at no charge, to the Rape Crisis Center. The Rape Crisis Center may also be contacted, at no charge, on any Essex County Sheriff's Department staff telephone or by using a personal telephone by calling (877) 509-9922.*

Evidence reviewed/analyzed by provision:

(a) (b) (c) The agency does provide access to emotional support services through an MOU with a community organization. Access is through a three-digit number, no PIN required. As such, the inmates are informed that it is not monitored or recorded. A mailing address is also provided. This information is posted throughout the facility and also noted in the Inmate Handbook which was provided upon intake and is also in the inmate tablet. The auditor tested access to the organization from an inmate phone and was able to reach a counselor quickly. The MOU describes the responsibilities between the agency and the emotional support organization. The auditor discussed the MOU with the Director of the organization, confirming its agreement, and discussing how requests for reporting incidents are addressed, confidentiality and language barriers.

Summary of evidence to support findings: Policy supports all aspects of the standard requirements. The Inmate Handbook and PREA posters describe how to access these services. The auditor tested access via an inmate phone and was able to speak with a counselor. These calls are free, not recorded and not monitored. Inmate interviews acknowledged the existence of the phone number but most indicated they have not used it or felt a need to use it. For these reasons, the auditor finds the facility compliant with the standard provisions.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Agency website https://www.essexsheriffma.org

- Interview with the Superintendent
- Interview with the PREA Coordinator
- Random staff interviews
- Testing of third-party reporting
- FAQ

The following policy excerpts demonstrate compliance with the provisions of the standards.

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Third Party Reporting

Any friend and/or family member, or third party of an ECSD inmate/resident/ participant may report sexual harassment and/or sexual abuse to: Essex County District Attorney's Office Family Crimes and Sexual Assault Unit 10 Federal Street, Salem, MA 01970.

Evidence analyzed/reviewed by provision:

The agency website has the following information:

Prison Rape Elimination Act (PREA)

The Prison Rape Elimination Act, otherwise known as PREA, is a federal regulation. The regulation requires the elimination, reduction and prevention of sexual assault and rape in this facility.

It is the policy of the Essex County Sheriff's Department to be in compliance with the Prison Rape Elimination Act (PREA). To that end, the Essex County Sheriff's Department is committed to a zero-tolerance policy regarding sexual assaults to include sexual harassment, whether inmate on inmate or staff on inmate. All intentional acts of a sexually abusive behavior (to include sexual harassment) or intimacy between an inmate and a Sheriff's Department employee, vendor, volunteer, or between an inmate and another inmate regardless of consent, are prohibited and the perpetrator shall be subject to administrative, criminal and/or disciplinary sanctions.

Any friend and/or family member, or third party of an ECSD inmate/resident/ participant may report sexual harassment and/or sexual abuse to: Essex County District Attorney's Office Family Crimes and Sexual Assault Unit 10 Federal Street, Salem, MA 01970. 978-599-1699.

The auditor called the phone number, it indicates "anonymous" and "confidential". A message was left. A return phone call was received. Interviews with the PREA Coordinator and Superintendent demonstrated that third party allegations will be accepted and investigated. All random security staff interviews confirmed knowledge and understanding of accepting third-party allegations.

	<p>Summary of evidence to support findings: Review of the agency website, policy, interviews and testing of the reporting number provided sufficient evidence to support a finding of compliance with the standard provisions and the FAQ clarification requiring that a specific person/entity be provided for this reporting purpose.</p>
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115.261	Staff and agency reporting duties
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Facility information to inmates · Employee Handbook · Interview with the PREA Coordinator · Interview with investigators · Interviews random staff · Interviews with random inmates · Interview with medical and mental health professionals · Intake medical assessment screen · Observations <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Staff and ECSD Reporting Duties</p> <p><i>The ECSD requires all staff to immediately report to the Shift Commander, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the department; retaliation against inmates/residents/participants or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident shall be reported to the Shift Commander. Any such reports shall be documented in writing prior to the reporting party leaving at the</i></p>
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end of their respective shift. Staff shall not reveal any information related to any reported allegations of sexual harassment and/or sexually abusive behaviors to anyone other than when necessary to make treatment, investigation and other security and management decisions. Unless otherwise precluded by federal, state, or local laws, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable person's statute, the DOS or designee shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Reported allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be forwarded to the Director of Security.

Employee Handbook

Prison Rape Elimination Act In accordance with the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115 the Essex County Sheriff's Department has a zero-tolerance policy regarding sexual assaults whether inmate on inmate or staff on inmate. All acts of a sexual behavior between an inmate and a Sheriff's Department employee, vendor, volunteer, visitor, or between an inmate and another inmate regardless of consent, are prohibited and the perpetrator shall be subject to administrative, criminal and/or disciplinary sanctions. The Sheriff's Department is committed to investigating, disciplining, and referring for prosecution the Sheriff's Department employees, vendors, volunteers, visitors, and inmates who engage in unlawful sexual behavior. The Essex County Sheriff's Department requires all employees, vendors, volunteers, and visitors to immediately report any knowledge, suspicion, or any information regarding incidents of a sexual nature, sexual abuse or sexual harassment that occur in the facility. Any staff member who has information regarding an inappropriate incident of a sexual nature will report the matter in a timely and appropriate manner to the Shift Commander. In compliance with PREA standard 28 C.F.R. 115.17 (e) and this Department's Sexual Harassment/Assault Response Prevention Policy (SHARPP), 103-ECSD-981.12-Hiring and Promotion, the Internal Affairs Division (IAD) will conduct criminal background checks on employees/vendors every five years. The Security Investigations Division will conduct a background check on Volunteers every year during the ID renewal process.

Evidence reviewed/analyzed by provision:

(a) (b) Policy supports this requirement. The Employee Handbook reinforces the mandate. Interviews with all randomly selected security staff and contractual or volunteers all supported knowledge that everyone must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy, the Employee Handbook and training supports, and all staff

	<p>interviews confirmed their awareness of maintaining confidentiality regarding the event.</p> <p>(c) (d) Medical and mental health practitioners are required to report sexual abuse. Interviews with medical and mental health staff confirmed this. One investigation was initiated by a mental health staff when an inmate reported concerns to her. At the medical intake assessment, the inmate is informed of the following: “I understand that Medical/Mental Health Staff are mandated reporters and are required to report immediately any knowledge, suspicion, or information pertaining to an incident of sexual abuse or sexual harassment that occurred within the facility; and with my consent any victimization that occurred in the community, unless I am a minor and then health staff are mandated reporters regardless of location.</p> <p>(e) Interviews with the investigators and Shift Commander support that all allegations sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the facility investigators. The auditor found no evidence to dispute this during the onsite audit. Numerous inmates relayed to the auditor that they take this very seriously here. The PREA Coordinator reinforced this requirement during the onsite audit.</p> <p>Summary of evidence to support findings: Policy, Employee Handbook review of medical intake screen, interviews with the PREA Coordinator, security staff, investigators, medical and mental health staff, interviews with random staff, interview with inmates, all provided sufficient to support the finding of compliance.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Observations · Interviews Sheriff · Interview Superintendent · Interview random staff · PAQ <p>The PAQ indicates there have been no times the facility determined that an inmate</p>

	<p>was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts demonstrate compliance with the provisions of the standards.</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, ECSD Protection Duties</p> <p><i>Upon notification, the ECSD staff shall take the necessary and immediate action to protect any inmate/resident/participant from substantial risk of imminent sexual abuse. The Shift Commander shall be notified of any such action taken relative to any allegation made. A complete report shall be written and saved in OMS by staff documenting the actions taken prior to staff leaving shift.</i></p> <p>The interview with the Sheriff and the Superintendent confirmed that an inmate at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. This can include a transfer. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Staff confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the inmates before the suspected event occurred.</p> <p>Finding of compliance is based on the following: Based on information noted above and overall observations during the audit, the auditor found staff credible and that protecting inmates is an integral part of the culture of this facility. The auditor finds the facility compliant with the standard provisions.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Attachment 4 · Interview with Sheriff · Interview Superintendent · Review of notifications/investigations · PAQ

	<p>The PAQ indicates that zero allegations were received that an inmate was abused while confined at another facility, zero allegations of sexual abuse were received from another facility.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Reporting to Other Confinement Facilities</p> <p><i>Upon receiving an allegation that an inmate/resident/participant was sexually abused while confined at another facility, the Superintendent or designee shall notify the head of that facility or appropriate office where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Superintendent or designee shall document that notification was provided (ATTACHMENT 4). Upon receiving an allegation that an inmate/resident/participant was sexually abused while confined at this facility, the Superintendent or designee shall ensure, to the extent possible, that the allegation is investigated. Request for periodic updates shall be made and documented by the ECSD SI staff, and upon completion of the investigation, a request shall be made for the final report.</i></p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b)(c)(d) Policy and interviews with the Sheriff and Superintendent support that receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and documented.</p> <p>Summary of evidence to support findings: Policy, interviews with the Sheriff, Superintendent and investigators, all aligned with the PAQ and demonstrated support of the requirements of the standards. The auditor finds the facility compliant with the standard provisions.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP)

- PREA Response Checklist
- Training curriculum
- Random staff interviews
- Observations
- PAQ

The PAQ indicates that during the previous 12 months:

There were twenty-two allegations of sexual abuse

- o Zero times the first security staff member to respond separated the alleged victim and abuser
- o Zero times staff was notified within a time period that still allowed for the collection of physical evidence.
- o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, two times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence
- o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, two time the first security staff member to respond to the report requested 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:
- o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, two times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:
- o There were zero incidents of alleged sexual abuse in which a non-security staff member was the first responder

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Staff First Responder Duties

Upon learning of an allegation that an inmate/resident/participant was sexually assaulted, the first responding employee shall: 1. Responding Staff: a) Notify the Shift Commander. b) Separate the alleged victim from the alleged perpetrator. c)

Assess the needs for immediate care or potentially life-threatening or serious injuries. d) Instruct the alleged victim and perpetrator not to wash, drink, shower, brush their teeth or change clothing. e) Secure the scene. f) Notify on call Sexual Assault investigator to begin investigation. g) Notify a nurse or other health care provider. h) Get the victim seen by medical staff to determine if a trip to an outside hospital is necessary for a SANE exam, and, i) Ensure all appropriate Incident Reports are written prior to the end of shift. 2. Sexual Assault Investigator: a) Confirm the crime scene is secured. b) Ensure the alleged victim is taken to be seen by medical staff to determine if transportation to outside hospital is needed. c) Collect any evidence, if applicable. d) Interview any witnesses. e) Issue Miranda and Garrity warnings. f) Manage and coordinate all interviews. g) Prepare final investigation report. h) Notify PREA coordinator/manager of outcome of case, and, i) Conduct 90-day retaliation review of victim. If the first responder is not a security employee, the first responder shall be required to request the alleged victim/perpetrator not take any actions that could destroy physical evidence, and then notify security staff.

Evidence reviewed/analyzed by provision:

(a)(b) Policy supports the requirements of the standard. All staff are issued a Response Card that is 2 inches by 3 inches laminated that articulates the steps to take if they encounter a sexual abuse incident with potential for usable evidence. All staff interviewed, including non-security staff was able to present the card to the auditor. Random staff interviews supported knowledge of the process to help ensure there is usable physical evidence. The training curriculum reinforces these requirements.

Summary of evidence to support findings: Policy, Response Card, interviews and observations of the cards all provided the auditor with sufficient evidence to support a finding of compliance.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Sexual Abuse Response Checklist · Random staff interviews

- Interview Superintendent
- Interview with the Shift Commander

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Coordinated Response

The fundamental responsibility of the ECSD is to ensure the safety of all persons, whether employees, vendors, contractors, volunteers, advocates, visitors, interns, inmates/residents/participants, or third parties. To this end, it is an integral part of everyone's role with the ECSD to immediately report and respond to all allegations of sexual harassment/sexually abusive behavior in accordance with the assigned duties of each person's respective post and assigned responsibilities. Each institution shall maintain an Emergency Response Plan and sexual assault response kits containing the items necessary to facilitate their response to sexual assault allegations. Response plans shall be maintained in the Shift Commander's Office, the SI Office, and Medical Housing Unit (MHU), and shall contain the following actions:

1. Immediate Response to Sexually Abusive Behavior Allegation:

- a. Immediately notify the Shift Commander or the nearest Correctional staff.*
- b. Secure the scene, if warranted, for subsequent crime scene processing.*
- c. Separate alleged victim and perpetrator.*
- d. Ensure that the victim and/or perpetrator do not take any action that would destroy physical evidence.*
- e. Immediately escort the inmate victim to the institution's Medical Housing Unit for emergency medical care/mental health treatment.*
- f. Collect the reporter's information on what occurred. Make note of the behavior and appearance of the inmate(s) involved and identify any witness(es) to the incident, and,*
- g. Enter detailed information on an OMS Incident Report before the end of the shift.*

2. Medical Response to Sexually Abusive Behavior Allegation:

- a. Inmate/resident/participant victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. A qualified health care professional shall evaluate and document the extent of the physical injury and provide emergency medical treatment as needed.*
- b. An emergency mental health referral to the on-site mental health professional shall be made following the completion of the medical evaluation.*
- c. Upon completion of the medical and mental health evaluation, the Superintendent/designee, in consultation with medical and mental health personnel, shall determine whether a referral to an outside hospital with a rape crisis unit and SANE program services is warranted. Factors to be considered include, but are not limited to, the time frame between the alleged assault and complaint, as well as the extent and nature of the allegation.*
- d. If the determination is made that the inmate/resident/participant victim should be sent to an outside hospital, and if the victim consents, the victim shall be transported to an outside hospital with a SANE program where they shall receive essential medical intervention, including preventative treatment for HIV, sexually transmitted diseases, and pregnancy, if appropriate (at no cost to the alleged victim).*
- e. In the event that the inmate/resident/participant has injuries warranting immediate medical treatment, the*

inmate/resident/participant may be taken to a non-SANE medical site for stabilization prior to transportation to a SANE site for an examination. f. Upon return from the outside hospital, the inmate/resident/participant victim shall be brought to the MHU for appropriate follow-up care, including a mental health screening by qualified contractual health care personnel. If, during this screening, there are any indications that the inmate victim is at risk to hurt themselves or others, a mental health professional shall be immediately notified. Otherwise, the inmate victim shall be seen by a mental health professional within 24 hours, or no later than the next business day, to assess the need for crisis intervention and long-term counseling. g. An inmate/resident/participant victim may be allowed to refuse facility and/or rape crisis intervention treatment at an outside hospital. Before the refusal is accepted, the ECSD's medical and mental health provider shall attempt to encourage the inmate/resident/participant to go to the outside hospital for treatment. h. In cases where the inmate/resident/participant victim continues to refuse treatment, the inmate victim shall sign a Refusal of Treatment form. Provisions shall be made for testing sexually transmitted diseases (e.g., HIV, gonorrhea, hepatitis) as well as prophylactic treatment, follow-up care and counseling (at no cost to the alleged victim). i. j. Once cleared by medical and mental health staff, the Superintendent/designee shall determine an appropriate housing assignment for the inmate/resident/participant victim. Community based victim advocacy services shall be offered to the inmate as part of the SANE examination at the outside hospital/rape crisis center. The ECSD has an MOU with the Lawrence, MA YWCA Northeastern Massachusetts to provide these services. Any contracted advocate or community-based advocate assigned shall be coordinated by the PREA Coordinator. The advocate assigned shall accompany and support the victim through the forensic medical examination process and investigatory interviews, informational meetings, and referrals, and, k. Rape crisis services shall be provided at no cost to the alleged victim unless the allegation of being sexually assaulted was in bad faith and only when determined through the ECSD or criminal investigation process.

3. Security Response to Sexually Abusive Behavior Allegations: a. All reports of sexual activity are to be considered PREA until a full investigation indicates otherwise. b. Whenever possible, evidence collection shall be conducted by a trained Sexual Assault Investigator prior to the inmate's transport to an outside hospital. c. Evidence collected at an outside hospital involving allegations of inmate-on-inmate sexually abusive behavior shall be retained by the transporting officer or SI employee. In instances where the alleged perpetrator is an employee, the outside hospital staff shall notify the State Police who shall transport any evidence collected to the State Police Crime Lab for analysis. d. Any employee receiving such a complaint shall follow ECSD's notification procedures, including the filing of an incident report prior to the end of shift, and, e. As appropriate, the Director of Security shall be notified of all allegations. f. If the Superintendent and/or designee believes a felony may have been committed, they, in consultation with the DOS, shall notify the appropriate District Attorney's office and the State Police detective unit assigned to the District Attorney's Office, and shall ensure that the ECSD seeks assistance and begins a cooperative investigation with these agencies. If an inmate/resident/participant's involvement in the alleged sexually abusive behavior is suspected, they shall be placed in a secure setting pending investigation. g. The

Superintendent or designee shall ensure that a PREA case is opened for all investigations and that all appropriate documentation is recorded. 4. Investigation Response to Sexual Harassment/Sexually Abusive Behavior Allegations: a. The ECSD shall ensure that an administrative or criminal investigation is completed for all allegations of sexual harassment/abuse utilizing those employees who have received specialized training as it relates to a PREA investigation. b. The assigned trained sexual assault investigator shall ensure that all evidence collected at the facility or at any hospital (Sexual Assault Evidence Collection Kit/Rape Kit, etc.) is transported to the State Police Laboratory as soon as possible. Evidence retained more than 24 hours (weekends/holidays), shall be properly refrigerated. c. Potential witnesses shall be interviewed to gather information. Care should be taken to ensure the safety and security of potential witnesses from retribution or retaliation, and, if necessary and warranted, potential inmate/resident/participant witnesses shall be afforded opportunities for changes in housing placement, more secure housing, and/or accelerated classification for transfer; and if sufficient information or evidence is obtained during the investigation, a disciplinary report shall be issued. 5. PREA Coordinator to Sexual Harassment/ Sexually Abusive Behavior Allegations: The PREA Coordinator shall ensure that an inmate/resident/participant's risk level is reassessed upon a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate/resident/participant's risk of sexual victimization or abusiveness. A new Inmate Housing Risk Assessment is to be completed on the inmate/resident/participant predator and/or inmate/resident/participant victim. The new Inmate Housing Risk Assessment will be utilized to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Evidence analyzed/reviewed by provision:

The policy describes the complete Response Plan in detail. The auditor interviewed the Shift Commander who immediately provided a copy of the Shift Commander PREA Checklist that addresses initial needs such as separating the alleged perpetrator and victim, securing the scene, notifying the Assistant Director of Special Investigations, medical and mental health staff. The interview with the Superintendent confirmed that Response Plan, all random staff interviewed were aware of their requirements regarding this plan.

Summary of evidence to support findings: Policy (Response Plan) Response Plan Checklist, interview with the Superintendent, Shift Commander and random staff all provided ample evidence to support the finding of compliance.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- Interview Sheriff
- Interview with the Superintendent
- Interview with Union representative
- Observations
- PAQ

The PAQ indicates that the facility has not entered into a collective bargaining on the agency's behalf. The interview with the Sheriff confirmed that he has no restrictions from removing a potential abuser from assignment pending an investigation.

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Protecting Inmates/Residents/Participants from Contact with Abusers

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing shall restrict the entering into or renewal of agreements which govern: a) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.72/.272 or 115.76/.276. b) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The auditor reviewed the following document and found no limits to the Sheriff's Office to remove alleged staff abusers.

- Memorandum of Agreement between Essex County Sheriff's Department and National Correctional Employees Union (NCEU). It includes a New Article - "Based upon PREA standards 115.66, 115.72 and 115.76, members of NCEU bargaining unit shall adhere to the PREA standards and policy set for by the Essex County Sheriff's Department consistent with and as derived from federal and state requirements."
- MOA with Correctional Officers Association

Interviews with the Sheriff and Superintendent confirmed they have no restriction from removing alleged staff sexual abusers. An interview with a union representative indicated that his union has no concern with the need to remove staff from contact pending an investigation.

	<p>Summary of evidence to support a finding of compliance: Policy, review of contracts, interview with the Sheriff, union representative, the PAQ and observations provided the auditor with sufficient evidence to support that the facility/agency is not restricted from removing 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. The auditor finds the facility compliant with the standard provisions.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Attachment 5 Retaliation Monitoring Form · Interviews Sheriff · Interview Superintendent · Interview with designated staff members charged with monitoring for retaliation · PAQ <p>The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Protection Against Retaliation</p> <p><i>The ECSD protects all inmates/residents/participants 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. The Director of Security or designee are responsible for monitoring and/or investigating any allegations of reports of retaliation. The ECSD utilizes multiple protection measures, such as housing changes or transfers for inmate/resident/participant victims or abusers, removal of alleged staff or inmate/resident/participant abusers from contact with victims, and emotional support services for inmates/residents/participants, staff that</i></p>

fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the Director of Security or designee shall monitor the conduct and treatment of inmates/residents/participants or staff who reported the sexual abuse and of inmates/residents/participants who reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates/residents/participants or staff and shall act promptly to remedy any such retaliation. Items to be monitored include, but not limited to any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments by staff. Monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. The documentation of monitoring for retaliation (inmate/resident/participant and/or staff) must be recorded and must be kept in the investigative file (ATTACHMENT 5). If any other individual who cooperates or is associated with an investigation expresses a fear of retaliation, the department shall take appropriate measures to protect that individual against retaliation and shall document its efforts to do so. The obligation to monitor for retaliation shall terminate if the department determines, through the investigation process, the allegation is Unfounded.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d) (e) (f) Policy supports the requirements of the standard provisions. The auditor reviewed the detailed Retaliation Monitoring Form which addresses the following: disciplinary reports, program changes, housing changes for inmates. For staff performance evaluations face-to-face contact and reassignments. They have not had to monitor staff for retaliation. Inmates are monitored by the investigators; this process was confirmed by the interview with the investigator assigned to this operation. They monitor for retaliation whether it is for sexual abuse or sexual harassment, exceeding the standard. Staff who conduct this monitoring affirmed they would have periodic meetings in person, monitor for 90 days unless longer is needed, and cease if the investigation is deemed unfounded.

Interviews with the Sheriff and Superintendent demonstrated strong support for zero tolerance towards any form of retaliation.

Summary of evidence to support findings: Policy, Retaliation Monitoring Form, interviews with the Sheriff, Superintendent and staff who monitor for retaliation all provided sufficient evidence to support the finding of compliance.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

· 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP)

· Interview with investigators

· Interview with the Superintendent

· Interview with the PREA Coordinator

· Observations

· PAQ

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

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Criminal and Administrative Investigations

The ECSD shall conduct its own investigations into all allegations of sexual abuse and sexual harassment and shall ensure that such investigations are done so promptly, thoroughly, and objectively, including third party and anonymous reports. Where inmate/resident/participant-on-inmate/resident/participant or staff-on-inmate/resident/participant sexual abuse is alleged, ECSD shall only use investigators who have received specialized training in sexual abuse investigations pursuant to SHARPP 981.18, or when warranted, the Essex County District Attorney's Office and the Massachusetts State Police. The Director of Security, in consultation with IAD staff, will review the allegations and make the appropriate referral for investigation. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, shall interview alleged victims, suspected perpetrators, and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate/resident/participant or staff. No agency shall require an inmate/resident/participant who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. SI and IAD Investigations: a) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse, and, b) Shall be documented in written reports that include a description of the physical and testimonial evidence and investigative facts and findings. Criminal Investigations: a) Shall be documented in a written report that contains a thorough description of evidence and copies of all documentary evidence shall be attached. b) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The ECSD shall retain all

written reports referenced in paragraphs (6) and (7) of this section for as long as the alleged abuser is incarcerated or employed by the department, plus five years. The departure of the alleged abuser or victim from the employment or control of the ECSD shall not provide a basis for initiating or terminating an investigation. Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the ECSD shall cooperate with outside investigators and shall endeavor to remain informed about the progress and final determination of the investigation. All efforts in this regard shall be documented and maintained by the Director of Security or designee. The inmate/resident/participant shall remain updated on the progress and final conclusion of any such investigation and these updates shall be documented as well.

Evidence reviewed/analyzed by provision:

(a) One investigator interviewed for the agency is the Assistant Director of Special Investigations for the facility in addition to another part time investigator who previously held the position. Additionally, the auditor interviewed the investigator assigned specifically to this operation. The interview with them confirmed that they receive all referrals for all allegations of sexual abuse and sexual harassment. All confirmed that criminal investigations are referred to the Essex County District Attorney. All staff indicated to the auditor during interviews that if they received anonymous notes, they are turned over to their supervisor immediately. Staff interviews confirmed that they would refer to a third-party complaint to the investigators via supervisors. Investigators confirmed investigations initiated by an anonymous allegation or third-party allegation are investigated in the same manner.

(b) All designated investigators receive training. See §115.34

(c) The interview with the investigators and review of the investigations confirmed that any relevant evidence is gathered to include physical DNA (with the assistance of an investigator from the Essex County District Attorney) electronic monitoring data and interviews of all parties who may have relevant information. A database is maintained to consult if there were prior investigations involving individuals.

(d) (e) The interview with the investigators confirmed that they conclude credibility on the collaborating evidence. They confirmed that polygraph or truth telling devices are not used. They confirmed the District Attorney's office would be consulted before conducting compelled interviews.

(f) The investigator confirmed that staff actions or failures are inherently part of every investigation. Additionally, the facility randomly monitors camera footage and logbook entries to ensure that rounds are conducted as required by policy (most allegations stemmed from incidents in the cells that were not monitored by the video system). All investigations are organized in a six-part folder. The investigator related to the auditor what each part contains. The auditor observed the six-part folder for every investigation reviewed.

	<p>Criminal investigations can be conducted by the Massachusetts State Police Unit of the Essex County Prosecutor’s Office. Criminal investigations initiated at the facility use the same six-part folder organization format.</p> <p>(i) The auditor asked where and how evidence is maintained; the area was described to support that they are maintained in a secure area with limited, controlled access. The auditor interviewed the investigators in this area, concluding that it is a secure area.</p> <p>(j) Two investigations reviewed did have the accused or accuser leave the facility, and the investigation continued. Additionally, this was confirmed in the interview with the investigators.</p> <p>(l) If the state police investigate, the Assistant Director of Special Investigations confirmed that she is the main contact at the Sheriff’s Office who remains informed of the progress of the investigation.</p> <p>Summary of evidence to support the finding of compliance: As noted above, policy mandates compliance with the requirements of the standard. Twenty investigations were reviewed and demonstrated compliance with the standards. The investigators indicated they are required to complete investigations within thirty days. The process was thorough and efficient. Three inmates were interviewed that had been the alleged victim in an investigation, all commented they were satisfied with how the situation was handled. Interview with the main PREA investigators confirmed compliance with all the provisions of the standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interviews Investigative staff · Review of investigations using preponderance of evidence (administrative) <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, <i>The ECSD shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment</i></p>

	<p><i>are substantiated.</i></p> <p>Evidence reviewed/analyzed by provision.</p> <p>Policy and investigator training and investigator interviews all support that administrative investigations are concluded based on a preponderance of evidence. The PAQ indicates there have been no PREA allegations and therefore no investigations. The auditor found this credible after conducting the pre audit and onsite audit activities.</p> <p>Summary of evidence to support findings: Policy, PAQ, interview with the investigators all provided ample evidence to support a finding of compliance.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Attachment 6 Inmate Notification of Allegation · Attachment 7 Allegation Against Staff · Attachment 8 Inmate Notification of Criminal Case · Interview Superintendent · Interview with the investigators · Notification to Inmate substantiated allegation sent with the PAQ · PAQ <p>The PAQ indicates the following:</p> <p>Zero investigations of alleged sexual abuse competed</p> <p>Zero investigations of alleged sexual abuse competed where inmate was notified of the results (verbally or in writing)</p> <p>Zero sexual abuse investigations referred by an outside agency</p> <p>Zero notifications of the results of an investigation completed by an outside agency</p>

Zero substantiated cases of staff sexual abuse

Zero notifications made pursuant to those

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Reporting to Inmates

Following an investigation into an inmate/resident/participant's allegation that they suffered sexual abuse at a facility, the ECSD shall inform the inmate/resident/participant as to whether the allegation has been determined to be Substantiated, Unsubstantiated or Unfounded. (ATTACHMENT 6). If the ECSD did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the inmate/resident/participant and shall document efforts made to do so. Following an inmate/resident/participant's allegation that an employee has committed sexual abuse against the inmate/resident/participant, the agency shall subsequently inform the inmate/resident/participant unless allegation is unfounded. (ATTACHMENT 7): a) The employee is no longer posted within the inmate/resident/participant unit. b) The employee is no longer employed by the ECSD. c) The ECSD learns that the employee has been indicted on a charge related to sexual abuse within the facility, and, d) The ECSD learns that the employee has been convicted on a charge related to sexual abuse within the facility. Following an inmate/resident/participant's allegation that they were sexually abused by another inmate/resident/participant, the agency shall subsequently inform (via Inmate Notification Form ATTACHMENT 8) the alleged victim whenever: a) The ECSD learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and, b) The ECSD learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The obligation to report shall terminate if the inmate is released from the ECSD's custody.

Evidence reviewed/analyzed by provision:

(a) (b)(c)(d) (e) (f) Policy supports all requirements of the standard provisions.

Attachments 6, 7 & 8 ensure that the proper notification is made regarding the incident. Notifications are provided to inmates for both sexual abuse and sexual harassment allegations, exceeding the standards. Interviews with the Superintendent and the investigators confirmed support for the process to ensure that all inmates who alleged sexual abuse (and sexual harassment) are notified.

Summary of evidence to support findings: Policy, notification process, review of the notifications, interviews with the Superintendent and investigators all provided ample evidence to support a finding of compliance, exceeds compliance due to making notifications to those who alleged sexual harassment.

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP)
- Interview Superintendent
- PAQ

The PAQ indicates zero staff have violated agency sexual abuse or sexual harassment policies, zero staff have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies in the last twelve-month review period. Zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). Zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Disciplinary Sanctions for Staff

Staff shall be subject to disciplinary sanctions up to and including termination for violating the ECSD's zero tolerance policy towards sexual harassment and/or sexually abusive behavior (SHARPP) involving any of the inmates/residents/ participants in the custody of the ECSD. Termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse. Disciplinary sanctions for violating ECSD's SHARPP policy relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstance of the acts committed, the employee's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar history. All terminations for violation of department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Evidence reviewed/analyzed by provision:

(a) (b) (c)(d) Policy supports compliance with the standard provisions. The interview with the Superintendent, PCM and observations provided evidence to the auditor that action will be taken, but this has not occurred at this facility in the previous twelve months. The PAQ indicates that no discipline on staff has occurred up to and

	<p>including termination for violation of the PREA policy. The auditor found no evidence to dispute this during the audit process.</p> <p>Summary of evidence to support findings: Policy, interview, PAQ and observations allowed the auditor to conclude that there is sufficient evidence to support a finding of compliance.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interviews Superintendent · Interviews with contractual staff/volunteers · PAQ <p>The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an incarcerated individual. The auditor found no evidence to dispute this statement during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Corrective Action for Contractors, interns, Volunteers and/or Advocates</p> <p><i>Any contractor, intern, volunteer and/or advocate who engages in sexual harassment and/or sexually abusive behaviors towards inmates/residents/ participants in the care, custody, and control of the ECSD shall be prohibited from contact with inmates/residents/participants. ECSD reserves the right to report to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The ECSD shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates/residents/participants, in the case of any other violation of ECSD SHARPP by contractors, interns, volunteers, and/or advocates.</i></p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a) (b) Policy supports the requirements of the standard. The interview with the Superintendent confirmed that contractors and/or volunteers will be barred from</p>

	<p>entrance upon an allegation of sexual abuse pending the outcome of the investigation. Interviews with contractual staff, and a volunteer and review of training supports that they are informed and aware of the consequences for engaging in sexual activity with inmates.</p> <p>Summary of evidence to support findings: Policy, interview with the Superintendent, interviews with contractual staff and a volunteer and observations allowed the auditor to conclude that the agency is compliant; however, no contractual staff or volunteers has violated the PREA policy which the auditor found to be credible.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview Superintendent · Interviews with mental health staff · Interview with disciplinary officer · Facility Rulebook · Observations · PAQ <p>The PAQ indicates there has been zero administrative findings of inmates-on-inmates sexual abuse. zero criminal findings. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Disciplinary Sanctions for Inmates/Residents/Participants</p> <p><i>Inmates/residents/participants shall be formally disciplined following an administrative finding that the inmate/resident/participant engaged in inmate/resident/participant-on-inmate/resident/participant sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the</i></p>

inmate/resident/participant's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate/resident/participant's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The ECSD may discipline an inmate/resident/participant for sexual contact with staff only upon a finding that the employee did not consent to such contact. As such, allegations shall be considered for referral to the Essex County District Attorney's Office for possible prosecution. For the purpose of disciplinary action, a report of alleged sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, any inmate/resident/participant who knowingly makes a false allegation of sexual harassment and/or sexually abusive behaviors shall be subject to disciplinary actions. The ECSD prohibits all sexual activity between inmates/residents/participants and shall discipline inmates for such activity ("Consensual, but Unauthorized"). The department may not, however, deem such activity to constitute sexual abuse if it determines that the activity was consensual between the two inmates/residents/participants.

Evidence reviewed/analyzed by provision:

(a) Policy supports that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

(b) Policy supports this provision. The auditor spoke with staff who conduct disciplinary hearings. He confirmed that sanctions are commensurate with the nature and circumstances of the abuse committed. The interview with the Superintendent confirmed this.

(c) Policy, interview with the mental health staff, and interview with the Superintendent all confirmed that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) At the time of the audit, it was confirmed by the interview with mental health staff that they do not currently offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

(e) Policy and the interview with the staff who conduct disciplinary hearings confirmed the following: The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) Policy supports that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	<p>(g) This agency does prohibit all sexual activity between inmates and may discipline inmates for such activity. This agency, does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Policy supports this, the interview with the disciplinary staff confirmed it.</p> <p>Summary of evidence to support findings: Review of policy, interviews with mental health staff, disciplinary staff and the Superintendent all provided ample evidence to support the finding of compliance with all provisions of the standard. At this operation, if an inmate is alleged to have committed sexual abuse, he will likely be returned to the House of Corrections for disciplinary action.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Sexual Abuse Response Plan · Interview with the Superintendent · Observations made during the tour · Interview with inmates who reported sexual abuse · Review of medical record <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Access to Emergency Medical and Mental Health Services</p> <p><i>Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to the professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse shall be offered information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in</i></p>

	<p><i>accordance with professionally accepted standards of care, when medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the alleged incident.</i></p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a) (b) It was reported that medical staff are on duty 24 hours a day, seven days a week at the Essex HOC facility. If medical staff are not present at the Pre Release facility, the shift supervisor can contact medical staff and initiate a transfer to the hospital if deemed necessary. Policy supports this.</p> <p>(c) There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible.</p> <p>(d) Policy and the interview with the health services staff confirmed that treatment would be free and not based on whether the alleged victim cooperates with the investigation. Policy supports this.</p> <p>Summary of evidence to support a finding of compliance: Policy reflects compliance with the provisions of the standards. The interview with the health services staff confirmed that the provisions included in the policy would occur. Therefore, the auditor found there is sufficient evidence to support the finding of compliance.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Observations made during the tour · Interview with medical and mental health staff <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p>

The ECSD offers medical and mental health evaluation and as appropriate, treatment to all inmates/residents/participants who have been victimized by sexual abuse or inmates/residents/participants of who have perpetrated sexual abuse in any prison, jail, lockup or juvenile facility. Each inmate/resident/participant victim or perpetrator shall be individually assessed. All such assessments shall be documented. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services provided shall be consistent with the community level of care. All such care shall be documented. Inmate/resident/participant victims/perpetrators of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted diseases, at no cost, and as medically appropriate. The ECSD shall conduct a mental health evaluation of all known inmate/resident/participant-on inmate/resident/participant abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. All such treatment shall be documented.

Evidence reviewed/analyzed by provision:

(a) (b) (c) There was no reported incidents that warranted post sexual abuse treatment in the previous twelve months as reported by the facility. The auditor found this information credible. The interview with the health services supervisor confirmed that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody occur. She additionally confirmed that services would be consistent with community level of care.

(d)(e) This operation does not house female inmates, so this is not applicable.

(f) (g) Policy and interview with the health services staff confirmed that the inmate would not be charged for this service. Testing and treatment for sexually transmitted infections may begin at the hospital or at the facility. Either way, this treatment would be provided.

(h) Policy supports this requirement.

Summary of evidence to support findings: Policy reflects compliance with the provisions of the standards. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. Interviews with medical and mental health staff confirmed that care would be provided consistent with community care as treatment occurs in the community. The Commonwealth of Massachusetts ensures that services to survivors of sexual abuse is available in the community as verified by review of the website. The auditor finds the facility compliant with the standard provisions.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview with members of the Sexual Abuse Incident Review Team - PCM · Interview with the Superintendent · Sexual Abuse Response Checklist · Review of Sexual Abuse Incident Reviews · PAQ <p>The PAQ indicates that there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Sexual Abuse Incident Reviews</p> <p><i>The ECSD has established a PREA committee comprised of the PREA Coordinator and the PREA Managers from each of its facilities (ECCF, ECPRC and WIT), SI staff, and medical and/or mental health practitioners. The PREA committee shall conduct monthly, documented meetings to assess site specific sexual harassment/abuse issues and ensure compliance with DOJ PREA standards and SHARPP. The committee’s activities are to be overseen by the PREA Coordinator, in conjunction with input from each facility’s PREA Manager. This committee shall also include sexual harassment/abuse incident reviews at the conclusion of all substantiated and unsubstantiated investigations. Investigations which result in a determination of “unfounded” do not need to be formally reviewed as part of the incident review meeting. These Incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The date of the conclusion of an investigation is the date the Superintendent/designee enters the official outcome of the investigation. Review Team Responsibilities: a. b. c. d. e. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual harassment/abuse. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, transgender, or intersex (LGBTQI) identification status or perceived status, gang affiliation, or</i></p>

whether the incident was motivated or otherwise caused by other group dynamics at the institution. Examine where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the incident. Assess the adequacy of staffing levels where the incident allegedly occurred during various shifts. Assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff and document the review process. The committee shall document its findings, including, but not limited to, determinations made pursuant to the above and any recommendations for improvement. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Evidence reviewed/analyzed by provision:

(a) (b) (c) (d) (e) Policy supports all aspects of the requirements for Sexual Abuse Incident Reviews. Interviews with the PREA Coordinator and three PCMS confirmed the following: An incident review committee meets every month so as to ensure all investigations are reviewed. The committee involves members from all operations whether they had an investigation or not. The Sexual Abuse Review form addresses all provisions of the standard. It additionally reviews the inmates risk factors, medical needs, mental health assessments, housing movement, necessity of notifying a licensing body, need for reassessment, and potential criminal charges.

Eighteen sexual abuse incident review reports were provided to the auditor and reviewed. Staff representing security, medical, mental health and classification are present for the review in addition to all PCMs. The interview with the Superintendent demonstrated strong support for a detailed assessment ensuring the committee meets as required, addressing the requirements of the provisions. The Sexual Abuse Incident Review Team reviews sexual abuse and sexual harassment allegations, exceeding the requirements of the standard.

Summary of evidence to support findings: Policy, interviews and review of the Sexual Abuse Incident reviews provided the auditor with sufficient evidence to support a finding of compliance with all provisions of the standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview PREA Coordinator

- Interview with the PCM
- Annual Report - agency 2024
- Observations

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Data Collection

The ECSD collects accurate, uniform data for every allegation of sexual harassment/abuse at its facilities. The ECSD's PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually and submit a report to the DOJ as required using the uniform data collected. The incident-based data collected shall include, at a minimum, the data necessary to answer all inquiries and/or surveys by the DOJ. The ECSD maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the DOJ.

Definitions:

Agency: Also referred to as the Essex County Sheriff's Department (ECSD). The unit of a state, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set forth by the governing, corporate, or nonprofit authority. Agency Head: Principal Official of the Essex County Sheriff's Department - the Sheriff. Allegation: Any incident reported to, or by, a Department employee, contractor, volunteer, third party, or inmate, involving an inmate victim of sexual harassment/sexually abusive behavior, which may lead to, or is pending the outcome of an investigation. At Risk: Inmates who exhibit characteristics consistent with potential victims or perpetrators of sexual harassment and/or sexually abusive behavior. Body Cavity Search: An intrusive search of an inmate/resident/participant's body cavities to determine if contraband is being concealed. Such searches shall only be conducted by medical staff of the same gender, in exigent circumstances and only when authorized by the Superintendent. Community Confinement Facility: Any community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehab center, or other community correctional facility in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release while participating in gainful employment. Consent: The cooperation in an act or attitude pursuant to an exercise of free will and with the full understanding of the nature of the act. Inmates/residents/participants cannot consent to any sexual and/or intimate acts with any employee, vendor, contractor, volunteer, advocate, visitor, intern or third party. Contractor: Any person who provides services on a recurring basis pursuant to a contractual agreement with the ECSD. Direct Staff Supervision: Requires security staff to be in the same room with and within reasonable hearing

distance of the inmate/resident/participant. Employee: Any person who works directly for the Essex County Sheriff's Department. Exigent Circumstances: Any set of temporary and unforeseen circumstances which require immediate action in order to combat a threat to the life/safety of individuals and/or to the security or overall orderly operation of a facility. Facility: A place, institution, building, set of buildings, structure or area that is used by the Essex County Sheriff's Department for care, custody, and control of individuals. Facility Head: The principal official, typically the Superintendent, appointed by the Sheriff to oversee the day-to-day operations of a confinement facility. Full Compliance: Compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance. Gender Dysphoria (GD): The formal diagnosis used by psychologists and physicians to describe individuals who experience significant distress over the sex and gender they were assigned at birth. Gender Nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations. Inmate: Any person incarcerated or detained in a jail or community confinement facility. Internal Affairs Division (IAD): The IAD is charged with investigating allegations of (or failing to report) allegations of sexual harassment and/or sexually abusive behavior by employees, vendors, contractors, volunteers, advocates, visitors, and interns towards any inmate and/or residents under the care, custody, and control of the ECSD. Intern: Any individual, usually a student in a formal program, who works for the ECSD (without pay) to gain work experience. Intersex: Any person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of a male or female. Intersex medical conditions are sometimes referred to as disorders of sex development. Jail: A confinement facility within the ECSD administered by the Sheriff and/or Superintendent which confines adults who are pending adjudication of criminal charges or adults committed to confinement after adjudication of criminal charges for sentences. LGBTQI: An acronym commonly used to refer to lesbian, gay, bisexual, transgender, queer, and intersex individual. Massachusetts Staff Sexual Misconduct: MGL c268 § 21A - This law removes the ability of an inmate in any correctional institution to consent to engage in sexual relations with any Sheriff's Department employee, vendor, contractor, volunteer, advocate, visitor, and intern. Violation of this statute is a felony with a term imprisonment of up to five years or a fine of up to \$10,000. Medical Practitioner: Any health professional who by virtue of education, credentials, and experience, is permitted to evaluate and care for patients within the scope of their professional practice. A qualified mental health practitioner refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims. Mental Health Practitioner: Any mental health professional who, by virtue of education, credentials and experience is permitted by law to evaluate and care for patients within the scope of their professional practice. A professional who has also successfully completed specialized training for treating sexual abuse victims. Pat-down Search: The correctional practice of the running of the hands over the clothed body of an inmate, detainee, or resident by correctional staff to determine whether the individual possesses contraband. Physical Assault: Any intentional or reckless action taken by an individual which causes injury or creates potential injury to another individual, including, but not limited to, physical contact, contact by means

of an object, or contact by means of bodily fluids (e.g., spitting, throwing urine, etc.). *Prison Rape Elimination Act (PREA):* Federal legislation 28 C.F.R. Part 115, enacted in 2003 to provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions, and to provide information, resources, recommendations, and funding, to protect individuals from prison rape. *PREA Annual Safety Assessment:* A yearly assessment designed to ensure that an institution's physical plant and operational system are assessed in relation to the National Prison Rape Elimination Commission standards and the Department performance measures and policies. *PREA Committee:* A facility level, staff committee comprised of individuals deemed integral to the successful implementation of the PREA process. The committee, led by the ECSD's PREA Coordinator shall meet at least monthly to review, assess and/or discuss issues relative to each ECSD's facility regarding PREA activities within those facilities. This committee is also responsible for reviewing all sexual harassment/abuse investigations. For substantiated and unsubstantiated cases that have been closed within the last 30 days, the PREA Committee is responsible for a detailed, written review for the file. *PREA Coordinator:* An upper level ECSD staff person responsible for developing, implementing, overseeing, and ensuring that ECSD is in compliance with the Department of Justice (DOJ) PREA standards and with all ECSD SHARPP related policies within all the ECSD's facilities. *PREA Manager:* An employee of the ECSD responsible for implementing and monitoring the SHARPP policy and coordinating the facility's compliance with the SHARPP standards. *Resident:* Any person confined or detained in a community confinement facility. *Security Staff:* Employees primarily responsible for the care, custody, and control of inmates, detainees, or residents within the ECSD. *Sexual Assault Nurse Examiner (SANE):* Provides necessary medical care and ensures medical intervention to victims of assault who are examined at designated emergency hospital. *Sexual Abuse, Inmate-on-Inmate:* Sexual abuse of an inmate by another inmate includes any of the following acts if the inmate victim does not consent, is coerced into such act by overt or implied threats, or is unable to consent or refuse: a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight. b) Contact between the mouth and the penis, vulva, or anus. c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. *Sexual Abuse, Staff-on-Inmate:* Sexual abuse of an inmate by an employee includes any of the following acts, with or without consent of the inmate: a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight. b) Contact between the mouth and the penis, vulva, or anus. c) Contact between the mouth and any body part where the employee has the intent to abuse, arouse, or gratify sexual desire. d) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the employee has the intent to abuse, arouse, or gratify sexual desire. e) f) Any other intentional contact, either directly or through the clothing, of or with, the genitalia, anus, groin, breast, inner thigh, or the buttocks, which contact is unrelated to official duties or where the employee has the intent to

abuse, arouse, or gratify sexual desire. Any attempt, threat, or request, by an employee to engage in the activities described in paragraphs (A)-(E) of this section. g) Any display by an employee of their uncovered genitalia, buttocks, or breast, in the presence of an inmate, and h) Voyeurism by an employee, which is defined as an invasion of the privacy of an inmate by an employee for reasons unrelated to official duties (e.g., peering at an inmate who is using a toilet in their cell to perform bodily functions, requiring an inmate to expose their buttocks, genitals, or breasts, or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions). SHARPP: The acronym used to refer to the ECSD 918.00 Sexual Harassment/Assault Response Prevention Policy (SHARPP). Strip Search: Requiring an inmate or resident to remove their clothing to determine if the inmate or resident is attempting to conceal contraband on their person or clothing. For further information on searches, refer to 103 ECSD 214.00 Search Policy. Voyeurism: The purposeful invasion of privacy of an inmate, detainee, or resident by an employee, vendor, contractor, volunteer, advocate, visitor, or intern for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions; requiring an inmate to expose their buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions. Youthful Inmate/Resident/Participant: Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

Evidence reviewed/analyzed by provision:

(a) (b) The agency uses the Data Collection Standardized Instrument for Allegation of Sexual Abuse which records a detailed analysis of incidents that have occurred. This process was confirmed by the interview with the PREA Coordinator and PCM.

(c) (d) Definitions established and the Data Collection form ensure that the agency has the data necessary to answer all questions from the most recent version of the SSV.

(e) The agency does not contract for the confinement of its inmates.

(f) Last SSV completed for 2021 and 2022 was provided to the auditor for review.

Summary of evidence to support findings: Policy, interview with the PCM and PREA Coordinator provided evidence to support a finding of compliance.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP)
- Interview with the Sheriff
- Interview PREA Coordinator
- Link to website
- Annual Report on the Prison Rape Elimination Act
- Observations on the agency website

The following policy excerpts supports compliance with the requirements of this standard:

103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Data Collection for Corrective Action

On an annual basis, the PREA Coordinator and Managers shall review data collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of SHARPP, training in its efforts in the prevention, detection, and response to all allegations of sexual harassment and sexually abusive behaviors to include: a) b) c) Identifying problem areas. Initiating ongoing corrective action, if needed; and, Preparing an annual report of its findings and corrective actions for each facility, as well as the ECSD as a whole. Additionally, the PREA Coordinator shall prepare an Annual PREA Report, which shall include a comparison to the previous year and an assessment of progress in addressing sexual misconduct in all of its facilities. This report shall be approved by the Sheriff and made readily available to the public via the ECSD's website. Any redactions to the public report shall be limited to specific materials where publication would present a clear and specific threat to the safety and security to any ECSD facility, and/or the confidentiality of the alleged victims and/or perpetrators.

Evidence reviewed/analyzed by provision:

(a) The Agency does review data collected and aggregated to assess and improve effectiveness of its sexual abuse prevention, detection and response policies, practices and training. An annual report is completed that addresses (1) identifying problem areas; and (2) taking corrective action on an ongoing basis.

(b) The auditor reviewed the Annual PREA report on the agency's website. It compares statistics for 2021, 2022, 2023 and 2024 There is a narrative section describing the efforts made at this agency for preventing, detecting and responding to allegations of sexual abuse and sexual harassment. Additionally, the agency completes a Vulnerability Assessment of all areas to improve operations and make suggestions for prevention.

(c) (d) The interview with the Sheriff confirms the current practice is that these annual reports are prepared by the PREA Coordinator and approved/reviewed by the

	<p>Superintendent and Sheriff. An analysis of the investigations is available in the annual report. Names of staff or inmates are not included in this report. No redactions were required.</p> <p>Summary of evidence to support a finding of compliance: Policy reflects compliance with the provisions of the standards. The annual report is located on the website. The interview with the Superintendent supports the process and use of information. The report compares statistics from 2022 to 2024. The Vulnerability Assessment provides further evidence of the agency identifying problem areas and taking corrective action on an ongoing basis. The auditor finds the facility compliant with the standard provisions.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) · Interview PREA Coordinator · Documentation that it is on the website · Retention Schedule <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>103 ECSD 981.00Sexual Harassment/Assault Response Prevention Policy (SHARPP) states, Data Storage</p> <p><i>The ECSD shall ensure any data collected before, during and after any investigation into an allegation of sexual harassment and/or sexually abusive behaviors is securely retained and only shared with individuals, facilities, and/or agencies, on a "need to know basis." The ECSD shall make all aggregated sexual harassment/abuse data from facilities under its direct control, and private facilities with which it contracts with, readily available to the public at least annually through the ECSD's website. Before making aggregated sexual harassment/abuse data publicly available, the Department shall remove all personal identifiers. The ECSD shall maintain collected sexual harassment/abuse data for at least ten (10) years after the date of the initial collection. Destruction of any records shall be done in accordance with the latest Massachusetts Statewide Records Retention Schedule.</i></p>

	<p>Evidence reviewed/analyzed by provision:</p> <p>(a) During the onsite audit, the auditor observed data stored in the following areas: risk assessment -OMS, with appropriate controls on who can access. Medical mental health assessments, medical records with appropriate controls and investigations maintained in the investigators office outside the House of Corrections.</p> <p>(b) (c) The auditor observed on the website the annual report for 2024. All previous PREA Audit reports were available. Statistical comparisons are available for the years 2022, 2023 and 2024. No personal identifiers required redaction.</p> <p>(d) The agency, PREA Coordinator, confirms that it will maintain data for at least 10 years. Policy supports this. As most data collected is in an electronic format, the auditor finds this credible.</p> <p>Summary of evidence to support findings: Policy, interview, observation of the website all provided sufficient evidence to support the finding of compliance with all provisions of the standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following information was posted in English and in Spanish. Photographic evidence was provided noting they were posted and narrative information noting where they were posted. Numerous inmates confirmed they were posted and had been there a while (over a month).</p> <p><i>The Essex County Sheriff's Department will be undergoing an audit for compliance with the United States Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for the Jail and House of Correction.</i></p> <p><i>Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address:</i></p> <p><i>*CONFIDENTIALITY - All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:</i></p> <ul style="list-style-type: none"> <i>· if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);</i> <i>· allegations of suspected of child abuse, neglect or maltreatment;</i>

· *in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

Audit posters were visible to the auditor in English and Spanish during the tour of the operations.

Evidence reviewed/analyzed by provision:

(a) (b) Pre Release facility Essex County Sheriff Department County Sheriff's Office Western Mass. Recovery and Wellness Center is one of five facilities operated by the Sheriff's Office. This is their third audit.

(c) No referral or recommendation has been made by the Department of Justice regarding this facility.

(d) The PREA Resource Audit Instrument used for Community Confinement is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2022 was used to guide the audit process.

(e) Documentation used to support compliance was provided by the agency/facility.

(f) (g)(h) See comments in the report.

(i) The auditor was not denied access to or copies of any documents requested.

(j) The auditor has retained documents used to determine compliance. They have been scanned and uploaded into the Online Audit System.

(k) (l) Methodology is described in the narrative sections for each standard. The auditor was able to view and analyze video monitoring stations at the facility.

(m) The auditor was allowed to conduct private interviews with residents, and staff.

(n) Posters were visible during the audit. The auditor asked residents if they saw the posters and/or were aware of the audit. Most did not indicate yes but were not concerned about sexual abuse or sexual harassment. No confidential correspondence letter was received from staff or residents.

(o) The auditor communicated with the victim advocacy organizations and the SANE Coordinator for the state via a phone interview.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	All PREA Audit reports are available for review on the agency website.
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Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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 residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	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
115.213 (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? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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
115.218 (b)	Upgrades to facilities and technology	
	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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents 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 residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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 a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident 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
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party files such a request on behalf	yes

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents 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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident 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
115.264 (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
115.265 (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
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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 115.221(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 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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 residents 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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
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