**PREA AUDIT REPORT**  ☐ Interim  ☒ Final  
**ADULT PRISONS & JAILS**

**Date of report:** June 11, 2016

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<th>Auditor Information</th>
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<tr>
<td><strong>Auditor name:</strong> Louis Folino</td>
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<td><strong>Address:</strong> 168 Big Horn Rd</td>
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<td><strong>Telephone number:</strong> 412-354-1557</td>
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<tr>
<td><strong>Date of facility visit:</strong> May 9-12, 2016</td>
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<tr>
<th>Facility Information</th>
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<tr>
<td><strong>Facility name:</strong> Middlesex House of Correction and Jail</td>
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<tr>
<td><strong>Facility physical address:</strong> 269 Treble Cove Road, Billerica, MA 01862</td>
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<tr>
<td><strong>Facility mailing address:</strong> (if different from above) Click here to enter text.</td>
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<tr>
<td><strong>Facility telephone number:</strong> 781-667-1711</td>
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<tr>
<td><strong>The facility is:</strong> ☐ Federal  ☐ State  ☒ County  ☐ Military  ☐ Municipal  ☐ Private for profit  ☐ Private not for profit</td>
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<tr>
<td><strong>Facility type:</strong> ☐ Prison  ☒ Jail</td>
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**Name of facility’s Chief Executive Officer:** Special Sheriff Shawn Jenkins

**Number of staff assigned to the facility in the last 12 months:** 621

**Designed facility capacity:** 1,497

**Current population of facility:** 1,030

**Facility security levels/inmate custody levels:** Maximum Security to Community Work Programs

**Age range of the population:** 18-78

| Name of PREA Compliance Manager: Deputy Daniel Finn | **Title:** PREA Compliance Manager |
| **Email address:** dmfinn@sdm.state.ma.us | **Telephone number:** 978-932-3232 |

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<tr>
<th>Agency Information</th>
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<tbody>
<tr>
<td><strong>Name of agency:</strong> Middlesex Sheriff’s Office, House of Correction and Jail</td>
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<tr>
<td><strong>Governing authority or parent agency:</strong> (if applicable) Middlesex Sheriff’s Office</td>
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<tr>
<th>Agency Chief Executive Officer</th>
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<tr>
<td><strong>Name:</strong> Peter J. Koutoujian</td>
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<td><strong>Email address:</strong> <a href="mailto:pkoutoujian@sdm.state.ma.us">pkoutoujian@sdm.state.ma.us</a></td>
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<tr>
<th>Agency-Wide PREA Coordinator</th>
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<tr>
<td><strong>Name:</strong> Regina M. Faticanti, Captain</td>
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<tr>
<td><strong>Email address:</strong> <a href="mailto:rfaticanti@sdm.state.ma.us">rfaticanti@sdm.state.ma.us</a></td>
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AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act (PREA) Audit of the Middlesex Sheriff’s Office (MSO), House of Correction and Jail was conducted from May 9th through May 12, 2016. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012.

An Introductory dinner meeting was conducted in Lowell, Massachusetts on May 8, 2016. In attendance were Middlesex Sheriff’s Office Superintendent Carole Cafferty, PREA Coordinator (PC) Regina Faticanti, PREA Compliance Manager (PCM) Deputy Daniel Finn, Executive Administrative Assistant Jean Curran, and certified PREA Auditor Louis Folino.

An entrance meeting was conducted the morning of May 9th, with the following MSO personnel in attendance: Sheriff Peter J Koutoujian, Special Sheriff/Superintendent of Operations Shawn Jenkins, Superintendent/Administration and Program Services Carole Cafferty, Assistant Superintendent Thomas Gannon, Deputy Superintendent Richard Vivier, Policy Consultant David Lane, Captain/PREA Coordinator Regina Faticanti, Assistant Deputy Superintendent/PREA Compliance Manager Daniel Finn.

I wish to extend my sincere appreciation to Sheriff Koutoujian and his staff for their dedicated assistance, insights, responsiveness and professionalism demonstrated and extended to this auditor throughout this process. Special recognition to the core PREA Team of Supt. Cafferty, PC Regina Faticanti, PCM Deputy Dan Finn, Policy Consultant David Lane and Executive Administrative Assistant Jean Curran for their dedicated efforts to ensure the MSO is compliant with all PREA standards.

Following the entrance meeting, the on-site review of all facility areas was commenced by the auditor and core PREA Team members. This detailed facility tour included all of the housing units: pre-trial and sentenced housing units, segregation unit, Intake/Orientation housing unit, Humvee (Military Veterans), and Work Release/Community Works Program unit. In addition, auditor conducted on-site review of the Administration Building, Central Control, Culinary/Culinary Arts Departments, Medical Department/Infirmary/Mental Health, Training Center (Barber Shop, Library, Sign Shop, Chapel, Classrooms, staff offices), Intake Area, Visiting Rooms, Gym/Yards, Garage, Warehouse, and Old Tier Building (outside perimeter staff offices, locker rooms/Roll Call area, and canteen). Off-site, the auditor visited the MSO Human Resources Office in Medford, MA, and the 12 Step Education Program of New England, Inc., in Billerica, MA.

A total of 25 facility staff were interviewed, consisting of administrative, supervisory, medical/mental health, contract staff, other specialized staff and random staff. Security personnel were interviewed from all three shifts, and from various post assignments/ranks. The Massachusetts Department of Health Regional SANE Coordinator was also interviewed by telephone prior to the on-site review. MSO staff were not interviewed concerning standards that apply to the supervision of youthful offenders, as MSO does not house youthful offenders. Similarly, standards addressing medical care of female inmates were also not applicable, as MSO does not house female inmates.

A total of 13 inmates were interviewed with at least one inmate interviewed from each category available, and from each separate housing unit. Categories that were not applicable included youthful offenders, female inmates, and inmates placed in segregated housing for risk of sexual victimization (none in last 12 months).

During the audit week, auditor observed staff and inmate interactions in all areas toured. Auditor communicated with numerous personnel on their posts and in work areas, and engaged inmates in general conversation concerning PREA, as encountered throughout the facility. The positive Jail and House of Correction facility culture was noted, to include mutually respectful staff and inmate interaction, low noise levels, absence of indicators of tension or strained relationships, and excellent general sanitation and housekeeping. Auditor would describe the general appearance of MSO areas as Spartan, uncluttered and well-organized. Staff camaraderie and teamwork was evident throughout.

On May 12, 2016, at 2:00 pm, the auditor conducted an exit briefing with Sheriff Peter J. Koutoujian, MSO Administrative staff and PREA Team to review the auditor’s observations and comments. The auditor thanked the staff for all their hard work and conscientious attention to the implementation of procedures to ensure the sexual safety of the inmate population. The auditor noted that the MSO commitment to the staff PREA training and inmate PREA education was well-received by both parties, and that the professionalism of personnel in the performance of their duties has resulted in the inmates feeling safe within the confines of the Middlesex House of Correction and Jail.

Auditor advised personnel that he would continue to compile the Final Report, and work together with the PC and PCM to ensure all of individual requirements of the PREA standards are fulfilled. Auditor advised that no deficiencies were observed during the on-site week.
DESCRIPTION OF FACILITY CHARACTERISTICS

The Middlesex Jail and House of Correction is situated approximately 45 minutes north of downtown Boston, Massachusetts, in the town of Billerica. The facility houses male detainees awaiting trial and offenders serving sentences of up to two and on-half years. Approximately 1,100 men in total are housed at the facility. MSO reported to auditor on the pre-audit questionnaire that 5,634 inmates were admitted to the Jail and House of Correction during the past 12 months, with the average length of stay or time under supervision being 99 days. The Middlesex Sheriff’s Office, MSO, houses no juveniles or female inmates at this facility.

The facility consists of seven main buildings, constructed in three stages beginning in 1928. A major addition was added in 2007, and a most recent expansion in 2014. The Tier Building (1928) contains pre-sentenced and sentenced housing units C&D, E&F, G&H, and I&J. The 2007 addition, or Pod Building, houses pre-sentenced and sentenced inmates in housing units A, B, C and D. The newest addition (2014) or North Building, houses pre-sentenced and sentenced inmates in housing units E&F, and Dorms, 1, 2, 3, and 4. Outside the perimeter, both Work Release and Community Work Program (CWP) inmates are housed in the Work Release Building.

Other MSO buildings consist of the Administration Building, the Warehouse, Old Tier Building and CWP Building, which is currently being renovated.

There are 690 cameras at the MSO Jail and House of Correction, with data retrieval reportedly possible for at least 45 days. This electronic monitoring is well integrated, and able to be monitored in the majority of areas, locally, by post employees, and also by the Central Control personnel. Security mirrors are in-place in many housing units and common areas to supplement the camera coverage, as has been determined appropriate.

The Health Services Unit (HSU), provides a wide range of services, such as sick calls, mental health consultations, optometry and physical therapy. The HSU has a twenty bed in-patient unit.

The majority of the Business Office and Human Resources functions are completed by MSO personnel at a separate MSO business office located in Medford, Massachusetts. There are no inmates housed there and inmates do not perform work there at any time.

The Middlesex Sheriff’s Office Mission Statement states: The Middlesex Sheriff’s Office improves the quality of life by providing a safe and secure environment for staff, offenders and communities, working with our partners in law enforcement and criminal justice. We take pride in preparing offenders for re-entry by providing a comprehensive risk assessment and individualized treatment, educational and vocational plans. Honoring our fiscal Responsibility, we accomplish our mission by empowering our highly-trained staff, through our core beliefs of: TRUST, RESPECT, INNOVATION and PROFESSIONAL EXCELLENCE.

Source URL: http://www.middlesexsheriff.org/about-us/pages/mission-statement

During their period of incarceration, men being held at the Middlesex Jail and House of Correction are encouraged to participate in programming designed to allow them to better themselves and prepare for reentry. Programming opportunities include education classes/GED, addiction and anger management, computer literacy classes, a culinary arts class with a Serve Safe certification course, an OSHA 10 course, and a custodial certification program.

MSO is accredited by the American Correctional Association (2015), and the Correctional Education Association (2012).
SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 12
Number of standards met: 29
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.

In order to make a determination of compliance, the following policies and other documentation were reviewed:
MSO Policy 444, Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/PREA. Section .03. 1. Pg. 2 states that “MSO takes a zero-tolerance stance toward all forms of sexual abuse and sexual harassment” and outlines the MSO’s approach to preventing, detecting, and responding to such conduct, Policy 444, Section .03. 2-4, pgs. 2-3. Policy 444 includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, 444, Section .05 pgs. 7-9.
Policy 444 includes sanctions for those found to have participated in prohibited behaviors, 444, Section .36. 1-4, pgs. 31-32, Disciplinary Sanctions for Staff; 444, Section .37, 1-2, pg. 32, Corrective Action for Contractors, Interns and Volunteers; and 444, Section .38, 1-6, pgs. 32-33, Disciplinary Sanctions for Inmates.

Comprehensive Policy 444 includes agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates included within the respective Policy Sections.

MSO has designated a PREA Coordinator (PC), an upper-level manager of Captain Rank. During interview with Auditor, the PC has advised she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Auditor has observed and closely interacted with the PC during the on-site review process, and can confirm the PC’s dedication and attention to all of her PREA duties. The PC, in the MSO Table of Organization, reports directly to the Superintendent of Administration/Program Services. The Superintendent of Administration/Program Services has empowered the PC in all aspects of the PC’s duties and responsibilities. It must be noted that the Superintendent is a Certified PREA Auditor, and has participated in a Field Training Audit in 2015 with the National Council on Crime and Delinquency (NCCD) and PREA Resource Center (PRC) staff, in order to obtain updated PREA auditor job knowledge and Best Practice auditing procedures.

The MSO has designated a PREA Compliance Manager (PCM), an Assistant Deputy Superintendent, to coordinate with the PC the MSO’s efforts to comply with the PREA standards. The PCM also reports directly to the Superintendent of Administration/Program Services. This PCM has advised auditor that he has sufficient time and authority concerning his PREA duties and responsibilities. The auditor has observed and interacted with the PCM throughout the on-site review process to confirm the PCMs dedication and attention to all of his assigned duties concerning PREA.

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.

Not Applicable---MSO does not contract with other entities for the confinement of inmates.

PREA Audit Report 5
**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.**

In order to make a determination of compliance, auditor reviewed the comprehensive MSO Policy 444, Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/PREA. Section .06 Supervision and Monitoring, pgs. 9-10, requires the maintenance of adequate staffing levels, and video monitoring to protect inmates against sexual abuse. MSO considers factors such as generally accepted correctional practices, physical plant, number and placement of supervisory staff, institutional programming, applicable state or local laws, regulations or standards, the prevalence of substantiated or unsubstantiated incidents of sexual misconduct, and other relevant factors.

Auditor conducted interviews of the Special Sheriff (Agency designee) and Superintendent of Administration/Programs. Both administrators cited examples of physical plant renovations/redesign and subsequent video monitoring upgrades implemented due to facility changes, in response to PREA. The Special Sheriff advised that there are over 680 cameras now in operation, with MSO acting to eliminate “blind spots” and enhance inmate and staff safety. Auditor during on-site review observed the well-covered CCTV system, the numerous post monitoring stations and control center monitoring stations, and elevated officer stations, providing for better supervision.

Auditor during on-site review detected one specific external work area (Garage) where one additional camera would serve to assist personnel in the supervision of inmates and the prevention/detection of sexual activities. The auditor subsequently conferred with the MSO Sheriff and administration, and discussed this area at Audit exit briefing on May 12, 2016. MSO acted quickly to evaluate this reported concern, and then proceeded to submit a purchase order and to plan for this camera installation. Such installation is scheduled for June 23, 2016.

Auditor interviewed both the PC and PCM. Both of these core PREA Team members evidenced a commitment to PREA, directly contributed to the formulation of Policy 444, and evidenced an experienced understanding of staffing, the value of monitoring technology, generally accepted detection and correctional practices, and other relevant factors. The last comprehensive staffing audit was conducted in June, 2014. A staffing review is conducted annually. Management/administrative personnel monitor shift reports and assignments on a daily basis to ensure that staffing does not drop below authorized complement.

An Analysis of Operational Staffing research project of MSO was also conducted by a Harvard University team in 2015. While the focus of the project was primarily to determine the optimal staffing level of line officers to operate the facility in the most efficient manner possible, the involved research did consider “the design, size, and physical layout of the facility” and to “keeping the prisoners inside the facility, and protecting the personal safety of both staff and inmates.” Based upon auditor’s interviews and discussions with senior administrators, the approval of such a research study evidenced to auditor that MSO is attempting to maintain a safe, secure and humane operation, in the most efficient manner possible.

The Shift Commander is required to document any deviations from the staffing plan (444, Section .06 3. Pg. 10). The most-recent Staffing Analysis was conducted in June, 2014. Annually the MSO Administration reviews the plan to ensure sufficient staffing exists. This review is initiated by the PC, in accordance with Policy 444, Section .06, 4. Pg. 10. There were no reported instances of non-compliance with the MSO staffing plan in the last 12 months.

A most recent deployment of additional video monitoring was conducted at MSO due to the subdividing of an office/program area into multiple offices, i.e. video bail room. Staff then installed additional CCTV in this multi-use area to augment staff supervision. Auditor has received and reviewed this documentation, to include purchase orders for the monitoring equipment.

MSO has policy, 444, Section .06, 5. Pg. 10, and a well-established practice of conducting unannounced rounds by intermediate-level or higher level supervisors to identify and deter staff sexual abuse and sexual harassment. Such rounds cover all shifts (444, Section .06, 5. Pg. 100), and staff are prohibited from alerting other staff members that such supervisory rounds are occurring (444, Section .06, 5. Pg. 10).
During on-site review, auditor observed numerous supervisory sign-ins, in post logs using red ink, which verifies such unannounced rounds by supervisory personnel. Auditor did not detect any unauthorized notification practices among security personnel, or a reason personnel would be alerting other staff to supervisor’s whereabouts. Auditor checked post logs randomly and interviewed supervisors, the Superintendent and PC concerning this policy and procedure. All auditor observations and interview results indicate that the MSO is in compliance with the policy and PREA standard requirements concerning unannounced rounds.

**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.

Not Applicable—MSO does not house pre-trial or sentenced youthful offenders. Commonwealth of Massachusetts legislation, ST 2013 Chapter 84, An Act Expanding Juvenile Jurisdiction, places 17 year olds accused of crimes under the jurisdiction of the states’ juvenile courts.

**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.

In order to make a determination of compliance, auditor reviewed Policy 444, Section .07, Limitations to Cross-gender Searches and Viewing. MSO policy prohibits cross-gender strip and cross gender body cavity searches except in exigent circumstances or by a medical practitioner (444, Section .07, 1, Pg. 10). Such an occurrence would be documented by the searching officer by a Confidential Communication Report. There have not been any instances of cross gender strip or cross gender body cavity searches in the last 12 months. Facility policy does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. All such searches shall be documented (444, Section .07, 2, pg. 11).

MSO House of Correction and Jail does not house female inmates. Female pre-trial detainees or sentenced female inmates are housed at Massachusetts Correctional Institution, Framingham. There are therefore no cross-gender pat-down searches of females at MSO. MSO reports having adequate female security staffing necessary in order to staff transportation details to MCI Framingham. All MSO staff are trained in cross-gender, transgender and intersex pat-down procedures, in accordance with MSO Policy 506, Searches.

The facility has implemented policy (444, Section.07, 4, pg. 11), and procedures to enable inmates 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. In order to make a determination of compliance, during auditor’s on-site review, auditor observed all inmate housing units and work/program areas bathroom/shower areas, to ensure inmate’s had adequate privacy while still ensuring security and safety. Both staff and inmate interviews consistently supported current practices at MSO as being compliant with PREA Standard 115.15 concerning the shower and toilet areas, and inmate changing of clothing.

PREA Audit Report
The MSO utilizes a pixelization process on video-monitoring for the medical department housing units, which ensures inmate and staff privacy concerning cross-gender viewing in the medical department nurses/monitoring station.

Policy 444, Section .07, 4, pg. 11 requires staff of the opposite gender to announce their presence when entering an inmate housing unit. Auditor observed this required procedure consistently practiced throughout the week of on-site review, and both staff and inmates appeared very accustomed to this practice. Interviews with both security and non-security staff, and the inmate population confirmed this practice to be firmly in place. Such opposite gender visits are also regularly logged into the post logs.

Policy 444, Section .07, 3, Pg. 11 does not allow for the searching of transgender or intersex inmates for the sole purpose of identifying their gender status. In order to make a determination of compliance, auditor interviewed ten random MSO staff (line staff, nursing, supervisory, management and administrative) concerning this matter. Auditor also interviewed a transgender inmate concerning such restricted search procedures. All staff interview responses evidenced staff knowledge and compliance with the standard and the policy restriction, and the transgender inmate interviewed advised that he has never been stripped searched solely for the purpose of identifying his gender status.

MSO Policy 444, Section .07, 5, pg. 11 states that security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Auditor interviews with random security personnel verified that staff are trained annually in cross-gender/transgender/intersex pat-down search methods, as part of their annual “40 Hour” block of training. The blade-of-hand method was often described to auditor as method of search used. A MSO female security officer is regularly assigned to transport teams when MSO is required to escort a female inmate from MCI Framingham to hospital, court, etc. The Shift Commanders use a Daily Report of Transportation Officers form which indicates a need for a female officer assignment, due to pat-search requirements. This transport procedure is the only occasion during which MSO personnel have duties involving female inmates. Male personnel do not pat-down female inmates, except in exigent circumstances.

### 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.**

In order to make a determination of compliance, auditor reviewed Policy 444, Section .08 Inmates with Disabilities, which provides for “appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the MSO’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” MSO Policy and Procedure 488, Overcoming Communication Barriers, provides for telephonic translation services from Rapport International (866-895-7403), by MSO staff entering the MSO designated identifying 6 digit code.

Auditor interviewed the MSO Special Sheriff, who advised that MSO would work with any agency necessary to effectively communicate PREA to the inmate population. The Special Sheriff advised that MSO staff would utilize the “I Speak” binder, a compilation of resource material for personnel to utilize to enable communications with deaf, deaf-blind, late deafened, and hard of hearing individuals. Auditor was subsequently provided a copy of the “I Speak” binder contents, which contained the necessary information and instructions for staff use. The “I Speak” MSO binder contains the Commonwealth of Massachusetts Executive Office of Health and Human Services, EOHHS, Request an Interpreter procedures, which offers on-line (CART-Computer Access Realtime Translation) or telephonic translation services. Also included in the binder for staff use is a roster of sixteen staff translators, able to translate 12 languages, including Sign Language; and a Homeland Security Language Identification Guide for use by personnel.

In order to make a determination of compliance, auditor utilized an employee Spanish translator to conduct an interview of a Limited English Proficient inmate, in accordance with Policy 444, Section .08, 2, pg. 12. Interview results revealed inmate had a basic understanding of PREA (PREA posters and signage/Hotline phone numbers on inmate phones in Spanish). Inmate had not received the
Spanish version of Inmate Handbook or Spanish version of PREA brochure, i.e. Middlesex Sheriff’s Office Sexual Assault Awareness, which are normally issued to LEP inmates. Auditor verified both Spanish versions (handbook and PREA brochure) are available for issuance to such LEP inmates, at Intake upon reception. All incoming inmates receive the MSO Inmate Handbook and the PREA brochure packed within their issued laundry bag. Those requiring Spanish versions are then issued the Spanish version of handbook and brochure. The interviewed inmate was provided these items by the employee translator and this auditor as the auditor ended the interview.

During on-site review, auditor observed PREA posters and Auditor Notices posted in English and Spanish throughout the facility, accordingly. The PREA information on all inmate telephones, including the visiting room non-contact telephones are also in English and in Spanish.

Agency Policy (444, Section .08, 3, pg. 12) does not rely on “inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances.” Interview results of personnel indicate staff are knowledgeable concerning this policy prohibition, and staff could not recall any situation where inmate interpreters/readers were utilized for such serious allegations or an incident which had occurred.

Auditor confirmed with PC that there are no documented instances of use of inmate interpreters at MSO.

**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.**

Agency Policy 444, Section .09 pgs. 12-13, addresses all hiring and promotional inquiries concerning sexual abuse, sexual harassment and sexual misconduct. Policy requires a continuing affirmative duty of employees to disclose sexual misconduct, and provides for initial and on-going criminal background records checks of employees. MSO Policy and Procedure 220, Employee Conduct and Discipline, General Rules of Conduct, Section .05, 2, pg. 3, requires: “An employee must report to his or her Superintendent any involvement with law enforcement officials pertaining to any criminal investigation or arrest concerning the employee.” MSO further provides an affirmative duty to report any investigation or criminal conduct, Policy 220, Employee Conduct and Discipline, List of Offenses, Section.14, 18-19, pg. 13. This policy addresses requires staff to report any involvement with law enforcement officials pertaining to any criminal investigation or arrest, and failure “to submit a written report within 24 hours or as soon as possible to your Superintendent pertaining to any involvement with law enforcement officials pertaining to any criminal investigation or arrest.”

Auditor interviewed the Human Resource Director and lead investigator to review screening procedures for new hires and PREA inquiries of promotional candidates. The HR Director advised that all security personnel have a criminal background records check conducted annually, as part of their annual 40 hour mandatory training. The HR Director provided and described the applications for new hires and applications for promotions which include five PREA inquiries and three PREA inquiries, respectively. A review is also conducted of employee candidate’s disciplinary history, if any, prior to promotion (Promotion and Lateral Transfer Policy, 211).

Concerning the new hire screening and criminal background records checks, or BOPS, as are known in Massachusetts, auditor found that MSO exceeds standards in this regard. MSO routinely conducts credit report checks, social media account reviews and internet queries of all prospective candidates for hire. Also reviewed by investigators are local District Court/Superior Court filings/civil cases, and U.S. Bankruptcy court. Auditor has obtained and reviewed a spreadsheet verifying 100% of all employees hired between May 2015 and May 2016 were CORI cleared, i.e. Criminal Offender Record Information.

The HR Director, consistent with 444 Policy, Section .09, 9, pg. 13, would provide information to another institution on substantiated allegations of sexual abuse or sexual harassment involving former employees, upon receipt of Consent for Background Form. HR Director advised auditor that there has been no such case in the last 12 months, but staff are aware of policy and practice in event this...
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.

MSO Policy 444, Section 10, Upgrades to Facilities and Technologies, 1-2, pg. 13, mirrors the PREA standards, requiring the MSO to consider during design, or the acquiring of any new facility, the effect of the design, acquisition, expansion, or modification upon the ability to protect inmates from harm, including sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the MSO shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.

The PREA Compliance Manager, during on-site review of the latest facility addition, i.e. Housing Units E & F, Dorms 1,2,3,4 (2014), pointed out the multiple strategically placed CCTV camera locations, advising auditor that MSO had designed the newest addition (North Building) from lessons learned from retrofitting of older facility areas with CCTV monitoring technology. PREA was a major consideration in design concerning such monitoring technology, and elimination of potential blind spots. Officer’s stations were also established on raised platforms, to afford security personnel enhanced visual supervision of the units. Auditor conducted a thorough on-site review of all facility areas, observing the many video camera placements and multiple monitoring stations, including the Control Center. Auditor received and reviewed the schematics of all housing units, confirming the systematic evaluation conducted, and CCTV placements, to provide for an effective video monitoring system at MSO.

In order to make a determination of compliance, auditor interviewed the Special Sheriff, Superintendent of Administration/Program Services, the PC and PCM. All parties emphasized that sexual safety is a consideration during any design/redesign or upgrade to facility areas. A current example of the MSO’s consideration of PREA during a design phase is the ongoing planning for renovation of the CWP Building, which normally houses Community Works Program inmates. The administration has requested a change in the original design to move the location of the inmate showers, which MSO officials believe would provide enhanced supervision and serve to protect inmates from sexual abuse. Such a change would reportedly require additional budgetary expenditures, but MSO has nonetheless requested this design change-order.

A second example of a facility upgrade is the purchase of 2 additional cameras in October, 2015, preparing for the subdivision of the video bail room into two offices. Auditor received the purchase documents and the schematic of the renovated areas. This action was taken by MSO to protect inmates from sexual abuse.

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.

MSO Policy 444, Section 11. 1-7, pgs. 13-15, addresses all requirements of Standard 115.21 (a) to (g). MSO investigative personnel are responsible to investigate inmate-on-inmate (Sheriff’s Investigations Unit-SIU), and staff misconduct (Internal Investigations Unit-IIU) concerning sexual abuse and sexual harassment incidents, or allegations of sexual abuse or sexual harassment. The uniform evidence protocol is detailed within Policy 444, Section 33. Criminal and Administrative Investigations, 1-11, pgs. 29-30.

In order to make a determination of compliance, auditor interviewed by phone the Northeast Regional SANE Coordinator, who is responsible to ensure that MSO inmates have access to forensic medical examinations without financial cost to the victim. There is a Memorandum of Understanding between MSO and Lawrence General Hospital for SANE Services. The SANE Coordinator advised auditor that she has 17 certified SANE employees, with 5 more in training, that are deployed to the 6 area hospitals. There are always either SANE employees on-duty, or on-call. The SANE Coordinator advised auditor that there has not been any transports to the hospital from MSO due to sexual assault in the last 12 months.

The SANE Coordinator is based out of Lawrence General Hospital, and has provided forensic workshops for MSO staff at the House of Correction and Jail in the past. During auditor’s on-site review, the SANE Coordinator presented a forensic workshop to auditor and MSO staff, and an additional PREA Auditor who was shadowing/observing this PREA auditor for the day. Auditor learned during workshop that the SANE Coordinator and MSO TC had developed a “Lawrence General Algorithm for SANE Patients” specifically for the Middlesex Sheriff’s Office. This algorithm was reviewed via power point by SANE Coordinator, who explained that inmate security, patient privacy, and rape crisis services were incorporated into this contingency plan.

Following the aforementioned SANE workshop, a staff representative of the YWCA Domestic Violence Program conducted a similar training session for auditor and MSO personnel. MSO has an established MOU (March 1, 2015) with the Greater Lawrence, Massachusetts YWCA to provide Rape Crisis/Hotline services to the inmates of MSO. The YWCA Sexual Assault/Rape Crisis Program offers to victims crisis intervention, individual counseling, 24-hour medical advocacy to hospitals/clinics, including during forensic exam, and court advocacy.

Auditor interviewed random staff members and first responders who described immediate response procedures to ensure preservation of evidence/security of the incident scene, safety of victim, use of PREA bag, etc. Auditor observed contents of one of four PREA bags maintained by MSO, which contain the necessary items for evidence preservation, e.g. plastic gloves, paper and plastic bags, chain-of-custody forms, sheets/floor coverings, etc.

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.

In order to make a determination of compliance, auditor reviewed MSO Policy 444, Section 12. Policies to ensure referrals of allegations for investigations, 1-3, pg. 15. MSO’s policy is to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All cases are investigated or referred to the Middlesex District Attorney’s Office or the Massachusetts State Police, unless the allegation does not involve potentially criminal behavior.

In the past 12 months, there were 25 allegations of sexual abuse and sexual harassment received and investigated by the Sheriff’s Investigation Unit, SIU. There were 14 cases investigated by the Internal Investigations Unit, IIU. There were no cases referred for criminal investigation. The SIU investigates inmate-on-inmate PREA cases, and the IIU investigates staff PREA cases.

In order to make a determination of compliance, auditor interviewed the Special Sheriff, Superintendent, one IIU investigator and two SIU investigators. All investigative files were reviewed by auditor with the respective investigators. There were no cases referred for criminal prosecution during the past 12 months. One inmate received a misconduct for filing an allegation in bad faith, resulting from a SIU
investigation.

Agency policy to ensure that allegations of sexual abuse and sexual harassment are referred for investigation by an agency with the legal authority to conduct criminal investigations (District Attorney’s Office and Massachusetts State Police) is published on the MSO’s website, at: www.middlesexsheriff.org

**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.**

MSO Policy 444, Section .13, Employee Training, 1-3, pgs. 15-16, requires all employees to receive PREA training, and refresher training every two years to ensure that all employees know the MSO’s current sexual abuse and sexual harassment policies and procedures. All such training shall be documented.

In order to make a determination of compliance, auditor interviewed random personnel to determine employee’s recollection and knowledge of PREA subject matter resulting from their training. Staff had good recall of the PREA training, whether was provided at the 12 week basic training academy or recently during annual 40 hour mandatory training. Several staff members during interview mentioned to auditor and displayed their PREA immediate response laminated pocket cards, issued to all MSO personnel. Auditor also confirmed that the majority of security personnel encountered during the week during on-site review had possession of the issued cards. Non-security staff interviewed were also very familiar with their individual duties, as a possible first responder, e.g. making initial notifications, being a mandatory reporter, filing documentation, receiving anonymous or third party reports, Auditor conducted random review of training records of personnel to confirm reported trainings. MSO maintains credible and accurate training documentation, evidencing employees PREA training. Auditor also received and reviewed training spreadsheets for MSO staff, evidencing the multiple PREA trainings conducted, as reported to auditor, and asserted-to by staff during interview. It is evident to auditor that MSO utilizes a dedicated cadre of training personnel, and the administration of MSO provides this commitment and support.

In June, 2013, in the statewide concerted effort to implement PREA, MSO hosted a regional PREA training workshop presented by The PREA Resource Center and The Moss Group, Inc. 121 officials from 11 Massachusetts counties and the Massachusetts Sheriff’s Association attended. Auditor reviewed the workshop attendance roster and agenda, which included breakout sessions for jail Personnel, PREA Coordinators and Community Providers.

PC and PCM recently conducted a PREA training and SANE/YWCA Rape Crisis workshop for a sister Massachusetts county. MSO staff then conducted a mock on-site review, and a mock Incident Review Team meeting for that agency.

**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.

MSO Policy 444, Section 14 Contractors, Interns and Volunteers, 1-3, pgs. 16-17, provides for the training of all contractors, interns and volunteers “on their responsibilities under the MSO’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.”

In order to make a determination of compliance, auditor interviewed a contractor to determine whether she had received the required PREA training. The contracted employee recalled the initial PREA training approximately two years ago, and a more recent PREA refresher training provided by her Department Head. She was aware of the agency’s zero-tolerance policy and was able to relate employee/contractor reporting and immediate response procedures.

Facility vendors/contractors were advised by written MSO letter in 2015 of the requirement to be PREA oriented and to indicate so by signature.

MSO reported on PAQ that 100% of volunteers/contractors that have contact with inmates have been PREA trained. Auditor requested and was provided the Regional Sane Supervisor’s sign-off sheet verifying receipt of her PREA orientation, which was conducted on 4-4-16.

**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.**

MSO Policy 444, Section 15 Inmate Education, 1-7, pg. 17, requires inmates to receive information upon intake, concerning the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents of sexual abuse or sexual harassment. Comprehensive inmate education in formats accessible to all inmates must be provided. Documentation of inmate participation in these education sessions must be maintained. The MSO policy requires “that key information is continuously and readily available or visible to inmates through posters, inmate handbooks or other written formats.” Both pre-sentenced and sentenced inmates receive further PREA education thru Targeted Zero Tolerance (TZT), a process where the PC visits every housing unit quarterly, presenting a review session to the inmates of the MSO’s zero-tolerance policy. The PC then is required to revisit units within 30 days to ensure that no new PREA complaints have resulted from TZT review.

In order to make a determination of compliance, auditor interviewed 13 inmates which included pre-sentenced and sentenced, Caucasian, African-American and Hispanic, transgender, LEP, disabled, security threat group, and mental health. All inmates interviewed evidenced having received PREA educational instruction and having watched a video about sexual abuse and reporting. The inmates related to auditor varying degrees of knowledge concerning their rights, reporting and services available. All inmates advised auditor that they had received the PREA information, and that they felt safe at the MSO House of Correction and Jail.

During on-site review of facility housing units and work areas, auditor randomly engaged inmates in conversation about the facility, their sentence status and individual adjustment, PREA, and whether they felt safe at MSO. All inmates so engaged evidenced a favorable comfort level consistent with the positive employee morale and displayed professionalism. Auditor observed PREA posters in Spanish (on left) and in English (on right) posted jointly in a standardized manner throughout the facility, both in the housing units and common areas. Similarly, the auditor Notice of Audit (English and Spanish, posted beginning March 28, 2016), was posted in all housing units and many common areas.

On May 11, 2016, auditor sat-in on the regularly scheduled weekly PREA Orientation conducted in F Pod (sentenced inmates) for new receptions. Seven inmates were present along with the PC and another facilitator. The JDI PREA video was shown, and the PC provided reiteration of the local MSO zero-tolerance policy, and methods for the inmates to report sexual abuse or sexual harassment. The entire process lasted approximately 25 minutes. There is an opportunity for questions and answers. The orientation was professionally presented and
well received by the 7 inmates.

Over the past 12 months, according to MSO’s PAQ, MSO reported processing 1,198 inmates at Intake. Inmates receive their Inmate Handbook and Middlesex Sheriff’s Sexual Assault Awareness brochure as basic issue upon entry into MSO, according to the Pre-Audit Questionnaire. The Inmate handbook, in English and Spanish, contains PREA information, instructions on reporting sexual abuse/assault, and two PREA hotline numbers, i.e.: 1-978-932-3100; and 978-452-7721. Auditor successfully tested both Hotlines on 6-1-16, with the first noted number going to an MSO answering machine (this machine checked three times daily by the PC), and the second number reaching a staff representative in Lowell, Massachusetts, at the Center for Hope and Healing (CHH). The Inmate Handbook also lists definitions of Prohibited sexual behaviors.

The PREA brochure issued to every inmate upon intake also contains the MSO Hotline; the National PREA Hotline or RAINN (Rape, Abuse and Incest National Network, 800-656-4673); and the CHH Hotline. Auditor tested the National Hotline/RAINN, also, on 6-1-16, and was connected to the Lawrence, MA YWCA Rape Crisis line, which happened to be staffed when I called by the YWCA staff person that had conducted the Rape Crisis workshop at MSO on 5-11-16. Auditor is therefore pleased to report that all phone numbers/lines provided to the inmate population are functional, and readily available.

The three primary Rape Crisis Hotlines phone numbers available to the inmate population, and affixed to every inmate phone at MSO, are also in-place in each of the inmate non-contact visiting booths. These numbers are placed on both the inmate’s side and the visitors’ side of the visiting booth, for visitor’s information.

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.

MSO Policy 444, Section .16 Specialized Training: Investigations, 1-4, pgs. 17-18, requires facility investigators to receive specialized investigative training in conducting investigations in confinement settings. This specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Such training of facility personnel must be documented.

In order to make a determination of compliance, auditor interviewed three facility investigators. Working with these SIU and IIU investigators, auditor reviewed every PREA investigative file from the last 12 months. MSO employs 4 full time and one half-time investigators.

Auditor verified completion of required specialized training by receiving copies of PREA Investigative Certificates of all 5 designated facility PREA investigators. Auditor notes that the Superintendent of Administration/Program Services and the PC have both also completed the 3-day PREA Investigative training. The PC has further completed an additional 40 hour investigative PREA training. Such action by the Sheriff’s Office in authorizing key personnel to also attend this valuable training is reflective of the agency and the thoroughness and efficiency of the SIU, IIU and PREA Team.

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.**

In order to make a determination of compliance, auditor reviewed MSO Policy 444, Section .17 Specialized Training: Medical and Mental Health Care, 1-2, pg. 18. This policy provision requires both full and part-time medical and mental health care practitioners who work regularly at MSO to receive specialized training concerning the handling of sexual abuse and sexual harassment cases.

MSO relies on Lawrence General Hospital for forensic medical examinations/SANE services. MSO has a Memorandum of Understanding with Lawrence General Hospital for such SANE services. Both the MSO staff and Massachusetts Department of Public Health Northeast Regional SANE Coordinator have advised auditor that there has not been an inmate transport to Lawrence General during the last 12 months due to sexual abuse/assault.

Auditor interviewed the Health Services Administrator and one Registered Nurse, RN. Both advised auditor that they had received the specialized Medical/Mental Health training from the NE Regional SANE Coordinator, who came into MSO to conduct this training for facility staff. This is the same training auditor and others attended during audit week on May 11, 2016. Auditor verified attendance at training by the aforementioned personnel by receiving written verification from the MSO PC.

Auditor was informed by the Health Services Administrator that she had also completed another excellent Medical/MH specialized course, on-line, available from the National Institute of Corrections, NIC. Due to the proactive nature of MSO, auditor conducted some research and informed the PC of MSO that there are 10 online courses available thru the NIC PREA Learning Center which could prove to be a valuable resource for their staff.

**Standard 115.41 Screening for risk of victimization and abusiveness**

X Exceeds Standard (substantially exceeds requirement of standard)

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

□ Does Not Meet Standard (requires corrective action)

**Auditor 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.**

MSO Policy 444, Section .18 Screening for Risk of Victimization and Abusiveness, 1-9, pgs. 19-20, directs that all inmates be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates during an intake screening. This risk screening to occur within 72 hours of arrival at the facility. An objective screening instrument will be used, considering specific individual criteria and histories for all new receptions. An inmate’s risk level will be reassessed within 30 days of arrival and at other times specified in the policy. The sensitive information obtained during this risk assessment must be tightly controlled to prevent exploitation to the inmate’s detriment by staff or other inmates. Inmates shall not be disciplined for refusing to answer, or for not disclosing complete information during the risk assessments.

In order to make a determination of compliance, auditor interviewed a staff member responsible for conducting risk assessments, the PC and PCM, a transgender inmate and multiple random inmates. The random inmate interviews confirmed that MSO has been conducting both initial 72 hour risk assessments, and the required subsequent 30 day reviews. MSO actually conducts 3 risk assessments within 30 days, as they conduct the first one in medical by medical personnel, the day of the inmate’s arrival. A classification specialist then conducts a second risk assessment within 72 hours while the inmate is housed in a “new man” unit, and a third assessment is conducted within 30 days by a unit caseworker. All assessments are reviewed by classification personnel.
The transgender inmate interviewed confirmed that she was assessed when first admitted to MSO and then assessed again when admitted to F Pod. The transgender inmate advised auditor that staff provided her individualized consideration for housing and showering. Inmate advised that she was comfortable and felt safe at MSO, where staff know her and respect her. Inmate described the PC as “awesome” with her dealing with her and other similar inmate situations. Auditor requested and reviewed this inmate’s Risk Assessment form to confirm staff actions and the individualized attention to this inmate. Auditor also requested, received and reviewed a Risk Assessment form of an inmate classified as a 3, due to his potential/ past conduct as a perpetrator.

MSO advised auditor and responded on the PAQ that 100% of the 1,198 inmates processed into MSO during the last 12 months, and were not released within 30 days, were reassessed within 30 days.

The Classification staff person who performs screening for risk of victimization and abusiveness stated that he receives the Internal Housing Risk Factors form, and he reviews these risk assessments within 72 hours, but normally the very next day following inmates’ arrival to MSO. The inmates are scored numerically, either as a 1, 2, or 3. A 1 indicates a potential risk of victimization; 2 having no risk identified; and 3 having a potential risk of perpetration or there is an indicator the inmate was a predator. The risk factors are then discussed with the inmate concerning housing, showering, meals and special needs, on a case by case basis. Only the caseworker and classification staff person see the form, with the PC then being informed of the 1’s and 3’s, due to the risk factors concerning housing. Auditor obtained and reviewed the Risk Factors form with the PC and discussed the need-to-know distribution. All inmates are then reassessed again within 30 days by the unit caseworker. Interview with the classification staff person, and Assistant Deputy Superintendent, indicated that the required screenings of new receptions are performed in accordance with policy, and that only staff necessary to know the risk factor information is informed. The staff person responsible for housing assignments, Case Manager and the Superintendents are aware of the inmate’s risk scores.

At MSO, the PC meets with inmates who are being transferred. Inmates are provided a PREA brochure for the facility that they are being transferred to. Each transferring inmate will also have a new risk assessment completed and that risk assessment will become part of that inmate’s transfer packet.

**Standard 115.42 Use of screening information**

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

**Auditor 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.**

MSO Policy 444, Section 19 Use of Screening Information, 1-7, pgs. 20-21, states the agency shall use the information from risk screening 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. The agency shall make individualized determinations about how to ensure the safety of each inmate. The facility makes housing and program assignments for transgender or intersex inmates on a case by case basis, considers the inmates own views with respect to his safety and provide the opportunity to shower separately from other inmates. Placement and programming assignments for transgender and intersex inmates are reassessed twice each year to review any threats to safety experienced by the inmate. The agency shall not place LGBTI inmates in dedicated units solely on gender identification status.

In order to make a determination of compliance, auditor interviewed the staff person responsible for risk screening, the PC and PCM, and a transgender inmate. Interviews with the noted personnel served to confirm that the policy requirements are being met, that inmates screened are receiving individualized consideration, concerning facility assignments, always acting to keep the 1’s and 3’s separate concerning housing assignments. Both the staff interviewed and the transgender inmate interviewed have indicated that the transgender inmates are provided the opportunity to shower separately, and his own views concerning housing and facility safety were being considered. The transgender inmate spoke favorably of the PC’s efforts concerning PREA, and her individualized consideration extended to her, based upon her own views. The PC advised auditor that transgender, intersex or inmates that are highly effeminate have individualized classification hearings taking into account their specific needs. There are no specific housing units for LGBTI inmates. LGBTI inmates have the same options as other inmates concerning programming and education.
The PC at MSO has presented 4 LGBTI workshops at American Jail Association or American Correctional Association Conferences, beginning in 2013. She makes herself available to personnel and the inmate population during her frequent tours of the facility to discuss PREA related issues. Auditor observed that she is widely recognized as the MSO PREA Coordinator, by both staff and inmates during on-site review. During random staff and inmate interviews, results indicate both staff and inmates are aware of the staff person designated as the PREA Coordinator.

**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.**

In order to make a determination of compliance, auditor reviewed MSO Policy 444, Protective Custody, 1-5, pg. 21. Policy restricts the use of segregated housing for inmates at high risk of victimization unless an assessment of all available alternatives have been made. Policy provides for a 24 hour placement in segregated housing while an assessment can be conducted. Inmates placed in segregated housing would have access to programs, privileges, education and work opportunities to the extent possible. MSO would document restricted programs and privileges, if necessary. MSO would document the basis for the concern for the inmate’s safety and the reason why alternative housing could not be utilized. Such assignment to segregated housing shall not ordinarily exceed a period of 30 days. The MSO shall conduct a review every 30 days to determine whether there is a continuing need for separation from the general population.

MSO reported on the PAQ that 1 inmate was placed in involuntary segregated housing from one to twenty four hours in the past 12 months. Auditor conferred with MSO about this one reported Protective Custody case, and learned that the inmate was not confined to segregated housing, but to another general population unit, but commonly referred-to as PC. This clarification confirmed MSO’s practice of not placing reporting inmates or victims to segregated housing. This housing unit, and several others, provide a higher level of protection and supervision for potential victims of sexual abuse. The PC advised auditor that inmates may also elect to be housed in such units, subject to staff review and approval.

There were no inmates placed in segregated housing/protective custody due to high risk of sexual victimization during the time of auditor’s on-site review, or during the last 12 months. MSO possess a wide range of separate housing units, and they utilize them accordingly, for such separation and protection purposes.

Interviews with the Special Sheriff, and Superintendent of Administration/Program Services, confirmed the MSO practice of identifying alternative housing for at-risk or reporting inmates, instead of reliance on segregated housing. The Special Sheriff advised that MSO utilizes the “least restrictive” housing necessary in order to ensure inmate safety, and the Superintendent advised segregated housing would possibly be utilized only for “a matter of hours.”

Auditor interview two security staff members that are assigned to segregated housing, on two different shifts. Auditor was advised that MSO utilizes alternative housing for the safety/separation of inmates, versus using segregated housing.

**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.

MSO Policy 444, Section .21 Inmate Reporting, 1-2, pgs. 21-22, “provides for multiple internals ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” The policy also requires at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of MSO, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to MSO officials, allowing the inmate to remain anonymous upon request.

Auditor during on-site review observed a padlocked inmate Grievance box at the front of every housing unit. Three additional boxes are also located there, i.e. mail, medical and caseworker. The PC advised auditor that inmates can use the tear-off slip provided to them in their PREA brochure to report sexual abuse or sexual harassment. They can do this by filling-out the form and placing it in the unit’s Nurse’s mailbox.

In order to make a determination of compliance, auditor interviewed random staff and random inmates, and the Grievance Coordinator. The Grievance Coordinator is an Assistant Deputy Superintendent. He advised auditor that he tours the facility each morning and picks up any grievances placed in the grievance mailboxes. Any grievances identified as possibly PREA are immediately delivered to the Superintendent.

The random inmates interviewed advised auditor that they could notify various staff of a sexual abuse or sexual harassment complaint, e.g. Officer, Counselor, Case Manager, PREA Coordinator, a Sgt., Lieutenant, or Captain, medical, or mental health. The PC advised auditor that she routinely tours the units, and is able to field inquiries and complaints from inmates. She is often able to prevent issues from escalating, by being accessible to the inmates, and then working with staff to resolve those issues. Auditor detected a common willingness by inmates to approach MSO staff with such concerns. Inmates are aware of the PREA Hotlines to call, and the locations of the numbers on the phones and postings.

The random staff interviewed indicated to auditor that they could file a Confidential Communication Report (such reports are not regular incident reports, or QEDs, but have very limited distribution), if they wanted to privately report an allegation of sexual abuse or sexual harassment. They could also personally notify their Shift Commander or the PC. Staff had knowledge through PREA training that they could and would accept reports made verbally, in writing, anonymously, and from third parties. Staff would promptly document such reports. Random staff interviewed were aware of the multiple ways for inmates to report sexual abuse or sexual harassment, e.g. directly to any staff member, medical, a note in a box, Hotlines, to PC, Request Form, or Grievance.

The agency provides three Hotline phone numbers for the inmates use: An internal PREA Hotline, 978-932-3100; the National Rape Crisis Hotline, 800-656-4673; and the Center for Hope and Healing, 978-452-7721. Auditor tested all three Hotline phone numbers successfully. When utilizing the RAINN Hotline, auditor was referred/connected to the YWCA Rape Crisis office in Lowell, Massachusetts, part of the consortium of local rape crisis programs. The auditor then spoke with the specific staff person that had delivered the YWCA workshop to MSO personnel, including this auditor on, May 11, 2016.

The PC has created a logbook which evidences her 3-times daily check of the MSO PREA Hotline located in her office. The PC telephoned this auditor back in a timely manner to advise that she had received my message/test of the MSO Hotline.

All 3 Hotline phone numbers, in English and Spanish, are affixed to every inmate phone at MSO. All 3 numbers, in English and Spanish, are affixed to every visiting booth in the inmate visiting room—on both the inmate and visitor sides. The address to the Middlesex County District Attorney’s Office Sex Assault Unit is posted on the visitor’s side of the inmate visiting booths, for inmate visitor’s information.

MSO also provides The Middlesex District Attorney’s Office Sex Assault Unit address, 151 Warren Street, Lowell, MA 01852, within the PREA brochure which is issued to every inmate upon intake. MSO advises in the brochure that third party reports can be made to the DA’s Sex Assault Unit. The Middlesex Sheriff’s Office address, 269 Treble Cove Road, Billerica, MA 01862 is also listed in the PREA brochure, along with the PREA Coordinators email address and phone number.

Inmates are not detained at MSO solely for civil immigration purposes.

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**Standard 115.52 Exhaustion of administrative remedies**

PREA Audit Report
Rape, Abuse, Healing, brochure

☐ 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.

MSO Policy 444, Section .22 Exhaustion of Administrative Remedies, 1-15, pgs. 22-24, establishes administrative procedures to address inmate grievances regarding sexual abuse. Policy language and requirements are consistent with Standard 115.52 requirements regarding time limitations, absence of stipulations, allows for submission of grievances by third parties, establishes procedures for the filing of emergency grievances, and provides for the filing of misconducts where the agency demonstrates the inmate filed a grievance in bad faith.

In order to make a determination of compliance, auditor interviewed the Grievance Coordinator and reviewed the 2 grievances which MSO has considered to be PREA grievances. Both grievances were submitted in October-November 2015, and were properly addressed. Both inmates filed these grievances reporting that they were “PREA” grievances. Auditor review of the issues presented by the two inmates confirmed that neither of the two grievances filed were determined to involve any sexual abuse or sexual harassment, as there were no specific allegations of sexual abuse or sexual harassment presented or alleged. The Grievance Coordinator had forwarded the grievances to the Superintendent, due to the PREA possibilities. There was therefore no true PREA grievances filed at MSO in the last 12 months.

Interview of the Grievance Coordinator confirmed MSO is in compliance with MSO Policy 444, and the PREA Standards concerning Exhaustion of Administrative Remedies. The Grievance Coordinator has delivered prior PREA grievances directly to the Superintendent, and would forward an emergency grievance immediately to the Superintendent for her information and investigation by either SIU or IIU. There were no emergency grievances filed in the last 12 months at the MSO.

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.

MSO Policy 444, Section .23 Inmate Access to Outside Confidential Support Services, 1-3, pgs. 24-25, requires MSO to “provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.”

Auditor has received and reviewed English and Spanish versions of the MSO Inmate Handbook and the MSO Sexual Assault Awareness brochure issued to every inmate upon entrance to MSO. The Inmate Handbook contains the phone number to the Center for Hope and Healing, CHH, a local Rape Crisis Center in Lowell, Massachusetts. The MSO has a Memorandum of Understanding (MOU) with the CHH to provide Hotline, Counseling, Advocacy and Supportive Services, and a MOU with the local YWCA Domestic Violence Program in Lawrence, Massachusetts. The YWCA is the agency responsible to respond to SANE activations at Lawrence General Hospital, in event an MSO inmate is transported there due to sexual abuse. The PREA brochure also contains the phone number for the CHH, and the phone number for the Rape, Abuse and Incest National Network, or RAINN.

In order to make a determination of compliance, auditor interviewed random inmates concerning their knowledge of the sexual abuse services available to them. Inmates interviewed reported having observed the PREA posters in their housing units, and other common PREA Audit Report
areas of the House of Correction and Jail. They are aware from PREA orientation and by viewing the 3 phone numbers affixed to every inmate telephone of the availability of rape crisis services and supportive counseling services. Inmates were aware that the phone calls are toll-free.

During on-site review of facility areas, auditor observed the consistent posting of PREA signage. Auditor tested the functionality of each of the three hotline phone numbers, and spoke by telephone with the .

**Standard 115.54 Third-party reporting**

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**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.**

MSO Policy 444, Section 24. Third-Party Reporting, 1-5- pg. 25, provides for third-party reporting directly to the MSO, by calling (978) 932-3100; or to the Middlesex District Attorney’s Office, 151 Warren Street, Lowell, MA 01852. Staff can report known or suspected acts of sexual misconduct through the chain of command, or privately to the Superintendent. Addresses and phone numbers for confidential outside victims’ advocates are posted in all areas that inmates have access.

Inmates at PREA Orientation are informed of MSO acceptance of third party reports of sexual abuse, by using the Hotlines or Middlesex DA’s Office Sex Assault Unit address. The PREA brochure distributed to all inmates at Intake contains instructions and address for third-party reporting of sexual assault to the Middlesex DA’s Office Sex Assault Unit.

Policy 444, with Third-Party Reporting instructions, Section 24, is posted on MSO Website.

The address for the Middlesex County District Attorney’s Office Sex Assault Unit is posted in all visitor booths in the inmate visiting non-contact booths, along with the 3 Hotline phone numbers, in English and in Spanish. Visitors are able to use such Hotlines or the District Attorney’s address to report via third party.

During interview by auditor, both the staff and inmates were aware of the acceptance of third-party reports of sexual abuse or sexual harassment. Auditor explained third-party methods to several inmates, and possible reasons why an inmate would choose to have a report made to the MSO or community organization via a third-party.

**Standard 115.61 Staff and agency reporting duties**

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**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.**

In order to make a determination of compliance, auditor reviewed MSO Policy 444, Section 25, 1-4, pgs. 25-26. MSO requires “all staff to PREA Audit Report
report immediately to the Shift Commander, 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 MSO; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation shall immediately be followed up with a confidential communication report.” This reporting requirement applies to all MSO staff, including health services and to mental health practitioners unless the reporting is precluded by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than when necessary to make treatment, investigation or other security and management decisions. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be reported to the facility’s investigators.

Auditor interviewed random staff, an RN and mental health staff person concerning their knowledge of mandatory reporting. All employees interviewed understood their individual duty to report any information that came to their attention concerning sexual abuse or sexual harassment. Random staff advised auditor that they would report any such allegations to their Shift Commander, immediately. A written report would follow. Should the staff intend for the information to remain confidential, they would submit a Confidential Communication Report, which differs from a standard incident report, or QED. Staff also understood that confidentiality must be maintained and the unauthorized sharing of such information was prohibited.

The PC’s office is located across from the correctional officer’s roll call room in the Old Tier Building, which makes her readily available and accessible to personnel, to receive such information, or to discuss inmate housing or adjustment issues. The PC provided to auditor several examples of such information that she has submitted or were submitted to her office by other personnel.

**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.**

MSO Policy 444, Section 26, Protection Duties, pg. 26, states: “When the MSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.”

MSO has reported on their PAQ that there was one such incident in the last 12 months (April 1, 2015-April 1, 2016), wherein an inmate was determined to be at substantial risk of imminent sexual abuse. Staff took immediate action to ensure that the inmate’s safety was ensured. Subsequent investigation of reported incident by SIU determined case was not a PREA incident, and the inmate was not placed into segregated housing, but was moved to another general population unit which provides enhanced supervision.

Auditor interviewed the Special Sheriff and the Superintendent concerning their handling of reports of imminent sexual abuse. The administrators responded accordingly, and would ensure safety of inmate, be least restrictive in housing with reporting inmate, utilize motivational interviewing and utilize single cell housing. Staff administrative interview results and conversations with PC, PCM and other MSO personnel have served to confirm to auditor that MSO would act immediately, and would utilize segregated housing only as a last resort to ensure an inmate’s safety. All such reports received by personnel are documented, and processed up the chain of command and then assigned to be investigated by either the SIU or IIU.

The random staff interviewed provided similar appropriate responses, e.g. isolate the inmate, separate the inmates, secure the inmate, ensure inmate’s safety, secure the scene, notify Shift Commander, get information, submit reports, etc. Interviewed staff evidenced having experienced a thorough PREA training experience, with many also referencing their laminated MSO-PREA Basic Response Plan cards. The PREA response cards were issued to all MSO personnel upon their receiving their PREA training, and they were required to receipt for the cards.
The PREA pocket cards appear to have been well-received by personnel encountered and interviewed during auditor’s on-site review.

**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.**

MSO Policy 444, Reporting to other Confinement Facilities, 1-4, pg. 26, requires the MSO Superintendent to notify another facility when MSO receives information that an inmate was sexually abused while confined at another facility. Such notification must be made as soon as possible, but no later than 72 hours after receiving the allegation. This action shall be documented. Upon receiving an allegation that an inmate was sexually abused while confined at the MSO the Superintendent shall ensure that the allegation is investigated.

The PAQ submitted by the PC indicated that there were 5 reported allegations received of sexual abuse at other facilities in the last 12 months.

In order to make a determination of compliance, auditor interviewed the Special Sheriff, the Superintendent and two SIU investigators. The Sheriff and Superintendent advised auditor that an investigation would be conducted by MSO if an allegation was received that a sexual assault had occurred within MSO, and they would immediately notify another facility should they receive information of a sexual abuse incident at another facility. The investigators interviewed displayed and discussed the 5 reported cases of allegations received, that sexual abuse had occurred at another facility. The auditor reviewed the investigative files for thoroughness, and for the letters forwarded to the other facilities. While all letters were verified as being sent, two notifications exceeded the 72 hour requirement, i.e. November, 2015 and January, 2016 cases. The procedure of handling such reports is firmly in place, however. There were no reported cases/investigations of sexual abuse alleged to have occurred within MSO during the last 12 months.

**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.**

MSO Policy 444, Section 28. Staff First Responder Duties, 1-2, pg. 27 provides guidance for employees that would be the first security staff member to respond to a report of an allegation of sexual abuse. Should the first staff responder not be a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.
Random interviews of security staff and of a designated first responder revealed a very knowledgeable security force. The effective training of personnel is evident by the appropriate responses by security personnel in separating the inmates, ensuring inmates safety, securing the scene/preserving evidence, notifying Shift Commander, obtaining information/statements, etc.

The MSO PAQ reports 31 allegations that an inmate was sexually abused in the last 12 months, with a security staff member being on-scene and separating the alleged victim and abuser on 5 occasions. The number of times that a non-security staff member was the first responder when an allegation of sexual abuse was made is 1.

No collection of evidence was required in any of the PREA investigations conducted during the last 12 months at MSO.

The number of substantiated sexual abuse allegations for the last 12 months is four. None of the four involved sexual violence.

**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.**

MSO Policy 444, Section 29 Coordinated Response, pg. 27 reflects the MSO’s “institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”

In order to make a determination of compliance, auditor interviewed the Superintendent, who directly supervises the PC and PCM, and receives grievances alleging sexual abuse or sexual harassment. The Superintendent is also a certified PREA Auditor and has completed the 3-day PREA Investigator specialized training. While the MSO has not experienced an actual sexual abuse incident during the last 12 months, the coordination of departments and cooperation among personnel, as observed by auditor, would appear to enable an effective and timely coordinated response to an incident of sexual abuse. Line staff are knowledgeable and motivated to respond and serve, and recognize their roles as first responders. Similarly, medical and mental health personnel are also aware of their specific roles, as are the SIU and IIU investigators and facility leadership.

It is evident to auditor that the PREA program has been delivered to personnel in a well-executed manner, and has resulted in employee buy-in, and Teamwork. The IRT meetings serve to reinforce this teamwork and coordinated actions, which are conducted subsequent to review/investigation of alleged or reported incidents.

**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.**
MSO Policy 444, Section 30, Preservation of Ability to Protect Inmates from Contact with Abusers, 1-2, pgs. 27-28, “Neither the MSO nor any other governmental entity responsible for collective bargaining on the MSO’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the MSO’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.” Nothing shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with the standard’s (115.72; 115.76) provisions; or whether a non-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.

Auditor interviewed the Special Sheriff who advised auditor that the PREA language that requires language that does not limit the agency’s (MSO’s) ability to reassign personnel. Such protections were inserted directly into the Policy 444. MSO has always maintained the ability to reassign bargaining unit employees under prior and existing contractual language.

**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.**

In order to make a determination of compliance, auditor reviewed MSO Policy 444, Section 31, MSO Protection Against Retaliation, 1-7, pgs. 28-29. This policy section addresses all aspects of PREA standards, to include the designation of a staff member charged with monitoring retaliation, requires multiple protection measures, provides for a 90 day period of monitoring following receipt of a report of sexual abuse, requires periodic status checks within inmate reporters, requires documentation of monitoring be made to investigative files, provides for protection of other inmates who may have cooperated during an investigation, and allows for termination of monitoring if the allegation is determined to be unfounded.

Auditor interviewed the Special Sheriff, Superintendent, and the staff person responsible for monitoring retaliation (Reentry Coordinator/Victim Witness Advocate), with prior experience as Victim Advocate with the Middlesex District Attorney’s Office. Staff interviews indicate that the facility leadership is aware of retaliation concerns and requirements. Interviewed staff mentioned that housing unit moves would often prove beneficial in such cases, as a precaution. Staff during interview reported one inmate that had been fast-tracked to a Work-Release assignment due to verified internal inmate separation concerns; and another inmate that was moved to another county in the past.

The designated staff person charged with monitoring retaliation is an especially appropriate individual for such duties. She advised auditor that she meets with the inmates at 30, 60 and 90 day intervals, and at-times in between. Such monitoring could exceed the 90 day standard, and could be indefinite, considering the circumstances of the case. The staff person charged with monitoring retaliation advised auditor that such monitoring includes periodic status checks. Such status checks are documented on the PREA risk excel spreadsheet. This employee is also a member of the standing Incident Review Team. She advised auditor that the PREA legislation proved instrumental in MSO installing additional cameras. Employee advised auditor that the IRT meets monthly whether there are sexual abuse or sexual harassment reports or not. If a PREA report/investigation is being reviewed, the PC then proceeds thru a checklist of questions concerning possible motivation, location of incident, gang affiliation, etc.

**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

PREA Audit Report
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 444 section 32. Post-allegation Protective Custody, pg. 29, requires that “Any use of segregated housing to protect an inmate who is alleged to have suffered abuse shall be subject to the requirements of 115.43.”

Responses from interview of MSO Superintendent stated MSO would “do everything to ensure safety” of inmates, and only utilize involuntary segregated housing as a last resort. The Special Sheriff advised auditor during interview that the “least restrictive” measures and housing would be utilized to protect inmates at MSO.

The MSO TC advised auditor that the staff routinely utilize other general population units, perhaps with a higher level of security, and/or housed closer to the officer’s station, instead of utilizing segregated housing. The PCM also confirmed to auditor that such alternative general population housing is MSO’s practice of addressing such separation or protection issues. Several of the often-used general population units are Dorms 1 and 2, C Pod, First Tier or CWP (if eligible and classified).

At the time of audit, there were no inmates in involuntary protective custody. In the last 12 months, no inmates were placed in protective custody due to reports of sexual abuse or sexual harassment received or threats of retaliation. MSO reportedly utilizes alternative general population housing in Dorm 1, Dorm 2, and C Unit, instead of reliance on involuntary segregated housing. There have been instances when MSO has processed an inmate for Work-Release as a separation measure, where the inmate would be housed outside the secure perimeter of the HOC/Jail, and other cases where MSO has transferred inmates to another nearby county jail facility.

It is evident to auditor based upon staff and inmate interviews, review of documentation, and personal on-site review observations, that MSO makes a concerted effort to avoid the use of involuntary segregated housing for protection/separation purposes involving sexual abuse or sexual harassment incidents or allegations. This is not the initiative or practice of one or two administrators, but the Standard Operating Procedure at the MSO HOC/Jail.

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)
☐ 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.

MSO Policy 444, Section 33. Criminal and Administrative MSO Investigations, 1-11, pgs. 29-30, requires that MSO investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. At MSO, the SIU conducts reported sexual abuse or sexual harassment inmate-on-inmate investigations, while the IIU conducts staff-on-inmate investigations. All investigators must have received specialized investigative training concerning confinement settings. Investigators are required to follow a uniform evidence protocol, assess credibility of witnesses objectively, conduct compelled interviews only after consulting with prosecutors, and not require an inmate whom 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. Criminal investigations shall be documented in written reports describing the physical, testimonial and documentary evidence, attaching copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears criminal shall be referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the MSO shall not be a basis for terminating an investigation.
Auditor interviewed 3 of the 4 full time employee investigators (2 in SIU and 2 in IIU). An additional part-time investigator is also assigned to the IIU. Auditor has obtained copies of specialized PREA investigative training certificates for all 5 investigators. The Superintendent and PC have also completed this specialized PREA investigative training.

Auditor reviewed all 39 PREA investigations conducted in the last 12 months, i.e. April 1, 2015-April 1, 2016. Auditor reviewed the investigative files, working with the respective investigators, case-by-case, to confirm evidence collection, to include electronic monitoring data, inmate and staff statements, report summations, letters to other agencies, etc. All investigations appeared to have been conducted in a thorough and objective manner. Both the SIU and IIU had well-organized reports and files storage. All investigators interviewed advised that they would follow the evidence and make conclusions based upon evidence.

SIU completed 25 investigations and IIU completed 14 investigation during the last 12 months. Five additional SIU cases concerned inmate reports of alleged sexual abuse which had occurred at another facility. In these cases, all required letters were forwarded to those facilities as required. The SIU therefore has 30 PREA cases documented for the last 12 months.

Of the IIU investigations, all were completed as of May 31, 2016. The results were 1 substantiated; 4 unsubstantiated; 7 unfounded; and 2 unfounded and in bad faith.

Of the SIU investigations, all were completed as of May 6, 2016. The results were 9 substantiated, 2 unsubstantiated, 12 unfounded, 1 was determined unfounded and in bad faith, and 1 was a consensual act.

There were no cases referred for criminal prosecution from MSO in the last 12 months. There were no incidents/investigations concerning cases of sexual assault or any sexual contact among inmates that was not consensual. One inmate received a misconduct for bad-faith filing. There were no cases of staff and inmate sexual abuse.

**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.**

MSO Policy 444, Section 34. Evidentiary Standard for Administrative Investigations, pg. 30 requires no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

In order to make a determination of compliance, auditor reviewed and discussed all investigative files from the last 12 months with the respective SIU or IIU investigators. Investigators are compliant with MSO policy and PREA standard in that a preponderance of evidence is the standard utilized in investigating cases of sexual abuse and sexual harassment.

The investigators of SIU and IIU interviewed confirmed to auditor that a preponderance of evidence, or “51%”, is required to satisfy the burden of proof in such PREA investigations.

**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.

MSO Policy 444, Reporting to Inmates, 1-6, pgs. 30-31, requires inmates making allegations of sexual abuse to be informed whether the allegation has been substantiated, unsubstantiated, or unfounded. The SIU would inform the alleged victim of the status of the alleged abuser, and the IIU shall inform the alleged victim of the status of the staff member, e.g. post assignments, employment status, criminal charges.

Auditor interviewed 3 of the MSO’s 5 investigators, and reviewed all investigative cases with the respective SIU and IIU investigators. MSO has established a consistent practice of notifying the alleged inmate victims, and documenting this action. Auditor learned that the SIU and IIU offices were established separately from one main PREA investigative office, the SIU, in July, 2015. Over the last ten months, this specialization has allowed the offices to enhance their efforts and to establish consistent investigative practices and to standardize their documentation/reports, files and notification processes.

The Superintendent was interviewed by auditor and confirmed that inmates are notified when an investigation has determined an allegation to be substantiated, unsubstantiated or unfounded. The TC advised auditor that MSO’s practice in notifying inmates of investigative results is to meet privately with the inmate, review the letter and have inmate sign the letter. The letter is then filed in facility files and stored for the inmate. The letter is not retained by the inmate for security reasons. Auditor witnessed the completed notification letters in the investigative files.

There were no inmates available to interview at MSO that had reported a prior sexual abuse by another inmate or a staff member.

**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.

MSO Policy 444, Section 36. Disciplinary Sanctions for Staff, 1-4, pgs. 31-32, states that staff shall be subject to disciplinary sanctions upon termination for violating MSO sexual abuse and sexual harassment policies, with termination being the presumptive sanction for staff who have engaged in sexual abuse. Sanctions would be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and sanctions imposed for comparable offenses by other staff with similar histories.

Auditor reviewed IIU investigative files with an IIU investigator. There were no MSO staff members disciplined for sexual abuse with inmates during the past 12 months. One contracted staff member discontinued employment at MSO due to an investigation of a possible inappropriate relationship with an inmate. No sexual abuse or sexual involvement with the inmate was substantiated, however.

**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.

MSO Policy 444, Section 37. Corrective Action for Contractors, Interns and Volunteers, 1-2, pg. 32, addresses contractor, intern or volunteer sexual abuse of inmates, requiring such conduct to be reported to law enforcement authorities, unless the conduct was clearly not criminal. Such conduct would be reported to relevant licensing boards. Remedial measures will be taken in cases of violation of MSO sexual abuse or sexual harassment policies by a contractor, intern or volunteer.

Auditor interviewed the MSO Superintendent who advised that no remedial measures were necessary to implement in the last 12 months concerning contractor, intern or volunteer conduct. Superintendent advised that MSO would remove such an individual from MSO, for such conduct and if individual is licensed, report to licensing boards, if sexual abuse or sexual harassment conduct is substantiated.

Auditor reviewed investigative file of IIU which resulted in discontinuation of employment at MSO of a contracted staff member, by the vendor. No sexual abuse was substantiated. Investigation did conclude that it was substantiated that contracted employee was spending an inappropriate amount of meeting time with inmate.

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.

MSO Policy 444, Section 38. Disciplinary Sanctions for Inmates, 1-6, pgs. 32-33, provides for sanctions for inmates that engage in inmate-on inmate sexual abuse, commensurate with the nature and circumstances of the abuse, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The inmate’s mental disabilities or mental illness would be considered whether it contributed to his behavior when determining what type of sanction, if any, would be imposed. The MSO may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. MSO prohibits all sexual activity between inmates, but may not deem such activity as sexual abuse if it determines such activity to have not been coerced. Inmates would not be disciplined if their report of an allegation was determined to be made in good faith and investigation could not establish evidence sufficient to substantiate the charges.

The MSO Sexual Assault Awareness brochure, in English and Spanish language, issued to every inmate upon intake, contains a warning to the inmates concerning bad faith filing of allegations. The brochure states: “If it has been determined that you have made a false report the MSO may take disciplinary and or criminal action against you. All truthful accusations will be taken seriously.”

Auditor reviewed all investigative files with respective SIU and IIU investigators. SIU reported that one inmate received a Disciplinary report resulting from his bad faith filing of sexual allegations. Inmate received a 7 day disciplinary sanction.

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.

MSO Policy 444, Section 39, Medical and Mental Health Screenings: History of Sexual Abuse, 1-4, pg. 33, requires MSO staff to follow-up within 14 days of intake screening any inmate that has experienced a prior sexual victimization or perpetrated sexual abuse. This information shall be strictly limited to medical and mental health practitioners, and other staff, as necessary to inform treatment plans, and security and management decision making, housing unit and bed assignments, work, and education and program assignments. Medical and mental health staff shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Auditor interviewed the Regional Director for Medical/Mental Health Services at MSO. Director advised that her staff obtain informed consent from inmates, in accordance with policy, before reporting about prior sexual victimization that did not occur in an institutional setting. Director advised auditor that voluntary follow-up meetings with reported victims and inmate-on-inmate abusers would also be conducted within 7-14 days of intake screening, and treatment services would be provided if the inmate is in agreement. Informed consent is obtained from inmates before reporting about prior sexual victimization that occurred in an institutional setting.

Auditor reviewed the MSO Internal Housing Risk Factors (Males) form with the PC, and discussed the victim/predator risk factors, during interview, with the Staff Person Who Performs Screening for Risk of Victimization and Abusiveness. The Classification Director advised that two risk screenings are conducted initially; one at Receiving and a second time at Medical. A Caseworker does the initial screening and another is conducted within 30 days, of all inmates received, regardless of screening results. The Classification Officer reviews daily the new risk screenings that are conducted. MSO ranks inmates in a numerical manner, as 1’s, 2’s and 3’s, with 1’s constituting a higher risk for victimization, and 3’s presenting a higher risk for abusiveness. The sensitive information documented on the Internal Housing Risk Factors form is only available to the Caseworker collecting it, the Classification Officer that reviews and acts on it, and the PC, who is notified of any 1’s or 3’s. Other appropriate personnel, e.g. security, housing, programs, work and education, have access to the numerical categorization, but not the sensitive information documented upon the Risk Screening form.

The PC receives the risk screening numerical designations of all inmates received, i.e. 1’s, 2’s and 3’s. She maintains a spreadsheet of 1’s and 3’s risk inmates, that can only be accessed by the Superintendent. The PC utilizes this spreadsheet to monitor the 1’s and 3’s, and to confer with personnel concerning their adjustments. Auditor reviewed and received a sample spreadsheet for the date June 10, 2016 to confirm the format and information documented upon this internal reporting form.

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.

MSO Policy 444, Section 40. Access to Emergency Medical and Mental Health Services, 1-4, pg. 34, provides for timely handling and treatment of inmate victims of sexual abuse, including emergency contraception and sexually transmitted infections prophylaxis, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In order to make a determination of compliance with the standard, auditor interviewed a randomly selected Registered Nurse, RN. The RN recalled her PREA training in a very thorough and detailed manner. She noted that any alleged victim would be immediately evaluated by the medical department as part of the process, following the first responder actions, e.g. “separate them, contain property, notify Shift Reviewers.”

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Commander, keep clothing, no showering/brushing teeth.” The RN noted that MSO has PREA Bags for use in such sexual assault cases, for collection and preservation of evidence. According to the RN, these PREA Bags contain “brown paper bags, sheets, gloves, labels, inventory sheet.” Auditor verified there are 4 PREA Kits maintained by MSO, and securely stored in the MSO Security Office. The PCM displayed the contents of one PREA Kit bag for the auditor and other appropriate personnel, verifying that the kits contained the essential items necessary for the first responders and investigators use to collect and preserve evidence.

The Medical and Mental Health Director was also interviewed by auditor. She stated that the nature and scope of emergency treatment and crisis intervention services provided would be determined by the medical and mental health practitioners’ professional judgment, and policy and procedure on-site. Such timely and unimpeded services would be provided “right away” and would be provided, possibly without the inmate’s participation as a condition of access to such programming, in accordance with Policy 444.

Auditor interviewed multiple random staff that act as first responders. Staff were consistent in their responses and evidenced prior PREA training. Responses included separate/isolate alleged victim, limit threat, secure the scene, make notifications, notify and/or have inmate escorted to Medical Department, preserve evidence.

There were no inmates housed at MSO during the on-site review that had self-reported a sexual abuse.

**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.**

Policy 444, Section 41, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, 1-6, pgs. 34-35, requires that MSO offer medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized in any prison, jail, lockup, or juvenile facility. This includes follow-up services and treatment plans when necessary, consistent with the community level of care. Tests shall be offered to inmate sexual abuse victims for sexually transmitted infections. All such services would be provided free of cost, and regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident. The MSO shall conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

MSO does not confine female offenders. The requirement to therefore provide pregnancy testing or to provide information concerning pregnancy related services are not applicable.

There were no inmate victims available to interview or instances of sexual abuse at MSO during the last 12 months. The contracted Medical and Mental Health Director advised auditor during interview that inmates would not be forced to participate in the free, available and offered treatment services, and that the facility would not withhold such services from inmate victims due to the failure of the victims to cooperate with the facility/investigation. The Director asserted to auditor that the medical and mental health services provided at MSO are consistent with the community level of care.

Auditor conducted on-site review of all medical department areas of MSO on May 9, 2016. Auditor observed a clean and well organized office complex consisting of administrative offices, exam rooms, medical and mental health housing areas/cells, officer’s station and nurse’s station. Auditor greeted all security and medical/mental staff encountered. Auditor observed inmate medical assessments being performed, and a controlled and quiet environment for inmate evaluation and care. Auditor conversed with several security and medical staff. Auditor viewed the nurse’s station in the nurse’s station and had personnel orient auditor to the pixelization process incorporated into the CCTV system to provide privacy for the inmates and monitoring personnel. Auditor greeted inmate patients confined to both medical and mental health housing areas, e.g. Wards A, B and B-2. Inmate housing areas were quiet and controlled.

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**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.**

MSO Policy 444, Section 42. Sexual Abuse Incident Reviews, 1-5, pgs. 35-36, establishes a committee whose purpose shall be to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including those investigations which have not been substantiated, unless the allegation has been determined to be unfounded. Policy provides for the committee member’s classifications, including upper-level management officials, supervisors, investigators, and medical/mental health practitioners. The PC and PCM, at minimum are to be included on the IRT. At MSO, the PC chairs the IRT.

The policy specifies the details and facts of the allegations or incidents which are to be reviewed and considered by the Incident Review Team, IRT. A documented report of the committee’s findings is required to be made, citing the determinations made with any recommendations.

Auditor interviewed the Special Sheriff, Superintendent, the PCM, and a member of the Incident Review Team. The Special Sheriff informed auditor that the MSO Targeted Zero Tolerance, TZT, procedures, Policy 444, Section .05, pg. 9, “was spawned by incidents in past, to focus on areas.” The Superintendent advised auditor that the IRT used information from sexual abuse IRT meetings to initiate the TZT, and review for additional cameras to be installed within MSO. This TZT practice involves the PC, and other designated staff, visiting every MSO housing unit quarterly, to gather the inmates and to reinforce and discuss specific PREA procedures. The PC then again revisits the unit, with other designated staff, within a 30 day timeframe to allow for any input or questions from the inmates.

The PCM advised auditor that inmates have been placed in single cell status resulting from prior IRT reviews, based upon the nature of the allegations received and resulting staff investigation. The PCM also stated that the TZT was implemented due to trends observed by the IRT.

Auditor interviewed the Reentry Manager, who is tasked with monitoring retaliation. She is a member of the IRT, and advised auditor that the IRT meets monthly, whether or not there have been any allegations of sexual abuse. She stated that the IRT is composed of appropriate staff representatives from security, IIU/SIU, mental health and medical. The Superintendent, Deputy of Classification, and the PC are members of the MSO IRT.

The PC chairs the monthly incident review team, which the MSO has titled the PREA Risk Review Committee. The Reentry Manager stated that security opens the Risk Review Committee meeting and conducts a review of allegations or reports received. The PC then proceeds through a series of questions, using a Review Team Checklist (6 page form), which prompts discussion and evaluation concerning policy/procedure revisions, inmate motivations, race and ethnicity, LGBTI, and gang affiliation. Auditor was provided a copy of the committee checklist and a sample of the minutes of meeting conducted for the month of February, 2016. Staffing levels and monitoring technology are also included on the IRT checklist as part of the review of all PREA investigations. The Reentry Coordinator responsible for monitoring retaliation stated the committee often jointly reviews video footage, but does not often go to the scene which may not be advisable. She advised that MSO has added additional cameras due to the PREA legislation and subsequent IRT committee recommendations. The IRT has also evaluated staff positioning on posts. The IRT (MSO PREA Risk Review Committee) meets monthly and reviews all SIU and IIU investigations conducted, whether they are substantiated, unsubstantiated or unfounded.

**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.**

MSO Policy 444, Section 43, Data Collection, 1-6, pg. 36, requires the collection of accurate, uniform data for every allegation of sexual abuse at the facility. Policy requires data to be aggregated annually, at-minimum, in order to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

In order to make a determination of compliance, auditor interviewed PC, who stated that MSO completes the annual Survey of Sexual Violence report. PC also advised that MSO compiles their own annual report, which includes a Safety Audit. Auditor received and reviewed the last Annual PREA Report compiled by MSO for the year 2015.


**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 444, Section 44, Data Review for Corrective Action, 1-5, pgs. 36-37, requires the PC and PCM to review aggregated annual sexual data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The annual report shall include a comparison with the previous year, shall be approved by the Superintendent and made readily available to the public. Redactions to the report will only be made in accordance with Standard 115.88 (d).

The auditor interviewed the Special Sheriff, who advised that MSO uses the annual Survey of Sexual Violence data and PREA IRT meeting data to assess and improve sexual abuse prevention, detection, and response policies, practices and training. The Special Sheriff noted to auditor that the TZT was spawned by incidents in past, and MSO took appropriate actions to focus on areas identified.

The PC stated the Survey for Sexual Violence, the MSO Annual Report and the MSO Safety Audit are all reviewed by MSO in order to consider corrective actions to enhance sexual safety at MSO.

**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.

MSO Policy 444, Section 45, Data Storage, Publication, and Destruction, 1-9, pgs. 37-38, requires MSO to securely retain the aggregated sexual abuse data, and to make data readily available to the public through its website. The data shall have all personal identifiers. The MSO shall maintain the sexual abuse data collected for at least 10 years after the initial collection. MSO shall provide the Department of Justice data from the previous calendar year no later than June 30th of the current calendar year.

All MSO sexual abuse data is electronically secured on PC’s and Servers.

Auditor reviewed the MSO 2014 Survey of Sexual Violence Report, as posted on the MSO website. Auditor reviewed the investigative files/data from the last 12 months. MSO is currently in the process of compiling the 2015 data for submission to the Department of Justice and to make SSV report readily available to the public.

AUDITOR CERTIFICATION
I certify that:

X The contents of this report are accurate to the best of my knowledge.

X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X 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.

Louis S. Folino

_____________________________________  June 11, 2016
Auditor Signature  Date