



PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 29, 2016

Auditor Information			
Auditor name: Amy Fairbanks			
Address: P. O. Box 16054 Lansing, MI 48901			
Email: fairbaa@comcast.net			
Telephone number: (517) 303-4081			
Date of facility visit: April 14-14, 2016			
Facility Information			
Facility name: Berkshire County Sheriff's Office Jail and House of Correction			
Facility physical address: 467 Cheshire Rd. Pittsfield, MA 01201			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (413) 443-7220			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Thomas Bowler, Sheriff			
Number of staff assigned to the facility in the last 12 months: 236			
Designed facility capacity: 500			
Current population of facility: 243			
Facility security levels/inmate custody levels: Pre trial, minimum, medium, maximum, pre release			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Daniel Sheridan		Title: Assistant Superintendent	
Email address: Daniel.sheridan@sdb.state.ma.us		Telephone number: (413) 447-7117	
Agency Information			
Name of agency: Berkshire County Sheriff's Department			
Governing authority or parent agency: <i>(if applicable)</i> Commonwealth of Massachusetts			
Physical address: see above			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: see above			
Agency Chief Executive Officer			
Name: John J. Quinn, Jr.		Title: Superintendent	
Email address: john.quinn@sdb.state.ma.us		Telephone number: (413) 443-7220 ext. 1104	
Agency-Wide PREA Coordinator			

Name: NA	Title:
Email address:	Telephone number:

AUDIT FINDINGS

NARRATIVE

On April 13-14, 2016, an audit was conducted at the Berkshire County Sheriff's Department, Pittsfield, Massachusetts, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on April 13 & 14, 2016. The following areas and operations were visited and observed: inmate housing areas (Pod A special management housing, Pod B pretrial detention, Pod C pretrial detention, Pod D sentenced-orientation, Pod E sentenced - programming, Pod F closed, Pod G Residential Substance Abuse Treatment, Pod H prerelease sentenced workers, Pod J (medical isolation) medical operations, intake operations, gym, school/library, chapel, laundry, property room and food service operations. Camera monitoring operations were also examined.

Documents reviewed for this audit prior to and during the audit included the completed PREA questionnaire, policies, procedures, contracts, training curriculums, staff training records, shift rosters, personnel files, contract/volunteer training records, memos of understanding, logbooks, meeting minutes, sexual abuse & harassment complaints & investigations, accreditation reports, and population reports for the previous twelve months.

Formal staff interviews were conducted through random selection of staff during the audit as well as scheduled interviews with specialized staff. They were conducted with the following: The Sheriff, the Superintendent, Asst. Superintendent/PREA compliance manager, two investigators (one who is the major) Unit Managers (who monitor for retaliation), medical staff (Health Services Nursing Supervisor, and Mental Health Manager,) mental health case worker (who completed 21 day assessments), human resources manager, 12 corrections officers/Sergeants from all areas and shifts of the Unit, (two from special management, one from each pod, one who supervises food service) and teacher(contractual).

Offender interviews were conducted by randomly selecting inmates from each Pod as they were toured. A case manager office was utilized to conduct interviews and afford confidentiality and privacy. In addition, other inmates were selected due to their unique circumstances. They were conducted with the following: 12 inmates including one non-English speaking offender, one with a cane, one classified as a victim, one who had initiated a PREA complaint, and one openly homosexual inmate. There are no deaf inmates, blind inmates or transgender inmates housed at this facility at the time of the audit.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff and to see any documentation requested. Posters were visible throughout the facility announcing the audit, providing the auditor's name and address. It was confirmed with facility staff that they were posted six weeks prior to the audit. Inmates indicated they were aware that there was an audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Berkshire County Sheriff's Office Jail and House of Correction is located in Pittsfield, Massachusetts on the western side of the state. It houses pre trial inmates and sentenced inmates serving up to 30 months (a maximum of three sentences for up to 7 1/2 years).

There are eight pods, J Pod plus intake & booking. Pods A-I are designed with direct supervision, two levels, 18 cells on each level. In addition there is a "Sub Day room" which is separated from the main area but visible through glass panels where there are four cells and a small day room. Typically, new arrivals are housed in these cells for a brief orientation period. Inmates eat in the housing units. One officer is typically assigned; there is ample camera coverage. Rounds are conducted irregularly at least every 30 minutes. J Pod has four cells and a private shower stall.

Medical coverage is 24/7, mental health is available 8:00am to 8:00pm M-F with an on-call set up. Several programs are offered at this facility: Education, Reading, Computer Literacy, Life Skills, Creative Writing, Art, Graphics Communication and Residential Substance Abuse Treatment (RSAT). Sentenced inmates can participate in work assignments in food service, Pod attendants, print shop, groundskeeping, some community projects as well as qualify for community work release. Thirty four inmates are assigned to food service.

This facility can provide lock up services to female inmates. They would be housed in the booking area out of sight and sound from male offenders, or J Pod. .

SUMMARY OF AUDIT FINDINGS

Berkshire County Sheriff's Office Jail and House of Correction are deemed to be compliance with the PREA standards. Overall, staff were very knowledgeable about all aspects of the PREA requirements, inmates confirmed that all PREA related concerns are taken seriously, and the investigations were conducted, quickly, thorough, consistently and objectively. The overall culture demonstrated high standards and professionalism.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor 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.

The facility has a written policy and response plan that addresses a zero tolerance for sexual abuse and harassment in addition to addressing how it will prevent, detect, and respond to this behavior. The Assistant Superintendent serves as the facilities PREA coordinator. He reports to the Superintendent. He indicates he has authority and sufficient time to coordinate the facility’s efforts for compliance. This was demonstrated by overall observations, organizational chart, interviews with the agency PREA Coordinator, superintendent and Sheriff.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor 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.

This standard is not applicable to this facility. This agency reports it does not contract with private agencies.

Standard 115.13 Supervision and monitoring

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

Auditor 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.

The PREA staffing plan dated December 11, 2015 was reviewed to address the requirements of 115.13 by reviewing and updating the Staffing Plan. It documents that there were no judicial findings of

inadequacy; findings of inadequacy from Federal investigative agencies; nor any findings of inadequacy from internal or external oversight bodies. The only area affected by resources was the Regional Lock Up whose functions have been absorbed by other local police departments.

A comparison of sexually vulnerable and sexually aggressive inmates for 2-14 and 2-15 show similar levels.

A minimum staffing level has been determined which will generate overtime if there is absenteeism. Therefore, it was reported there have been no deviations. Assignment sheets for four randomly selected dates were reviewed that supported compliance.

Programming activities were carefully examined as well as current video surveillance, and identification of areas for additional camera coverage.

The substantiated abuse allegation was strongly reviewed and two changes were recommended. One was implemented immediately as it involved no costs. For the second, it was referred to the facility's Annual Appropriation request; however, in the meantime, additional procedures have been implemented that will address the concerns. Staff interviews support that these measures are being conducted during rounds.

Policy 924.16 Reporting and Inspections as well as post orders required frequent unannounced rounds from supervisors on all shifts as well as indicating staff will be disciplined for alerting others that the supervisor is making rounds. All staff interviews (officers and supervisors), and inmate interviews support compliance. A randomly selected date was provided and all supervisory rounds for the facility documentation requested; it demonstrated compliance.

Standard 115.14 Youthful inmates

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

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.

This standard is not applicable. Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services. This was also supported by the tour, interviews, and review of documentation.

However, there is a remote possibility that a 17 year old inmate charged with first or second degree murder can be housed here for pre-trial detention. There is a policy and procedure in place should this occur. However, the PREA Coordinator indicated that the Department of Youth Services has been housing inmates who meet these criteria.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor 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.

Policy 924.06 Searches addresses the requirements of this standard. Cross gender pat searches, strip searches or visual cavity searches are not authorized except for exigent circumstances. It was reported that cross gender strip searches have not occurred. No evidence disputing this was observed or reported in interviews. In the event of exigent circumstances requiring a cross gender strip search or on the rare occasion, a cross gender pat-search, a report would be written and sent to the Superintendent. The Superintendent would have to approve a cavity search and it would only be performed by medical staff. Staff and inmate interviews as well as demonstration while touring the facility confirm that female staff announces their presence in the units. All inmate interviews confirmed that they are able to perform bodily functions, change clothes and use the shower without female staff watching them. Concern was raised from inmates regarding wanting to use a cover on the window when using the toilet. It was explained during the interviews that security reasons would not support this practice.

Training curriculums address how to professionally conduct clothed and unclothed searches as well as pat down searches of transgender inmates. It further indicates that transgender/intersex inmates will not be searched for the sole purpose of determining genital status. Training records and staff interviews demonstrate that staff has been trained in how to conduct pat down searches of transgender/intersex inmates. Policy allows transgender inmates to determine what gender they wish to have pat search them. A pat search was observed during the audit that was conducted in accordance with the training and professionalism.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

Auditor 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.

Policy Minimum Requirements in Classification 942.03 as well as Reasonable Accommodations of Special Needs 942.03 address this standard.

During intake all inmates are seen by medical and mental health staff. At that time, disabilities and limitations are

identified and a management plan is developed. Documentation was provided to the auditor that for a previously housed inmate who was deaf demonstrating a sign language interpreter was provided. There are no blind inmates; medical staff would develop a plan and obtain resources to assist.

Staff is available to provide interpretation for Spanish speaking inmates. A process is in place which involves completing a form and all involved signing before the services are rendered. The auditor used the assistance of a staff interpreter to interview an inmate with limited English skills. Language Line is also available to assist with limited English inmates. Staff interviews indicating they would use this when needed for conducting business with inmates.

Staff interviews as well as inmate interviews support compliance indicating that inmates are not used for interpreters. The auditor neither saw or heard anything to dispute this.

Standard 115.17 Hiring and promotion decisions

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

Auditor 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.

Policy 914.02 Selection & Hiring address the requirements of this standard. Staffs who have engaged in abuse, convicted of sexual activity by force, or civilly /administratively adjudicated will not be hired. The application is 18 pages and comprehensive. Included for potential staffs and contractors is a form specifically asking the questions required of this standard. Also included are release forms so that they can contact prior employers and personal references. They are informed of their affirmative duty to report and that omission is grounds for termination, throughout the application. Although previous harassment would be considered, at the present time, the candidate would not likely be hired as there are numerous applicants who do not have questionable backgrounds. Personal and professional reference checks are conducted. The file of one randomly selected newly hired staff for reviewed and demonstrated compliance with the standard. The Human Resource Manager indicated that she would provide any information on previous staff with the proper release. Background checks are conducted yearly, therefore exceeding the standard. Compliance was determined by the interview with the Human Resources Manager, Superintendent, investigators and documentation showing background checks have been completed.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor 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.

There have been no physical modifications to this facility since it was built in 2000. Camera coverage at this facility is excellent. With that, the state of Massachusetts is utilizing an expert to evaluate all jails and prisons to determine where and what kind of technology is needed to enhance security. There have been improvements in technology with the installation of a computerized system to record rounds. This system is tied in with the camera monitoring. Staff uses a pipe like object to scan their ID, and then scan various stations throughout the facility which documents the rounds. Training is reinforced regarding what needs to be viewed when making rounds. Based on staff interviews, staffs are keenly aware of the necessity to be vigilant with observations and not get complacent with technology.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor 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.

Policy 914.01 A addresses the requirements of this standard. There are four investigators who have completed the training provided by the Massachusetts Department of Correction, which meets all the requirements of this standard regarding uniform evidence and use of physical evidence. Forensic exams would be conducted at the local hospital. A MOU has been signed with the Elizabeth Freeman Center who has qualified rape crisis counselors; they will accompany the victim if requested. There is an agreement with the state police as well regarding when and how investigations that are potentially criminal will be conducted. In addition, there is a Department of State Police General Order entitled, Detainee Sexual Abuse and Sexual Harassment Investigations that indicates it will comply with the Prison Rape Elimination Act for youths and adults.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. This policy is posted on the website and clearly states all allegations will be investigated whether administratively or criminally. The Berkshire County Sexual Response Plan also addresses the requirements of this standard. As noted, there is a Department of State Police General Order entitled, Detainee Sexual Abuse and Sexual Harassment Investigations that indicates it will comply with the Prison Rape Elimination Act for youths and adults. Review of the nine completed investigations for the previous 12 months clearly demonstrates compliance for immediate referrals and referrals for all allegations.

Standard 115.31 Employee training

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard as well as Policy 915.03 Orientation and Training Requirements. A review of the training curriculum addresses all requirements of the standard. Staff interviews support compliance as staff had a meaningful understanding of the law and their role in preventing, responding and detecting sexual abuse, harassment and retaliation.

Standard 115.32 Volunteer and contractor training

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

Auditor 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.

Policy 915.03 Orientation and Training Requirements and Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. An extensive handbook (30 pages) is provided to volunteers who are required to sign for receipt and that they understand the contents. The section on PREA, is specific regarding zero tolerance and what to do in the event that an incident is reported to them.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Inmates are provided significant information regarding the law, their rights for zero tolerance, availability of counseling and the various ways of how to report. Inmates sign indicating participation in PREA orientation Sexual Misconduct Informational Sheet, pamphlet Protecting Yourself from Sexual Assault, and the Inmate handbook in addition to watching a video (available in English and Spanish) and given more verbal information received within a week in the orientation unit (and pre trial detention unit). All current inmates have been educated. Posters visible in each pod provided additional information on how to report, availability of confidential counseling services and two phone numbers to initiate an internal investigation or an external investigation.

Random inmate interviews provide support for a finding of compliance in that they were knowledgeable about the zero tolerance and how to report an allegation. Documentation from twelve randomly selected inmates demonstrated signed acknowledgement of completion of orientation.

Standard 115.34 Specialized training: Investigations

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Investigators have completed the Sexual Assault Investigator training provided by the Massachusetts DOC which includes interview techniques, evidence collection and how to determine a preponderance of evidence. Investigators are trained regarding Miranda, Garrity and the Carney decision which exceeds the requirements set for by Garrity and are used when dealing with staff investigations at this facility. The PREA Coordinator is also an attorney and ensures investigators have an understanding of this requirement. Documentation of their completion of this training was provided; interviews and review of the completed investigations for the previous 12 months demonstrated compliance, including one investigation that warranted Miranda warnings and Carney warnings.

Standard 115.35 Specialized training: Medical and mental health care

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment as well as the Medical Policies and Procedures 914.01 Federal Sexual Abuse address the requirements of this standard. There is 35 medical and mental health staff. Documentation regarding completion of their training and the training curriculum was provided to the auditor demonstrating compliance, as well as the interviews with staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. A three-part intake screen is completed by the booking officer with shift commander review, medical staff and mental health staff. It includes a section for assessing sexually vulnerable and/or sexually aggressive inmates and designates them as such based on objective criteria. All eleven criteria are a part of this screen. It is conducted upon arrival, exceeding the 72 hour requirement. There are designated Booking Officers who have been trained for this position. All questions are verbally asked (this was supported by inmate interviews). Inmates also indicated they had not felt intimidated or obligated to answer the questions. The mental health case manager completes the 30 day assessment within 21 days, again exceeding the standard. Information is stored in the inmate management system which allows for controls on who can access the information. The PREA incident committee ensures that "when warranted" assessments are completed. Copies of the intake were requested for the 12 inmates randomly selected; all showed compliance with the standard. A list of the sexually vulnerable/sexually aggressive inmates was also provided.

Standard 115.42 Use of screening information

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. This facility uses an inmate management system to maintain information such as that retrieved during intake so that appropriate staff can access and make housing/classification decisions. Unit Managers determine which cell and inmate will be placed and with what cellmate. Placement of sexually vulnerable/sexually aggressive inmates is constantly monitored. Appropriate staff can retrieve information regarding placement of victims and abusers by running a report from this system. As noted, there were no transgender offenders housed at this facility at the time of the audit. Policy supports that a transgender inmate will be housed, assigned to a cell and provided programming/work assignments with consideration of their views. A transgender can decide which gender he/she is more comfortable with regarding pat and strip searches. As this facility can house males and females, housing would be determined upon intake by the medical and mental health staff. Showers are individual stalls, however, separate times can be provided if requested. There is not a dedicated pod or wing to house transgender/intersex, lesbian, gay or bisexual inmates.

Standard 115.43 Protective custody

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

Auditor 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.

Policy 926.03 Placement and Review of Inmates in Segregation has a section specifically for PREA which addresses the requirements of the standard. Attempts to use other alternatives are reviewed however when segregation has been used, the agency has been able to provide alternative placement determined in 24 hours or less. This may involve sending to another county facility, which occurred for the substantiated sexual abuse allegation.

Standard 115.51 Inmate reporting

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment, Inmate Handbook and pamphlet address the requirements of this standard. Inmates are provided significant information regarding the law, their rights for zero tolerance for sexual abuse, sexual harassment and retaliation, availability of counseling and the various ways of how to report. They sign for a Sexual Misconduct Informational Sheet, pamphlet "Protecting Yourself From Sexual Assault", and the Inmate handbook in addition to watching a video (available in English and Spanish) and more verbal information received within a week in the orientation unit (and pre trial detention unit). Inmates can report to the agency hotline, verbally or anonymously to any staff, file a grievance, and write to the District Attorney (address provided). Documentation was provided that the hotline number is tested monthly.

Staff indicate that they could use the hotline if they felt they needed to however all expressed confidence in the supervisory staff that they would be taken seriously and not fear retribution.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment and Grievance Procedure 934.02 addresses the requirements of this standard. The procedure for filing an emergency grievance involves putting it in a special envelope and taking to any staff who are to give it to the shift commander. Staff interviews reflect knowledge of this practice. Inmate interviews expressed confidence in this practice and noted that grievance forms are readily available. One investigation was initiated from an emergency grievance.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor 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.

Inmates are provided confidential (no pin, not monitored) access to Elizabeth Freeman Center. They are provided written materials on how to phone or write, noting the confidentiality; this information is visible on posters as well. Inmate interviews acknowledge knowledge of this after some prompting but then indicated they just didn't have a need at this point but felt confident they knew how to get the information.

Telephones are available in the Pod, three are very close in proximity, and two are farther apart. In addition, the interview with the mental health manager indicated that he and his staff would initiate a visit to provide face to face interaction if requested.

An MOU has been signed with Elizabeth Freeman Center 5/1/2014 to 4/30/2017. Contact was made with staff from this center to confirm this information. It was ascertained that counselors receive up to 80 hours of training and job shadowing before taking in the role. Personal and criminal background checks are conducted as well. The law forbids them from reporting anything confidential to the facility. The pamphlet provided to inmates indicates they are available for counseling only.

Standard 115.54 Third-party reporting

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

Auditor 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.

Information is available on the website <http://bcsoma.org/page.php?PageID=3148&PageName=PREA+Policy> as well as posted in the lobby to inform visitors that they can file on behalf of inmates confined at this facility. Inmates interviewed were aware that their family can report on their behalf.

Standard 115.61 Staff and agency reporting duties

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment, the Sexual Abuse Response Plan and staff training addresses the requirements of the standard. Knowledge regarding confidentiality was expressed during the staff interviews. Interview with the mental health and medical supervisors indicated that limits of confidentiality is discussed at orientation (for health) and during the sessions when the inmate is providing such information.

Review of the completed investigations and additional documentation clearly demonstrates that this facility is committed to immediately investigate reports or allegations as well as suspicions that may in any way relate to sexual abuse and harassment. The process is in place to report abuse of anyone under the age of 18 or

considered a vulnerable adult (in this state is 60 years and older); staff indicated they have had to report information to the appropriate authorities.

Based on review of the completed investigations and staff interviews, it was evident staffs are aware of the process, and that the investigators receive all reports immediately. They knew the title and name of the investigators.

Standard 115.62 Agency protection duties

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

Auditor 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.

Policy 926.03 Placement and Review of Inmates in Segregation has a section specifically for PREA, that addresses the requirements of this standard. This facility has many options for separating alleged victims from abusers. Initially, the inmate at risk will be immediately separated and evaluated in health care. There are several Pods and each Pod has what is called a "Sub-dayroom" where four rooms are separated from the other cells and are typically occupied by one inmate. This is an option for separation as is J Pod, the medical isolation unit.

Standard 115.63 Reporting to other confinement facilities

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Review of documentation supports that nine allegations that occurred at other facilities; emails detailing the information were immediately sent to the facility. This has occurred nine times in the past 12 months. One report was received from another agency in the past 12 months that was quickly and very thoroughly investigated.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor 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.

The Sexual Assault Response Plan addresses the requirements of this standard. Security staff and non-security staff interviews demonstrated a strong understanding of the standards. Interviewees were asked to provide specific information of how they would separate the abused and the victim based on their assignment at the time of the interview. All were articulate regarding how and why they would initiate the actions in their response. Staff is very knowledgeable regarding preservation of evidence, and the process to ensure its preservation, whether it is the area of the occurrence or the inmates involved.

Standard 115.65 Coordinated response

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

Auditor 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.

The Sexual Abuse Response Plan addresses the requirements of this standard. The facility has a detailed plan regarding how actions are coordinated with first responders, medical and mental health staff, investigators and the superintendent. Interviews with staff demonstrated compliance. Review of the investigations support compliance as well.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. The union at this facility is the International Brotherhood of Corrections Officers. The collective bargaining unit contract is in effect from 2014 to 2017. Article 8 Disciplinary Action and Article 25 Management's Rights Clause support compliance for the standard. It states that management has the right to remove, dismiss, discharge, suspend or discipline employee for just cause and also have the right to plan, schedule and assign employees in accordance with operational needs.

Standard 115.67 Agency protection against retaliation

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

Auditor 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.

The Sexual Abuse Response Plan addresses the requirements of this standard. It has been reported that no fear of retaliation has been expressed. For staff involved in the substantiated allegation, monitoring has occurred up to 90 days. The inmate was transferred to another facility. All other investigations from the previous 12 months have been for harassment and have been unsubstantiated.

Standard 115.68 Post-allegation protective custody

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

Auditor 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.

Policy 926.03 Placement and Review of Inmates in Segregation has a section specifically for PREA. The person who suffered sexual abuse was placed in segregation until he could be transferred to another facility for his protection as well as to maintain confidentiality and security of the facility.

Standard 115.71 Criminal and administrative agency investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Sexual Abuse Response Plan addresses the requirements of the standard. Review of the completed investigations clearly support compliance with investigations being initiated quickly, and are conducted thoroughly. There are four staff who have received the training. All the investigations reviewed were conducted by one of the four staff. The one investigation was referred for criminal prosecution and was completed administratively to the extent it could. The investigators have a format for written Miranda warnings as well as "Carney" warnings (which exceeds protections of Garrity). Retention for the State of Massachusetts requires that the investigation will be retained for five years past the time the abused is incarcerated (he is no longer incarcerated at the facility). The investigation is currently in progress in the criminal courts. Cooperation between the agency investigator and the state police was evident and reported to have been long standing due to the investigator's prior employment with the state police drug task force.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor 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.

Sexual Abuse Response Plan addresses the requirements of this standard. Review of the nine completed investigations demonstrated that credibility was individually assessed and then carefully weighed before making a conclusion.

Standard 115.73 Reporting to inmates

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirement of this standard. Documented notifications were reviewed and demonstrated compliance. The notification is consistent with the standard language.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. One investigation in the previous twelve months demonstrated compliance with the standard regarding termination of employment. It has been reported to the District Attorney and State Police; licensing bodies are not relevant to this situation. Criminal proceedings are in progress.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. The facility reports that no volunteers or contractors have been accused of sexual abuse or harassment in the past 12 months. The auditor found no evidence to dispute this fact.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. As previously noted, inmates sign for receipt of a Sexual Misconduct Informational Sheet Inmates sign indicating participation in PREA orientation which addresses that inmates by law cannot consent to sex with an employee or contract worker and should also refrain from sexual contact (verbal and physical) while incarcerated. It requires inmates to report any abuse or harassment they have directed towards them or towards anyone else. Rules of discipline are described in the inmate handbook.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Mental health conducts the appropriate referral at intake. This information is maintained in the medical record. Informed consent is discussed with all inmates during the intake process. An interview with one inmate supported compliance with the standard.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. No occasion has warranted an emergency room visit in the previous 12 months. Based on the interview with medical staff, documentation would be provided from the hospital, a follow up would occur and continuation of the treatment plan would commence.

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

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

Auditor 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.

The Sexual Abuse Response Plan addresses the requirements of this standard. To date, the facility reports there has not been an occasion to provide continued treatment however it would occur as directed by the documentation received from the emergency room visit.

Standard 115.86 Sexual abuse incident reviews

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Only one incident review has been required by the standards in the past 12 months (all other investigations were for harassment). It was completed December 2, 2015 (investigation completed administratively September 25, 2015). However, this case is still pending as it has been referred for prosecution. The review team consisted of the Assistant Superintendents, Major, Investigator and Captain. The team considered the six areas required by the standard including examination of the area. Recommendations for improvement were noted. During the audit, the auditor found the recommendations to be implemented based on staff interviews as well as observations during the tour.

Standard 115.87 Data collection

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

Auditor 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.

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

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. Documentation was provided showing that the data has been aggregated for the years 2014 & 2015. Data is collected in accordance with standardized definitions and data collection as based on the definitions in the standards, and the Survey on Sexual Violence.

Standard 115.88 Data review for corrective action

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses the requirements of this standard. To date, there is only one substantiated allegation of abuse. The auditor was provided a statistical analysis for the years 2014 and 2015 and part of 2016. Statistics for 2015 are available on the agency website along with narrative information. No information required redacting. In addition, an extensive PREA Internal Abuse Vulnerability Assessment has been conducted in response to the substantiated allegation of abuse. It ensures continual training of avoiding inappropriate inmate relationships as continual reminder of being observant during all rounds by both line staff and supervisors.

Standard 115.89 Data storage, publication, and destruction

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

Auditor 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.

Policy 914.01 A Prevention of Sexual Abuse and Harassment addresses all the requirements of this standard. As noted, the statistics and narrative information is available on the website. There are no personal identifiers, just data. This information is securely retained by the Investigative Unit.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Amy Fairbanks / Amy Fairbanks _____

April 29, 2016 _____

Auditor Signature

Date