

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report: November 15, 2019

### Auditor Information

Name: Louis Folino

Email: lsf168@verizon.net

Company Name: Louis Folino

Mailing Address: 168 Big Horn Rd

City, State, Zip: Pittsburgh, PA 15239

Telephone: 412-354-1557

Date of Facility Visit: September 30-October 3, 2019

### Agency Information

Name of Agency:

Hampden County Sheriff's Department

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 627 Randall Road Click or tap here to enter text.

City, State, Zip: Ludlow, MA 01056-1079 Click or tap here to enter text.

Mailing Address: 627 Randall Road

City, State, Zip: Ludlow, MA 01056-1079

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.hcsdma.org

### Agency Chief Executive Officer

Name: Nicholas Cocchi, Sheriff

Email: nick.cocchi@sdh.state.ma.us

Telephone: 413-547-8000

### Agency-Wide PREA Coordinator

Name: Mary Baker, Assistant Deputy Superintendent

Email: mary.baker@sdh.state.ma.us

Telephone: 413-547-8000

PREA Coordinator Reports to:

Michael Colbert, Assistant Superintendent

Number of Compliance Managers who report to the PREA Coordinator

7

## Facility Information

Name of Facility: **Western Massachusetts Regional Women's Correctional Center (WCC)**

Physical Address: 701 Center Street

City, State, Zip: Chicopee, MA 01013

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: [www.hcsdma.org](http://www.hcsdma.org)

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
MA Department of Public Health; MA DOC and Federal Bureau of Prisons (twice annually)

### Warden/Jail Administrator/Sheriff/Director

Name: **Patty Murphy, Assistant Superintendent (Warden)**

Email: [Patty.murphy@sdh.state.ma.us](mailto:Patty.murphy@sdh.state.ma.us)

Telephone: 413-730-6800

### Facility PREA Compliance Manager

Name: **Matthew Roman**

Email: [matthew.roman@sdh.state.ma.us](mailto:matthew.roman@sdh.state.ma.us)

Telephone: 413-730-6800

### Facility Health Service Administrator N/A

Name: **Richard Brathwaite**

Email: [Richard.brathwaite@sdh.state.ma.us](mailto:Richard.brathwaite@sdh.state.ma.us)

Telephone: 413-858-0344

## Facility Characteristics

Designated Facility Capacity:	352	
Current Population of Facility:	197	
Average daily population for the past 12 months:	220	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-73	
Average length of stay or time under supervision:	45 days	
Facility security levels/inmate custody levels:	Maximum, Medium, Minimum, Pre-Release, Pre-Trial	
Number of inmates admitted to facility during the past 12 months:	1820	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1177	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	586	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	173	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	30
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	30
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	188
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	24
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	14
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	14
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

A Prison Rape Elimination Act, PREA, audit of the Western Massachusetts Regional Women's Correctional Center (WCC), was conducted from September 30, 2019 through October 3, 2019. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012. For WCC, the applicable standards are the Adult Prisons and Jails standards.

The auditor attended an In-Brief meeting with Hampden County Sheriff's Department (HCSD) and WCC facility personnel the morning of September 30, 2019. In attendance were Assistant Superintendent (Warden) Patty Murphy, HCSD PREA Coordinator/Assistant Deputy Superintendent (ADS) of Standards Mary Baker, WCC ADS of Security Jeff Barillaro, WCC ADS of Sentenced Housing Colleen Stocks, WCC ADS of Pre-Trial Housing Annie Feliciano, WCC PREA Compliance Manager (PCM)/HCSD Standards and Training Director Matthew Roman, WCC Standards and Training Coordinator Diane Bator, Western Massachusetts Recovery and Wellness Center PCM/Standards and Training Coordinator Tina Mole, WCC Classification Director Carolyn Calderigi, WCC Program Manager Adrienne Osborn, WCC Environmental, Health, Fire and Safety Officer (EHFSO) Faith Menard, HCSD Program Manager Maria Puppolo, and WCC Captain Idamaris Rivera.

During the In-Brief following staff introductions, auditor reviewed the comprehensive audit processes and the triangulation of reviewing/compiling the information, the Site Review observations and the staff and inmate interview results. Auditor would utilize the Pre-Audit Questionnaire (PAQ) and accompanying supportive documentation, auditor's Site Review observations and findings, and the interviews of staff and inmates in order to determine WCC's compliance with the PREA standards.

Following the staff meetings, auditor commenced an on-site review of all facility areas, beginning in **Building 3** (Pre-Trial Units #A and #B); **Building 2** (Sentenced Units 2A and 2B); **Building 1** (Pre-Trial and Sentenced Units 1A-Orientation/Overflow and 1B-Secure Treatment Unit), and the Minimum Units (Unit A/Downstairs and Unit B/Upstairs). Auditor completed the Site Review of the physical plant on October 1, 2019 which included Medical, Intake, Food Service, Maintenance, Laundry, Programs/Library/Classrooms/Prison Industry, Visiting Room, and Central Control Room (CCR).

Auditor viewed all the administrative and staff office areas and inmate housing areas, to include cells, shower rooms, dayrooms, recreation decks and laundry rooms or kitchenets. Auditor greeted all staff encountered and engaged 32 employees in informal conversation/discussion of PREA issues, the facility, daily routines and security practices, etc. Auditor similarly engaged 21 inmates in informal conversation/discussion concerning their PREA education, awareness of reporting methods, Hotline access, feelings of safety, etc. Auditor observed consistent posting of the required PREA signage, to include the Auditor Notice of Audit in English and Spanish. Auditor observed the facility camera locations and CCTV monitoring stations/Central Control Room, and other monitoring areas. Auditor requested and was provided an orientation to the CCTV system and its capabilities by the regular CCR personnel. During Site Review, auditor evaluated for blind spots, staff supervision/presence, and inmate accountability. Auditor observed the inmate population during meals and dayroom/yard recreation, at education/programming and during individual and group movements. Auditor observed security and non-security staff, the inmate and staff interaction and noted the positive overall culture of the facility environment.

During Site Review, auditor directly observed the Intake processing of inmates by the Security staff, the Intake Clerk, the Medical Assistant and the Registered Nurse (RN). Auditor attended a Reception Unit-

(1A) PREA Orientation and a scheduled weekly Central Classification meeting, during which the Incident Review Team functions are accomplished by senior facility personnel.

Auditor conducted a total of 36 staff interviews, which included 12 random staff, specialized staff, contractors, volunteers, an intern, and community liaisons (Baystate Medical Center/SANE and YWCA Rape Crisis). Staff interviews were conducted with security personnel from all three shifts.

A total of 20 inmates were interviewed with at least one inmate/resident interviewed from each available category, and housing unit. Auditor interviewed inmates of 3 races/ethnic backgrounds which consisted of 10 randomly selected inmates, 1 Limited English Proficient (LEP) inmate, 1 physically disabled, 1 cognitive impaired/mental health, 3 Transgenders, and 1 Lesbian. Auditor interviewed 1 inmate that Disclosed a Prior Sexual Victimization and 2 inmates that Reported a Sexual Abuse.

As during the Pre-Audit phase, auditor conferred during Site Review with the PC and PCMs concerning facility procedures and documentation processes. The facilitation by the agency PREA Team was Outstanding, and all facility staff were accommodating, friendly and receptive. Facility pride and ownership was evident throughout, with a team of dedicated professionals performing their duties in a conscientious and coordinated manner in accordance with agency and facility policies and procedures. Auditor has observed the inmates responding favorably to this professionalism, and the established caring culture of WCC.

The auditor conducted an Exit briefing on October 3, 2019 with Assistant Superintendent Patty Murphy, HCSD Assistant Superintendent Jen Sordi, ADS Jeff Barillaro, ADS Colleen Stocks, Classification Director Carolyn Calderigi, Captain Sandra Daniele, WCC PCM/HCSD Director of Standards and Training Matthew Roman, WCC Standards and Training Coordinator Diane Bator, WMRWC PCM/Standards and Training Coordinator Tina Mole, Nursing Supervisor Rachel Reale, Housing Supervisor Lieutenant Michael Vancini, Clinical Manager Lori Harriman, Correctional Counselors Darlene Porter and Tambria Gaudette, Consultant Anne Cawley and Intern Stephanie LePage.

Auditor expressed appreciation to agency and facility personnel for the hospitality and accommodations to auditor's many requests. Auditor provided an overview of the audit and advised of the further evidence review and report compilation process. Auditor explained the 45-day timeline to complete the Final Report, unless there are deficiencies identified which may require the issuance of an Interim Report and activation of a 180- day Corrective Action Period (CAP). Auditor applauded the HCSD and Assistant Superintendent Murphy for their commitment to PREA, and to operating their facility in such a safe, secure and humane environment as is possible. The WCC Team are executing the 3.5.3 PREA Plan as is intended, and in an optimal manner.

The efforts by agency and facility personnel concerning their organization and presentation of documentation during the pre-audit phase and the effective facilitation of the Site Review enabled auditor to conduct a very efficient and thorough audit. The auditor would like to recognize the HCSD Core PREA Team of PC Mary Baker, PCM Matthew Roman, PCM Tina Mole and Diane Bator specifically for their dedicated efforts and teamwork to ensure that WCC is compliant with all the PREA standards, and for directly assisting during the Site Review.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration*

*and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Western Massachusetts Regional Women's Correctional Center, WCC, is a separate confinement facility of the Hampden County Sheriff's Department (HCSD). The HCSD supervises approximately 1,800 male and female adult offenders in various levels of security, in four facilities, i.e. the Main Institution (MI), Pre-Release Center (PRC), the Western Massachusetts Wellness and Recovery Center (WMWRC) and the WCC. In Massachusetts, county correctional facilities incarcerate both pre-trial detainees and sentenced individuals with sentences of two and one-half years or less. Youthful offenders are housed with the Massachusetts Department of Youth Services.

WCC was opened in September 2007 in Chicopee, MA, and is relatively close to the MI, PRC and WMRWC. WCC is a regional, multi-level security facility for women. The original design included two major housing unit buildings (Buildings 1 and 2). A third housing unit was added in 2014, Building 3, adding 64 total additional cells in Pods A and B. Nearly all facility cells are double-cell capable, and inmates are double-celled unless contraindicated. WCC houses female pre-trial detainees and sentenced inmates from the Western Massachusetts counties of Hampden, Berkshire, Hampshire and Worcester counties. There was a small number of inmates being housed at WCC for Franklin, Bristol, Suffolk and Barnstable counties. The Massachusetts Department of Corrections (MDOC) also houses inmates at WCC preparing for release to the community, as a Step-Down program. There were 13 MDOC inmates at WCC during auditor's Site Review.

Inmates at WCC are housed in 3 separate housing units/buildings, containing 8 separate Units, for either pre-trial, sentenced or minimum security. The minimum-security inmates are identified as Residents, with many going into the community on Community Work Programs, Work Release, job interviews, programs, etc. Several WCC residents are assigned to the Olde Armory Grille in downtown Springfield, MA. This successful community café and reentry vocational program is staffed by HCSD personnel, and utilizes offenders housed at WCC, the Pre-Release Center, and the Western Massachusetts Recovery and Wellness Center. WCC inmates can also work at the WCC 701 Grill, the internal WCC staff kitchen/lunchroom where staff can purchase meals from a daily-changing menu prepared by inmate kitchen workers. The very popular 701 Grill was modeled after the Olde Armory Grill and the Main Institution Stonybrook Grill. Auditor participated in daily working lunches at the 701 Grill during Site Review, and formally interviewed two inmates assigned to this successful program.

The demographic breakdown of the population at WCC during Site Review was: 69% Caucasian, 19% Hispanic, 10% African American, and 2% Asian/Other. There were 2 pregnant inmates in the facility.

The Women's Correctional Center offers a multi-disciplinary approach that is trauma-informed, gender-responsive, family-focused, and culturally aware. WCC is Accredited by the National Commission on Correctional Health Care, NCCHC. The WCC is a very program-intensive facility providing numerous and comprehensive programs for the inmate population, similar to programs offered at longer-term prison facilities. The Medical Department is adequately



staffed, with inmates requiring in-patient services transported/admitted to Baystate Medical Center (BMC), located 1 mile from WCC.

This newer facility is maintained in excellent condition concerning sanitation, orderliness, regimentation of equipment/furnishings and with an outstanding CCTV system, which is undergoing a systematic upgrade based upon available resources.

The Mission Statement of the HCSD WCC states:

The Western Massachusetts regional Women’s Correctional Center, a component of the Hampden County Sheriff’s Department, is a regional multi-level security facility for women. Under the auspices of the Sheriff Department’s mission, the center provides for public safety by applying best practices using criminogenic principles, gender specific programs and operations in a humane, safe, and secure environment. As a full partner in the criminal justice system we seek to be a leader in the evolving model of women’s corrections.

As a member of the Western Massachusetts community, the center strives to be a good neighbor responding to the needs of the community by providing public information and community service. In collaboration with the community the center offers a multi- disciplinary approach that it is trauma informed, gender responsive, family focused and culturally aware.

The Mission of the Women’s Correctional Center is to empower women to reclaim their liberty through informed and responsible choices. The mission is accomplished through professional, well-trained and dedicated staff committed to the goals of the facility. The continuum of care from entry to post release is designed to promote successful offender reentry as socially and civically responsible citizens.

During Site Review, auditor has observed a consistent correctional operation that embodies the facility Mission Statement. The agency and facility have implemented a very successful and effective PREA program, which has been steadily further refined by the professional team of public servants at the HCSD Western Massachusetts Women’s Correctional Center.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 19

**List of Standards Exceeded:** 115.11; 115.13; 115.15; 115.16; 115.17; 115.21; 115.31; 115.33; 115.35; 115.43; 115.51; 115.53; 115.54; 115.68; 115.73; 115.78; 115.83; 115.86; 115.401

### Standards Met

**Number of Standards Met: 26**

**List of Standards Met:** 115.12; 115.14; 115.18; 115.22; 115.32; 115.34; 115.41; 115.42; 115.52; 115.61; 115.62; 115.63; 115.64, 115.65; 115.66; 115.67; 115.71; 115.72; 115.76; 115.77; 115.81; 115.82; 115.87; 115.88; 115.89; 115.403.

### **Standards Not Met**

**Number of Standards Not Met: 0**

**List of Standards Not Met:**

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the HCSD Core Policy and **PREA Plan, 3.5.3**, which establishes the agency's compliance with the PREA standards, **Protocol 1: Prevention and Planning**, Section A. The Hampden County Sheriff's Department (HCSD) promotes a zero tolerance of sexual abuse and sexual harassment (page 11.). The **PREA Plan** includes all provisions of the PREA standard and applies to all agency facilities including the Women's Correctional Center (WCC). The **PREA Plan** documents the agency zero tolerance of sexual abuse and sexual harassment and provides for the appointment of an agency-wide PREA Coordinator (PC) and facility PREA Compliance Managers (PCM).

The Pre-Audit Questionnaire (PAQ) reports that the facility is in compliance with all provisions of the standard concerning zero tolerance, the appointments of a HCSD PC and WCC PCM, and confirms the duties of each PREA official concerning the development, implementation and oversight of the facility PREA program.

In the HCSD Table of Organization (TO), the PC is an Assistant Deputy Superintendent (ADS) who reports to the Main Institution Deputy Superintendent of Housing Operations. The WCC PCM is the agency Standards and Training Director who reports to the WCC Assistant Superintendent, who functions as the Warden of the facility. Auditor has reviewed the agency TO and a Certificate of Completion verifying that the PC completed a 14-hour PREA Coordinator/PREA Manager Audit Training Course in 2013 in preparation for PREA implementation. The PC has 7 PCMs who report to her concerning their duties at their respective five HCSD facilities.

During Site Review, the audit was facilitated by the agency PC, WCC PCM, the PCM from the Western Massachusetts Regional Wellness Center (WMRWC), and the WCC Standards and Training Specialist. The HCSD Main Institution (MI) PCM also accompanied the audit team one day during the week to observe the Site Review audit process.

In order to make a determination of compliance the auditor interviewed the agency PC, who advised auditor that she is able to manage all of her PREA responsibilities due to the contributions of her dedicated PCMs and the cooperation of other personnel. The PCM advised auditor during interview that the many duties of the PCM are difficult to manage and are completed at the expense of other duties. There is always an effort to groom other staff to assist in the process. It is a complete team effort-it is the only way the responsibilities are manageable.

During Site Review, auditor coordinated the audits' four days on-site with the HCSD and WCC PREA team. Auditor observed a unified and effective team of experienced PREA officials, managers and administrators focused on maintaining compliance with all elements of the PREA standards. Additional staff were being oriented and mentored in the audit process and assisted with auditor's Site Review requests and priorities.

Based upon auditors' review of the agency PREA Plan, PAQ, the agency TO, documentation of staff appointments to PREA positions and the associated training completed, the staff interviews conducted, and auditors site review observations it is determined that the agency exceeds the requirements of the standard. The agency PC and Standards and Training Director oversee a hand-picked and well-trained cadre of conscientious personnel who have been gradually mentored into their positions' duties and responsibilities and demonstrate commitment to the **3.5.3. PREA Plan**.

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency **PREA Plan, Protocol 1: Prevention & Planning**, Section B. Contracting with Other Entities for the Confinement of Inmates, page 11, provides for monitoring of HCSD contracts for the confinement of its inmates with private agencies or other entities to ensure compliance with the PREA standards. The agency PAQ reports zero contracts for the confinement of WCC inmates with private agencies or other entities.

Auditor interviewed the agency contract administrator who confirmed that the agency/facility does not contract with private agencies or other entities for the confinement of its inmates.

Based upon auditors' review, it is determined that the facility meets the requirements of the standard. The agency has policy in place in the event such contracts would occur in the future.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the agency **PREA Plan, Protocol 1: Prevention and Planning**, Section C. Supervision and Monitoring, pages 10 and 11 which include all requirements of the PREA standard, including the development and adherence with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against sexual abuse. The policy requires an annual staffing plan review, requires reporting and review when the staffing plan is not complied with and requires a practice of unannounced rounds by facility supervisors to identify and deter staff sexual abuse and sexual harassment. The WCC PAQ reports no instances of non-compliance with the facility staffing plan or the PREA standards in the past 12 months.

Auditor reviewed the June 2018 Staffing Analysis Review report prepared by the agency PC, which documents the review of staffing at the Main Institution (MI), Pre-Release Center (PRC), Western Massachusetts Women's Correctional Center (WMWCC), and Western Massachusetts Recovery and Wellness Center (WMRWC). This comprehensive document evidences the detailed staffing review conducted by senior agency administrators, covering all facilities and shifts. The staffing plan requires Correctional Supervisors, by policy, to ensure that staffing levels are at or above minimum staffing. The report discusses the weekly staffing meeting conducted at the MI that includes the WMRWC and WMWCC: During that meeting each shift from Sunday morning through Saturday night is analyzed to determine the number of staff available to meet the minimum number of staff required. In that meeting resources are shared between each department, and the post assignment/designations within the MI and all three shifts to forecast and meet operational needs including the minimum number of staff to begin each shift.

The HCSD utilizes a Seasonal Security Employee (Summer Help) program which begins on or about the month of May and may last throughout the calendar year. The 5 WCC Summer Help seasonal staff are temporary hires intended to supplement the permanent staff during peak vacation times and is intended to assist supervisors in meeting minimum numbers of staff for the defined minimum post assignments. The agency also employs a Security Staff Scheduler at the MI who is responsible for the scheduling of security personnel at all agency facilities. The Security Staff Scheduler coordinates the filling of positions at all agency facilities to include uniformed Supervisors. There were 7 Correctional Officer Cadets on-board during Site Review as the WCC administration makes efforts to obtain agency budgetary approval to maintain a full staff complement.

Auditor has reviewed agency Post Orders for Residential Supervisors who supervise agency inmates, to include WCC inmates, who participate in community service details. The Post Orders include a section on PREA, pg. 5. which emphasizes Zero Tolerance and the Residential Supervisors' responsibilities concerning prevention, detection, reporting, and response policies and procedures. The Residential Supervisor assigned to Community Service sets the culture by addressing all negative behavior to include jokes or other disrespectful comments made in their presence or brought to their attention. The Supervisors reporting responsibilities are reiterated in the Residential Supervisors post orders.

Auditor interviewed the facility Assistant Superintendent who advised auditor that the facility has a staffing plan which is reviewed annually. In the last year the facility negotiated and obtained additional supervisory staff for third shift. The Staffing Plan is part of the annual budget review process. We have day-to-day minimums which the shift supervisors must maintain. We have post minimums for the security shifts and for non-uniform staff such as health care and mental health positions. These are all part of the staffing plan. The Assistant Deputy Superintendent (ADS) of Security reviews the staff rosters daily to ensure compliance. Weekly, on Wednesday, a WCC Captain goes to the MI and participates in the Weekly Staffing/Scheduling Meeting chaired by the MI Deputy Superintendent of Housing and the HCSD Shift Scheduler. All agency staffing needs are centrally reviewed and staff are assigned accordingly. Personnel from the MI and the WMRWC can be assigned by the Shift Scheduler to WCC as our shift coverage needs require.



The Superintendent advised that the facility has added additional cameras where we realized additional monitoring was necessary. We are also obtaining new upgraded cameras which improve the clarity and provide better angles of coverage. We are looking to install a camera inside a male mental health clinician's office in one of the housing units. We already have exterior cameras that provide coverage in that hallway area and shoot into that office area. This is for staff and inmate protection purposes. The PC and a WCC Captain conduct an annual Vulnerability Report to review all facility areas and practices. We do not allow inmates in the maintenance shops. We have added mirrors throughout the facility to supplement our staff presence and camera coverage.

The auditor interviewed the facility PCM who informed auditor that the facility has added approximately 10 new cameras, some PTZs (Pan-Tilt-Zooms) and stationary cameras in the last year. We have been installing cameras to our classrooms and group rooms. We are replacing our original cameras systematically with better high-definition cameras. We have full-time staff assigned to the Central Control Room (CCR) who monitor all facility cameras. We have added a third Supervisor to night shift. Concerning substantiated and unsubstantiated incidents of sexual abuse, the PC advised that there has not been a lot of major issues, mainly complaints about touching each other.

The agency PC advised auditor that her office (ADS), is kept informed of incidents, allegations and staffing issues on an ongoing basis with the facility PCMs, i.e. MI, PRC, WMRWC and WMWCC. All staff work together to address and review issues. Annually, and official staffing plan review is conducted with senior agency personnel based upon conferral with all the facilities, and any issues or concerns.

Auditor interviewed 2 staff who conduct unannounced rounds of the facility. Auditor was informed that supervisory staff vary their routines and times when conducting rounds. Staff alerting other staff is not an issue at WCC. The camera system here is good and if the staff are at the officers' station, they will see us walking down the hall. There is usually no need to push the button to gain entry, as staff are aware of hallway activity. Since 2007 when facility was opened, the employee stated he may recall one occasion when staff alerted other staff of supervisory tours. Staff unannounced rounds are documented by the supervisor in POWS, the Pod Officers Work Station electronic computer software system.

Based upon auditors' review of agency policy, PAQ, random staff hard-copy printouts, Site Review verification of unit rounds made and entered into POWS, and staff interviews, it is concluded that the facility exceeds the requirements of the standard. WCC staff and HCSD personnel scrutinize closely all staffing issues, and provide a correctional environment equipped with staff, procedures and physical and electronic systems in order to deter, detect and prevent sexual abuse.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The **HCSO PREA Plan, Protocol 1: Prevention and Planning**, Section D. Youthful Inmates, page 13, includes all provisions of the PREA standard concerning the procedures required in the event that a youthful inmate would be confined by the agency/facility.

Commonwealth of Massachusetts legislation prohibits the placement of youthful inmates under the age of 18 in adult confinement settings. Youthful offenders under the age of 18 are confined within the Massachusetts Department of Youth Services (DYS). DYS serves youth committed as juvenile delinquents or youthful offenders, and detained youth awaiting judicial action.

The WCC therefore does not house female youthful offenders. Auditor has determined that the agency is in compliance with the standard.

### Standard 115.15: Limits to cross-gender viewing and searches

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the agency **PREA Plan, 3.5.3. Protocol 1: Prevention and Planning**, Section E. Limits to Inmate Cross-Gender Viewing and Searches, Numbers 1-8, pgs. 14-15. The PREA Plan includes all provisions of the PREA standard. The WCC PAQ reports facility compliance with the PREA standard and agency policy (PREA Plan).

Auditor has reviewed the **Hampden County Sheriff's Department PREA Gender Announcement** procedure which specifies the staff actions required when opposite gender personnel enter an inmate housing unit. In order to ensure inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment the Pod Floor Officer will display the Male//Female laminated placard to supplement the verbal cross-gender announcement in units with inmates who are deaf or hard of hearing. The placards are blue-colored male figurines, to indicate that a male employee is working or on the housing unit. The HCSD has an agency-wide practice of all facilities making an automated POWS Public Address announcement at the outset of each shift, announcing to the inmates at all facilities that cross-gender personnel may be present performing their duties in their respective housing units. This Gender Announcement practice has been in-place since 2015, with the recorded announcement featuring the voice of the PREA Coordinator. A shift log entry is automatically generated into POWS resulting from this daily Gender Announcement practice.

The PAQ reports that 0 cross-gender pat searches, strip searches or body cavity searches have been conducted in the last 12 months. Auditor was further advised that the WCC staff complement has sufficient female staff available on each shift to conduct the required searches of inmates. During Site Review, auditor observed that the majority of the housing units on the daylight shift/First Shift, were staffed by male officers. Auditor learned that Correctional Officer seniority bidding rights have resulted in the most senior staff, primarily male, presently being assigned to the daylight shift due to their shift preference. Nonetheless, there are sufficient female security staff available on all shifts to satisfy required security procedures, without negatively impacting or curtailing institutional activities or programs. The facility reported to auditor that 53% of the total staff complement are female, and that 43% of the uniformed/security staff are female. The facility therefore has sufficient female personnel in order to meet daily search requirements without negatively impacting inmates' programs or activities.

All random staff interviewed advised auditor that they were aware of the prohibition against strip-searching a transgender or intersex inmate for the sole purpose of determining that inmates' genital status. Staff indicated to auditor that they had received inmate pat/strip search training at the 10-week Training Academy, during 16-hour in-service trainings, on PODnet (computer-based trainings-CBTs), at Roll Calls, and during on-the-job refresher trainings. Multiple staff advised that they had viewed the agency-produced training video instructing personnel on the proper procedures of conducting inmate searches. Staff interviewed were aware of the facility prohibition against male staff conducting any searches of female inmates, except in possible exigent circumstances. Auditor notes that other female personnel, i.e. Correctional Counselors and Caseworkers, have attended full Academy training and are capable of searching inmates, and are called upon at times to do so. Such staff are also utilized to relieve Pod Officers on the unit for periods of time, meal reliefs, etc. Auditor interviewed multiple Counselors/Caseworkers who confirmed their use in assisting security staff with their duties, as necessary.

In order to make a determination of compliance auditor interviewed ten random inmates. 8 of 10 inmates advised auditor that they hear the male staff announcements over the loudspeaker/PA when males enter the units. All inmates asserted that they are never naked in full view of male staff. All inmates advised auditor that their activities have never been curtailed due to the absence of female staff to conduct pat-down searches.

Three transgender/gender dysphoria inmates interviewed advised auditor that they were not placed in a housing area only for transgender or intersex inmates. One of the three inmates interviewed advised that he was placed in a solo (single) cell upon arrival and for his first week, until he was moved from the reception/orientation unit to General Population. He was then able to double-cell with another inmate.

During Site Review, auditor evaluated all housing unit inmate shower and cell areas to ensure the facility is in compliance with the standard concerning opposite-gender viewing. The housing units all have "wet" cells, with individual sinks and toilets. There are three types of shower areas/rooms, with all shower areas affording the inmates the personal privacy as required by the standard, while allowing male/female staff to conduct the necessary security checks. On the two housing unit pods with four shower stalls on the lower and upper tiers, auditor has viewed all of the showers from the upper/lower tiers to ensure the standards' requirements are met. Auditor observed and heard the required gender announcements being made upon auditors' entry into a unit staffed by female staff. Auditor observed the blue-colored Male on Unit placard posted in those units staffed by male Correctional Officers. Auditor randomly reviewed housing POWS during Site Review to confirm that the gender announcements were being properly documented into the pod officers station computer. Auditor requested and reviewed additional hard copies of unit POWS logs to verify gender announcements being documented within the electronic system, serving to confirm the presence of male staff on the unit, and the required announcements being made.

Based upon the auditors' aforementioned review, it is determined that the facility exceeds the requirements of the standard. WCC has a daily practice of making a gender announcement upon each shift change, and the posting of a **Male on Unit** placard. The facility has routinized this process, based upon auditor's Site Review observations, informal discussions with personnel, official staff interviews and inmate interviews. All elements of the standard are being consistently complied with. The shower areas and procedures have been established, modified and designed (Building 3-2014) in consideration of both inmate privacy needs and security requirements.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the agency **PREA Plan, 3.5.3. Protocol 1: Prevention and Planning**, Section F. Inmates with Disabilities and Inmates who are Limited English Proficient, pgs. 15-16 which mirrors the requirements of the PREA standard. **HCS D Core Policy 4.5.9 Special Needs and Services** details the required services to be provided to the special needs population. **Protocol 1: Special Needs Treatment Plans and Protocol 3: Mental Health Services** specify the services to be provided to inmates with both Special Health Needs and Basic Mental Health Needs. **HCS D Core Policy 3.3.1 Inmate Handbooks** documents that: The Western Massachusetts Regional Women's Correctional Facility (WCC) maintains an Inmate Handbook to explain and enhance the inmate's understanding of rules, regulations, program services and expectations within the facility. Information is to be provided concerning PREA and for inmates who do not speak English, interpretive services are to be provided. No 2, page 6 requires that: If an inmate cannot read, WCC staff provides Inmate Handbook information be either reading to the inmate or through an audio or videotape. Written policy and procedure shall ensure that all newly admitted inmates receive written or oral orientation information in a language in which the inmate is fluent. Specific information is to be provided concerning sexual abuse/assault, including prevention/ intervention, self-protection, reporting sexual abuse/assault, treatment and counseling. **WCC policy and Procedure 4.2.10 Special Needs Inmates**, addresses **Physically Handicapped (Protocol A.); Mental Illness (Protocol B.); Frail and Elderly (Protocol D.); and Inmate Requests for Special Accommodations/American Disabilities Act (ADA) (Protocol E.)**. This local **Policy and Procedure** specifies the duties and responsibilities of medical personnel, Forensic Mental Health (FMH) staff and other departmental personnel in addressing the special needs of WCC inmates.

The WCC PAQ reports facility compliance with the standard and advises that there were 0 instances of use of an inmate interpreter, inmate assistant, or inmate reader in the last 12 months to translate an inmates' allegation of sexual abuse or sexual harassment.

During Site Review, auditor observed consistent agency PREA postings in place throughout the facility, in English and Spanish, to include the PREA Audit Notice. Auditor observed the Intake process of several inmates as conducted by a bi-lingual (Spanish) Intake Technician. Auditor attended a regularly scheduled PREA Education session conducted in Unit 1A, the inmate Reception Unit. The staff facilitator advised auditor that the housing unit possesses a Spanish PREA Education video and utilizes it as necessary. Auditor notes that the population at WCC currently consists of 69% White, 19% Hispanic, 10% Black, and 2% Asian/Other.

The Agency Head/Designee advised auditor during interview that the agency has contracted for translation services with Language Bridge LLC for required translation assistance. Pre-screening during the intake process by the Intake Technician and the Medical Administrative Assistant assist the agency in identifying inmates that may require language translation or other assistance due to a disability.

Auditor interviewed one inmate with a physical disability (hearing impaired) and one with a cognitive disability. Both inmates advised auditor that they were able to understand the PREA information as presented to them during initial orientation. One inmate reported receiving the PREA pamphlet at Intake, and informed auditor that there "are signs (PREA posters) everywhere."

One LEP inmate was interviewed using a staff translator. The inmate advised auditor that she viewed the PREA video, in English, during orientation. She stated she can understand English better than speaking it and understood the information generally. She got some assistance from a translating staff member when a third-party inmate reported a sexual abuse incident (unwanted touching by another inmate). The staff member helped her to understand her rights and how to properly report the incident.

Auditor has reviewed the current agency Purchase Order/Contract with Language Bridge LLC, 132 Tedford Drive, Longmeadow, MA 01106, (413-478-4342), to provide on-site or telephonic translation



services in accordance with the contract/period covering July 1, 2019 through June 30, 2021. Auditor has reviewed the HCSD Staff Language Roster of staff translators able to serve as inmate interpreters. 24 WCC employees are included on this roster, which includes Spanish, Sign Language, Bosnian, Italian and Russian. 76 additional HCSD employees assigned to other facilities are available who can translate at WCC as needed in Spanish, Swedish, Polish, Gaelic, Haitian Creole, Sign Language, French, Russian, Portuguese, and Patwah.

Random staff interviewed advised auditor that an employee would be used to provide translation services if necessary, e.g. "we would never use inmates for that." If staff were not available, then it would be possible that an inmate could be used based upon the circumstances and need for immediate translation assistance. The staff also reported the Language Bridge being utilized for translation services at the facility. No staff member interviewed could recall the use of inmate translators or other inmate assistants being used in relation to allegations of sexual abuse or sexual harassment.

Auditor reviewed the WCC Mandatory Training (16-hour) curriculum for 2018 and 2019 which includes a PowerPoint module on Americans with Disabilities Act (ADA), a Disability Etiquette Pamphlet, and 2 additional PREA modules, i.e. PREA Refresher and Inmate Rights and Responsibilities. Auditor reviewed sample training documentation evidencing that staff have completed the required annual 16-hour trainings as scheduled, and the scheduled PODnet trainings concerning PREA.

Based on the aforementioned review, auditor has determined that the facility exceeds the requirements of the standard. The auditor has concluded that the facility makes a genuine and concerted effort to ensure that all inmates are properly informed and orientated concerning all facility rules, regulations, practices and procedures. Staff are performing their duties in compliance with the standards and agency/facility policies and utilize multiple methods to ensure all inmates are thoroughly educated concerning PREA.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 1: Prevention and Planning**, Section G. Hiring and Promotion Decisions, pgs. 16-18, which includes all requirements of the PREA standard. The WCC PAQ reports facility compliance with the standard and the PREA Plan. The PAQ reports 22 persons hired in the last 12 months who may have contact with inmates who have had criminal background record checks conducted. 30 contracted staff were reported as undergoing a criminal record background check in the last 12 months due to their possible contact with facility inmates.

In order to make a determination of compliance the auditor interviewed the Deputy Superintendent and Assistant Deputy Superintendent of Human Resources. Auditor was advised that the agency conducts Criminal Offender Record Information, or CORI checks, on all new hires and contracted personnel. The CORI checks are Commonwealth of Massachusetts criminal record checks commonly referred-to as a "Bop" by agency personnel. Local procedures require all HCSD employees to be "bopped" every 3 years. As part of the background investigation, we peruse the candidates' prior personnel files and question neighbors of the candidates. Discipline logs are maintained, are referred-to, and CORI checks are conducted during the promotional process. Employees have an affirmative duty to report and sign-off annually during PREA training. New hires sign-off on the employee misconduct form as notice to

them concerning their expected behavior. This is required by the Agency Employee handbook. If a former employee submits the required release of information, the HCSD will authorize an outside agency representative to review the former employee's file in the HR Office at the HCSD.

Auditor requested and was provided samples of completed candidate **Background Investigation Summary Sheets, Candidate Information Questionnaire** forms, and **HCSD Employee Change of Status Forms** (used for promotional screenings). The Background Investigation Summary Sheets have provided evidence that the required criminal records checks are being conducted as required. In addition, the agency runs multiple other criminal records checks of candidates, such as Wanted Persons, NCIC/III, a Driver's History and Massachusetts Warrants. Auditor reviewed the **CORI Acknowledgement Forms** required to be completed by all candidates for hire, Volunteers, Interns and contracted staff/vendors. The 2-page **CORI Acknowledgement Form** includes a half-page description of PREA and the agency's zero tolerance policy, forewarning candidates of employee expectations concerning conduct reporting responsibilities and possible criminal repercussions of employee misconduct involving inmates. Auditor has reviewed the Candidate Information Questionnaire which includes a description of PREA, definitions related to sexual abuse, and the five affirmative PREA inquiries and the documented **"...continuing affirmative duty to immediately report in writing to the Sheriff any such misconduct during the time I am employed by, contract with, or volunteer for the Hampden County Sheriff's Office."** This form has two signature lines on page 6 where all candidates are required to attest that they understand the information and affirm that the Questionnaire submitted to be true and complete to the best of their knowledge.

Based upon the aforementioned review by auditor it is concluded that the agency/facility exceeds the requirements of the standard. The HCSD HR Office controls all hiring for the WCC, and conducts multiple criminal background record checks, thoroughly and systematically. The recruitment and selection process, as observed by this auditor, closely scrutinizes candidates' backgrounds, screening all applicants thoroughly and seeking only the best possible candidates to serve the HCSD. As noted, the HR office conducts CORI checks on every staff member every three years.

## Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The **HCS D PREA Plan** mirrors the standard concerning the requirements when upgrading facilities and technologies (**Protocol 1: Section H. Upgrades to Facilities and Technologies**, page18). The WCC PAQ reports compliance with the standard.

In order to make a determination of compliance the auditor interviewed the agency Director/Designee. The HCSD Superintendent advised the auditor that any substantial modification of an agency facility involves three key departments, being Maintenance, Information Technology (IT), and Standards, e.g. PREA. The Superintendent advised auditor that the showers were designed differently prior to the construction of Building 3 (Housing Units 3A and 3B) which allows for improved staff control and monitoring. Camera coverage includes the Pod areas of the tier showers while still providing the necessary privacy for the inmates. Security rounds on all units has been increased to 30 minutes in the last year also, to provided increased supervision.

During interview, the WCC Superintendent advised auditor that Building 3 was constructed in 2014, and there has not been any substantial expansions or modifications to the facility since that time. The facility had revised our operating procedures i.e. shower sign-ups and one inmate at a time in shower rooms in the existing units which were constructed in 2007, in order to enhance supervision and security in those areas. The Building 3 showers were determined to be placed on the Pod tiers (4 up and 4 down) and this eliminated any "shower room" concerns by having the inmate showers on the tiers. In the last 3 years, additional cameras and security mirrors have been added to several facility areas to enhance staff supervision.

During Site Review auditor met and interviewed the Security Systems Technician who manages and installs the WCC camera system. The System Tech advised that the facility has not undergone a major upgrade or change to the video monitoring system but is gradually replacing the original cameras with newer high-definition cameras based upon budget authorizations. The facility has reportedly added 10 additional cameras in the last 12 months to several areas to expand coverage and provide protection for staff and inmates. A new prototype 360-degree camera is being piloted and is intended to be placed in each pod to supplement the existing PTZs and fixed cameras. Auditor observed "the 360 camera" prototype in the Maintenance Shops and discussed with maintenance staff the value of such a camera in support of posted staff and by providing additional coverage/angles on the housing units.

Based upon auditors' review of agency Policy/PREA Plan, PAQ, the staff interviews conducted and Site Review observations, it is determined that the agency meets the requirements of the standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency **PREA Plan 3.5.3, Protocol 2: Responsive Planning**, Section A. Evidence Protocol and Forensic Medical Examinations, pages 18-19 includes all requirements of the PREA standard.

The facility PAQ reports compliance with the standard, and documents 8 SANE examinations conducted at Baystate Medical Center (BMC) in the last 12 months. Auditor reviewed the Mental Health Sane referrals made by the Intake Medical Assistant upon being informed that 8 newly admitted inmates had reportedly been sexually assaulted in the community within the prior 5 days. Each inmate was provided a mental health priority of Urgent, High, Medium or Low, with each provided transport to the BMC for SANE examination due to their reports related to facility personnel. All 8 were properly processed, transported to BMC, and referred for subsequent facility mental health services.

Auditor has reviewed the **Program Goals** document provided by the Massachusetts Department of Public Health (DPH) Regional SANE Coordinator. This document details the 24 hour a day specialized care provided by a trained cadre of sexual assault nurse examiners. The role and duties of the SANEs are detailed, and contact information for the SANE Regional Coordinator is included. The MOU between the HCSD and the YWCA of Western Massachusetts was reviewed by auditor, which provides for the dispatch of a rape crisis counselor to BMC when an inmate from WCC presents for medical care/or a sexual assault nurse's examination. The YWCA will provide for all counseling and referral services to Survivors at BMC and will provide education for continued care. The YWCA will make available the following business day after proving Medical Advocacy to a Survivor at BMC a follow-up call with YWCA counseling staff. This call will be coordinated with WCC personnel. Up to 12 free, confidential counseling sessions to survivors/inmates may be provided at WCC by the rape crisis counselors.

Auditor reviewed the **Hampden County Sheriff's Department Job Description** for the agency **Victim Services Coordinator**. This staff person is responsible for coordinating victim services including victim-offender conferencing and other possible services desired by victim. The Victim Services Coordinator provides support and advocacy to incarcerated victims of sexual assault and assists the incarcerated victim to obtain a reasonable continuum of services following release as needed.

Auditor interviewed the DPH Regional SANE Coordinator, who oversees the SANE program in four counties (Hampden, Hampshire, Franklin and Berkshire) in Western Massachusetts. The Regional SANE Coordinator advised auditor that the SANEs are on a paging system and are called as needed to respond to area hospitals, once the ER staff have medically cleared the patient. If a SANE is unavailable the trained Emergency Room (ER) Nurse would be able to do the kit. The Social Worker at BMC interacts with patients seen in the ER, and due to mental health issues. The Coordinator was aware of 5 SANE exams conducted in the last 12 months in the ER of WCC inmates, noting that perhaps 3 had declined the SANE examination once evaluated at the BMC ER. The ER staff contact the YWCA for a rape crisis counselor if the patient agrees to victim advocacy. The SANE Coordinator has presented SANE workshops for facility personnel at WCC previously and advised auditor that she is due to conduct another session in the future.

Auditor interviewed the Western Massachusetts YWCA program Coordinator who advised that the YWCA operates a Domestic Violence and Sexual Assault Hotline 24 hours a day, staffed by Rape Crisis Counselors. The YWCA has Rape Crisis Counselors on call 24-7 that can be directed to the



hospital by the Y when hospital ER personnel request such victim support/services. During Site Review, auditor successfully tested the YWCA Hotline phones in Unit 3B on September 30, 2019, as assisted by several housing unit pre-trial inmates.

During interview with the WCC PCM, auditor was advised that the BMC ER notifies the YWCA of the need for a rape crisis counselor to provide to provide emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews. The agency has a MOU with the YWCA. Inmates can place a direct call to the YWCA through the Hotline seeking victim advocacy.

Random staff interviewed advised auditor that they would separate the individuals, ensure safety, secure the area and preserve evidence, don't touch/contaminate anything, use one of the PREA kits (evidence bag), and notify a supervisor if an inmate alleges sexual abuse. Keep a visual on the inmates, don't allow them to shower or use bathroom. Inmates may be sent to medical or to the hospital if medical determines this. We would take pictures. The incident or allegation would be investigated. Staff were familiar with the facility PREA investigators and were aware that other HCSD CIU investigators can conduct PREA investigations at WCC.

Auditor interviewed 2 sexual abuse reporters. One inmate advised that a Correctional Caseworker (CCW) spoke with her after another inmate (third-party) had verbally reported her being touched by another inmate. As a result, the other inmate was separated from her and returned to a higher security unit. She advised auditor that the facility provides inmates mailing addresses and phone numbers for outside services, like counseling. She spoke with her CCW and the matter was quickly addressed. Another inmate sexual abuse reporter advised auditor that she was not offered to speak with anyone about her allegation. She stated that victim services are available through the YWCA by using the Hotline phones. She sees the Domestic Violence and Sexual Assault YWCA Counselors on a 1 on 1 basis when they visit her at WCC. The inmate praised the services provided by the YWCA Counselors

Based upon auditors' aforementioned review, it is concluded that the facility exceeds the requirements of the standard. The facility has a well-coordinated response procedure involving the BMC ER/SANE and YWCA Domestic Violence and Rape Crisis Counselors. The YWCA Counselors regularly meet with inmates at the facility conducting individual counseling sessions, and also providing Domestic Violence and Sexual Assault workshops as part of the mandatory 2-week Transitions Program required of all inmates. The YWCA Counselors provide the inmates with brochures advising them of the services available through the YWCA. The HCSD further employs a staff Victim Services Coordinator who coordinates inmate victim services as necessary. Auditors' review has verified that facility staff have responded in a timely and thorough manner to reports of sexual abuse, to include the two sexual abuse reporters interviewed by the auditor.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Auditor has reviewed the agency **PREA Plan, 3.5.3 Protocol 2: Responsive Planning**, Section B. Policies to Ensure Referrals of Allegations for Investigations, page 19. The PAQ reports facility compliance with the standards. Auditor has reviewed the HCSD procedural document outlining the duties and responsibilities of **CIU Sexual Assault Investigations**. Auditor notes that the agency

investigators, CIU (Criminal Investigation Unit) are trained and authorized to conduct both administrative and criminal investigations. CIU does not conduct sexual harassment investigations, however. Sexual harassment investigations are conducted by agency/facility investigators separate from CIU, but trained and qualified to conduct PREA investigations of inmate and staff misconduct. Auditor has reviewed the agency **PREA Process Map**, which is an investigative flow chart detailing the entire PREA process, e.g. inmate booking, risk screening, classification, allegations received, Sexual Abuse and Sexual Harassment investigations/findings, Incident Reviews, PREA Alerts, 30-60-90 Day Reviews, Classification Review, and CIU Monthly Report. Auditor has reviewed the agency Power Point training curriculum, **HCSO PREA Incident Review**, which includes the investigatory steps and timelines for conducting PREA investigations. Auditor reviewed the facility **Incident Notification** flow chart, which is a basic and effective guide utilized by the Shift Commanders which identifies the initial notifications to be made for any incidents or allegations received. The facility PC is to be notified for **ALL PREA** incidents/allegations prior to the end of shift.

The PAQ reports that 32 allegations of sexual abuse or sexual harassment have been received in the last 12 months.

The HCSO Superintendent (Agency Head Designee) advised auditor that the facilities follow-up on any complaint or allegation received, regardless of the source of information. The PC and CIU (Criminal Investigation Unit) investigate all allegations and follow the required protocols. The PC at WCC is notified of any incident or allegation and he provides direction to staff. In event of criminal conduct, the CIU would handle the case or confer with the Massachusetts State Police (MSP) based upon the circumstances.

Auditor interviewed a facility PREA investigator who advised that the agency requires all allegations of sexual abuse or sexual harassment to be investigated. The investigations are done internally by agency or facility investigators. The CIU Commander decides who is assigned to criminal level investigations. The investigator interviewed was unaware whether the Massachusetts State Police had conducted any criminal investigations in the last 12 months.

Auditor reviewed the agency website, at [www.hcsdma.org](http://www.hcsdma.org), and confirmed the posting of the **HCSO PREA Plan, 3.5.3.**, with links to the national PREA Resource Center and including links for access to all PREA Standards applicable to Prisons and Jails, and Community Corrections.

Based upon auditors review it is determined that the facility has policy and procedure in place to ensure the referral of allegations for investigation. Auditor has reviewed investigative case files with facility and CIU investigators, and agency and facility PREA officials during Site Review. Auditor's review has confirmed that the facility properly refers all allegations of sexual abuse or sexual harassment for investigation, meeting the requiring of the standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

## 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Auditor has reviewed the **HCS D PREA Plan 3.5.3 Protocol 3: Training and Education**, Section A. Employee Training, page 20. The policy includes all requirements of the PREA standard and includes a requirement that training be tailored to the gender of the inmates. Employees reassigned from male facilities are to receive additional training upon assignment to WCC. The PAQ reports 100% of facility staff have received the PREA training as required by the standard in 2018, with 75% having completed the training through September 2019 for the calendar year 2019. PREA training is provided to WCC personnel during scheduled 16-Hour trainings or Continuing Education Trainings (CETs-classroom), at Roll Calls, and through emails and PODnet (Computer Based Trainings-CBTs). Refresher training is reportedly provided annually. The PAQ reports 188 volunteers and 30 contractors who have contact with inmates and have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response.

Auditor reviewed the 2018 and 2019 calendar year **WCC-Mandatory Training (16-hour)** training curriculum which includes 3.1.1. Supervision; 3.1.6 Reporting of Incidents; 3.5.3. PREA (PowerPoint Review/PREA Refresher/Inmates Rights and Responsibilities); Cross Gender Announcement; and Pat Searches. There are Training Completion Sign-Off Forms required. Auditor reviewed WCC staff training rosters and individual sign-off forms verifying staff completion of required annual PREA training (PODnet), i.e. **HCS D Completion of Mandatory PODnet 2019 In-Service Training, WCC**. Auditor reviewed the **2019 WCC New Staff Orientation Training (40 hrs.)** curriculum/schedule, which includes **Sexual Harassment/Misconduct, Assault, PREA, Cross-Gender Supervision, Professional Boundaries and ADA**, which are presented to new staff by the WCC PC and other facility supervisors/managers. Auditor reviewed the **PREA Trainings** curriculum which includes the National Institute of Corrections (NIC) PowerPoint **PREA Audit Process and Instrument Overview**, and multiple videos on Cross Gender Announcements and Transgender and Intersex Inmate Pat Searches, and. The agency has also developed a PowerPoint program required of all personnel which is titled **PREA Auditor's 15 Questions PowerPoint** (46 slides), which addresses the formal interview protocols utilized by auditors to conduct the random staff interviews and describes the Site Review phase of the PREA audit process. The HCS D utilizes an 87-slide comprehensive PowerPoint for

Academy PREA training, which has been developed by agency training personnel utilizing the National PREA Resource Center and other reference materials.

Random staff interviewed confirmed to auditor that extensive PREA training is conducted with facility personnel. Staff had good recall of the training topics and expressed confidence concerning their PREA knowledge of the information, the inmate's rights, mandatory reporting responsibilities, effective communications, etc. Facility staff advised that they are regularly trained on PREA policy and procedures, response protocols, staff reporting, submitting written reports, securing inmates, and what is and what is not PREA. The trainings are reportedly provided through 16-hour trainings/CETs and Bi-Weeklies as presented by the facility PC, and "literally every day on the job." Computer training is also required to be completed on PODnet. The two facility Assistant Deputy Superintendents of Housing also reportedly provide PREA trainings to personnel, as documented in the training schedules.

Based upon auditor's review of agency PREA training curriculums, review of individual training acknowledgement forms and facility training rosters and schedules, and interviews conducted with facility personnel, auditor has concluded that the facility exceeds the requirements of the standard.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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Auditor reviewed the agency **PREA Plan, Protocol 3: Training and Education**, Section B. Volunteer, Intern, and Contractor Training. The policy includes all requirements of the PREA standard. The facility PAQ reports 188 volunteers and 30 contracted staff who have contact with inmates and who have received training on agency policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response.

Auditor has reviewed the agency **PREA Acknowledgement** form required to be reviewed/signed by all agency volunteers, interns and contracted personnel. The WCC requires that all facility volunteers, interns and contracted personnel review and sign a WCC facility **PREA Acknowledgement** form, as part of the Volunteer/Intern Service Provider handbook. The form reiterates the agency **zero tolerance** for sexual abuse or sexual harassment. All such offenses will be thoroughly investigated. The form reviews the volunteers, interns or contracted staffs reporting responsibilities and conduct expectations, citing the Massachusetts General Laws which provide for criminal prosecution to those who engage in sexual relations with inmates.

Auditor interviewed a contracted staff person who advised that she was provided a PREA orientation at WCC. She was aware of the agency's zero tolerance policy of sexual abuse and sexual harassment of inmates. She would report any incident or information concerning Sexual Abuse or sexual harassment to the Shift Commander. Auditor interviewed a volunteer who also serves the facility in another capacity as a contracted employee. This employee recalled completing a PowerPoint PREA course at WCC in the last year and signing a form acknowledging that she had completed the course. She was notified of the agency's zero-tolerance policy and recited for auditor that it involved "Recognizing, preventing, detecting, responding-to and notifying about sexual abuse or sexual harassment." As a volunteer, I would notify my volunteer (community agency) Supervisor and the Supervisor on the unit at the facility. The volunteer/contractor advised auditor that no one has ever reported anything to her. She provides one-on-one religious counseling and also conducts group sessions for the women on the units. Auditor interviewed an Intern who advised that her PREA orientation was the first thing that the WCC staff had her complete, in the Training Room with the PCM. The Intern described the contents of the orientation, to include the facility's zero tolerance policy, facility regulations, how to report any information concerning sexual abuse or sexual harassment (she would contact her supervisors), how allegations are investigated-every case is investigated. The PCM reportedly conducted a very thorough orientation presentation, covering every aspect of the policy. When asked if she was required to sign an acknowledgement form, the Intern produced the signed form from her portfolio, which included the PCMs signature, dated August 19, 2019.

Based upon auditors' review it is determined that the facility meets the requirements of the standard.

## Standard 115.33: Inmate education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)



- Does the agency maintain documentation of inmate participation in these education sessions?  
 Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, 3.5.3 Protocol 3: Training and Education**, Section A. 2., pages 20-21, which includes all requirements of the PREA standard. The WCC PAQ reports facility compliance with the standard. The PAQ reports 1,830 inmates admitted in the last 12 months who were provided the PREA information about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment. The PAQ reports that 586 inmates whose length of stay was 30 days or more received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. HCSD **Policy 3.3.1 Inmate Handbooks, Procedure C**: Section 2, page 4 provides: If an inmate cannot read, WCC staff provides Inmate handbook information by either reading to the inmate or through an audio or videotape (See **3.5.6. Housing Placement and Orientation**).

Auditor reviewed agency **Policy 3.5.6. Housing Placement and Orientation, Procedure B: New Medium Inmate Orientation**, Section 9: The Correctional Case Worker provides a translator to inmates when needed, to facilitate the orientation process; and Section 10: The Correctional Case Worker reviews all orientation materials with each inmate including a. Sexual assault treatment and prevention pamphlet, and b. PREA Orientation. The Policy cites the **ACA Adult Local Detention Facilities** standards which requires an Orientation understood by inmates i.e. 2A-28, pages 12-13; and 2A-29, page 13: Information is provided to inmates about sexual abuse/assault including: prevention/intervention, self-protection, reporting sexual abuse/assault and treatment and counseling. The information is to be communicated orally and in writing, in language clearly understood by inmate, upon arrival at the facility.

In order to make a determination of compliance auditor interviewed two Intake personnel. Auditor was advised that newly admitted inmates receive the PREA information through the provision of PREA

brochures, English or Spanish, issued to all inmates at Intake in their blue box which includes their initial property issue. There are PREA Postings in Intake on the bulletin board which are placed in the inmate waiting area for inmates' information as they are being processed into WCC. The inmates then meet with Medical, and then receive PREA at Orientation. At Orientation in Unit 1A they receive their Inmate Handbook. Intake personnel advised auditor that there are PREA postings on the walls in the housing units, and there is a PREA session in the 2-week Transitions classroom course which all inmates are required to complete.

10 random inmates were interviewed in order for auditor to make a determination of compliance. In addition, 10 additional targeted inmates were asked the random inmate protocols. 9 of 10 random inmates reported receiving the PREA orientation in the Reception Unit (1A) within a couple days/2 days/3 days of arrival. One inmate who had just arrived less than 72 hours prior to interview (over the weekend) had yet to receive the PREA Education. Inmates advised auditor that the PREA orientations conducted by the Unit Counselor included a video, and that PREA pamphlets and Inmate handbooks were distributed. One inmate reported that a PREA class was also presented as part of the Transitions course, which included possible PREA situations among inmates in jails.

During Site Review, auditor observed the Intake processing of newly admitted inmates at Intake on two days of the Site Review on different shifts. Auditor personally observed the Intake Clerk and the Medical Assistant independently processing one incoming inmate on September 30, 2019. Auditor observed the Security Supervisor (Sgt or Lt.) overseeing the Intake area, and the issuance of the blue box of initial issue to the inmates. Auditor formally interviewed the Director of Intake and observed the processing of an inmate by a Registered Nurse in the Health Care Unit (immediately following Intake processing). This initial processing by an RN in Medical Department included general medical questions, and the PREA risk assessment.

Auditor attended a scheduled PREA education session conducted on the Reception Unit (1A) by the Unit Counselor on October 1, 2019, which was attended by 12 inmates (9 Pre-Trial and 3 Sentenced). The one inmate tracked by auditor upon admittance on September 30, 2019 when being processed by the Intake Clerk, the Medical Assistant, and the Health Care RN was in attendance at this orientation session the morning following her admittance. Auditor subsequently conducted a special-random interview of this inmate (reported first-offender), explained the auditor's Site Review responsibilities, and obtained input from inmate concerning the entire intake process. The PREA education session included a PREA video "Discussing Prison Sexual Assault" which is also available in Spanish for use on the unit as necessary. Following the video presentation, the staff facilitator reviewed the inmate reporting procedures, identified the facility PREA Compliance Manager to the inmates, invited questions and had the inmates sign the PREA Acknowledgement forms. The PREA Orientation Information acknowledgement forms include multiple methods of inmate reporting and includes the English (800-796-8711) and Spanish (800-223-5001) phone numbers for the local Rape Crisis Center Hotlines; the National Sexual Assault Hotline (1-800- 656-HOPE); the Massachusetts State Police (413-736-8390); and the Western Massachusetts YWCA address and phone numbers to access confidential rape crisis counseling services.

During Site Review auditor observed 4 different HCSD PREA posters throughout the facility, in both English and Spanish, e.g. No Matter Where You Live; Sexual Abuse is not part of your sentence, Don't be a victim...Report Sexual Abuse; Don't be a victim; and Speak Up. All posters emphasize the HCSD "Zero tolerance. Every Unit. Every Day." Three of the 4 postings include both the English (413-555-1212, and Spanish Rape Crisis Hotline (413-555-1213) phone numbers. Auditor observed the English and Spanish PREA Audit Notice posted in all housing units and other staff and inmate areas of the facility.

Auditor reviewed the English and Spanish Prison Rape Elimination Act, PREA pamphlets issued to all newly admitted inmates. This HCSD publication includes direction for inmates on: What to do if you are sexually assaulted by an inmate or staff person; How to report that you have been sexually assaulted; if you make a false Report; Inmates who sexually assault or sexually harass another inmate; How do I protect myself, and Zero Tolerance. The pamphlet also includes the phone number and address for the HCSD, and the English and Spanish Rape Crisis Center Hotline phone numbers.

Auditor reviewed the **Transitional Program Goals and Classes**, which consists of 30 program classes including **PREA: Safety and Boundaries** which is presented by the WCC Standards and Training Coordinator. The **CLASS OBJECTIVES** of this Transitions course are:

1. To promote a correctional environment that is free of rape, sexual assault, and harassment.
2. To meet the requirements of the HCSD PREA Plan's Protocol 3 (Training and Education): Within 30 days of intake, the facility provides a comprehensive education program for the inmates regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding HCSD policies and procedures for responding to such incidents.

A second Transitions session, **Choice, Safety, and Survival (Sexual Assault)** is presented by the YWCA Rape Crisis Counselors. The Transitions curriculum is a mandatory two-week intensive psycho-social program required of all new receptions. Following completion of the Transitional Program, inmates are referred to individualized treatment programming.

Based upon auditors aforementioned review, it is determined that the facility exceeds the requirements of the standard. The agency and facility make a genuine and concerted effort to orient and educate all facility inmates to their rights and reporting methods, and criminal consequences of sexual abuse. Such information is continuously available through numerous facility postings and a systematic process of presentation and provision to the inmates.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the agency **PREA Plan, 3.5.3. Protocol 3: Training and Education**, Section D, Specialized Training-Investigations, page 22. The policy includes all requirements of the PREA standard. The PAQ reports 12 HCSD agency investigators who have completed the required specialized training in conducting sexual abuse investigations in confinement settings. Auditor notes that the WCC facility has 5 full-time staff persons trained and qualified to conduct PREA investigations.

Auditor was provided and has reviewed the Certificates of Completion for all facility and agency PREA investigators who have completed the required specialized investigator training during the period 2013 through 2018. The PREA Sexual Assault Investigation Program curriculums ranged from 24 hour to 40-hour training courses, and were provided through either a PREA Grant Project, the Massachusetts Department of Corrections or the Massachusetts Municipal Police Training Committee. Auditor has

reviewed the training curriculums and a Catalog of Handouts which evidences compliance with the requirements of the PREA standard covering the subjects of the dynamics of sexual assault, victimology, preliminary investigative considerations, evidence collection/preservation, interviewing victims and witnesses, documentation, suspect interaction, SANE, etc.

Auditor interviewed a WCC investigator who advised auditor that he attended a 3-day investigative training at a training conference in Boston in 2017. The training consisted of subjects concerning preserving evidence, notifications to supervisors and medical, separation of the individuals and advising them not to eat or drink anything, sealing-off the area, obtain statements from the inmates, possibly send for a SANE examination, to proceed step-by-step. The investigator advised auditor that the criteria and evidence required to substantiate a case for administrative or prosecution referral is a preponderance of evidence. Any allegations or incidents which were determined to be of a criminal level would result in the involvement of the CIU Commander. Such investigations can be done internally by facility/agency investigators. The investigator interviewed was unaware whether the MSP had conducted any HCSD PREA investigations. The investigator evidenced a strong knowledge and good experience in conducting facility investigations of sexual abuse and sexual harassment.

During Site Review, auditor reviewed 7 administrative investigations conducted by facility investigators in the last 12 months. Participating in this review as invited by the auditor was the CIU Commander and 1 facility investigators, the agency PC, facility PCM/Investigator, and 3 other facility/agency PREA Officials. Auditor notes there were 0 criminal investigations conducted in the last 12 months at WCC. The cases selected for review by auditor included Unfounded, Unsubstantiated, Substantiated and Not PREA (consensual behavior/Misconduct), and concerned both staff and inmate allegations of sexual harassment and sexual abuse. Auditor reviewed files noting how allegations were received and reported to PREA officials, the evidence collected and relied upon in developing findings, whether Misconducts were issued, Notifications to the inmates that had made the allegations, retaliation monitoring conducted, and whether the allegedly involved inmates were separated by cells/housing units. In addition, auditor reviewed 5 evidentiary videos which were used to confirm/refute allegations of sexual abuse in the last 12 months. Auditor determined that the investigations conducted by multiple facility investigators were conducted in accordance with agency and facility investigative procedures and reviewed by the WCC administration.

Based upon auditors' review, it is determined that the facility meets the requirements of the standard.

## **Standard 115.35: Specialized training: Medical and mental health care**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 3: Training and Education**, Section D. 2. Medical and Mental Health Care, page 23. The policy includes all requirements of the PREA standard. The PAQ reports compliance and advises that 27 employees, or 100% of facility medical and mental health care practitioners who regularly work at the facility have been trained as required by agency policy. The PAQ reports that no medical staff at WCC conduct forensic medical examinations.

Auditor reviewed the **2018 and 2019 WCC Mandatory Training (16-hour)** schedule which included the PREA (Core) training. In addition, the medical and mental health staff are required to complete the specialized PowerPoint trainings for their respective classifications. Auditor reviewed the **MA Sexual Assault Evidence Collection Kit/Sane Overview** PowerPoint program as presented to facility staff by the Department of Public Health (DPH) Western Massachusetts Regional SANE Coordinator. This 38-slide PowerPoint program reviews and defines sexual assault/rape, describes the Massachusetts SANE program and Mission, the roles and duties of a SANE nurse, the hospital and SANE procedures/evidence collection kit, consent forms and reports, toxicology testing, time frames, specific inmate protocols, coordination with hospital/correctional facility, mandatory reporting and chain of custody. The agency also utilizes a comprehensive National Institute of Corrections (NIC) CBT Course: National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach for the specialized training of medical and mental health personnel.

Auditor interviewed 2 medical personnel who informed auditor that any forensic examinations are conducted at BMC by SANE personnel. WCC would call ahead to notify the SANE, as a courtesy that an inmate was being transported there. Medical staff advised auditor that some inmates have been sent to BMC based upon their reports made to Intake staff upon admission in the last 12 months. Medical staff advised that they are required to complete mandatory specialized PREA training annually. They also receive training from the Nurse Educator from the HCSD Main Institution and from the agency Director of Nursing. The specialized PODnet training includes all the requirements of the PREA standard as confirmed by the medical staff interviewed. Staff would report allegations or suspicions of sexual abuse or sexual harassment to the Shift Commander.

Auditor interviewed 2 mental health staff who advised auditor that they receive additional specialized PREA training annually which consists of detecting signs of sexual abuse and sexual harassment, responding to allegations received and effectively communicating to victims of sexual abuse and sexual harassment. The specialized training was described to auditor and auditor was informed of the supervisors to whom such reports or information would be provided. Both mental health staff advised that any necessary forensic exams would be conducted at BMC. Staff take a trauma-informed approach in addressing incidents or reports of sexual abuse, e.g. "If we See it, Stop it, Report it, Preserve evidence (no showering), and Refer to medical and mental health."

Auditor requested and reviewed the specialized training completion verifications of one medical and one mental health staff person interviewed in order to demonstrate facility compliance with the PREA standard and agency/facility training requirements. Auditor has reviewed the 2019 Health Care Services In-Service, Part-A, training schedule distributed by the agency Nurse Educator, which includes all annual training requirements, and PREA.

During Site Review, auditor interviewed by telephone the Department of Public Health (DPH) Regional SANE Coordinator who advised auditor that she has conducted Sexual Assault/SANE workshops at WCC in the past and was due to conduct another session for medical, mental health and other appropriate staff. The WCC PCM verified to auditor that his office would be contacting the DPH SANE Coordinator to set up a future session for facility personnel.

Based upon auditors' review, it is concluded that the facility exceeds the requirements of the standard. Auditor has confirmed that all medical and mental health staff annually receive the required specialized PREA training. Additionally, medical, mental health, PREA and other facility personnel have participated in Sexual Assault/SANE workshops conducted by DPH personnel as hosted by the facility.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No



- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, 3.5.3 Protocol 4: Screening For Risk Of Sexual Victimization & Abusiveness**, Section A, pages 23-25. The agency PREA Plan includes all requirements of the standard. The PAQ reports 1,820 inmates who entered the facility in the last 12 months who were screened for risk of victimization or abusiveness within 72 hours of their entry. The PAQ reports all inmates who were initially screened and remained at WCC for 30 days after their arrival were reassessed for their risk of victimization and abusiveness.

During Site Review, auditor observed the intake processing of inmates the evening of September 30, 2019. Auditor tracked one inmate receiving her Basic Issue, being interviewed and photographed by the Intake Clerk, being interviewed with some vitals taken by the Medical Assistant, and being interviewed upstairs in Medical by an RN who conducted the initial PREA Risk Screening Assessment, inputting this information reviewed and responses obtained from the inmate into Health TRAX. All of the required PREA inquiries were included in the initial risk screening as administered by the RN in Medical. The RN displayed the computerized forms utilized and described her and other Nurses routines in administering the risk screening assessments.

In order to make a determination of compliance the auditor interviewed the agency PREA Coordinator (PC). The PC advised auditor that access to an inmates' risk assessment information and other sensitive information is restricted to those staff necessary in order to develop an inmates' risk score or who require such information to ensure proper housing, programming and work assignments.

The auditor interviewed the facility PREA Compliance Manager (PCM) who informed auditor that the agency has only provided access into the Case Management TRAX and Health TRAX to staff that require such access. The Unit Counselors see the final product of the input from the initial risk screening, as does medical/mental health with the medical/mental health input of data. Access to an inmates' risk assessment is determined via computer access/security as it is incorporated into the respective TRAX system.

Auditor interviewed one staff member responsible for risk screening of inmates. At WCC, Medical Department Registered Nurses (RNs) conduct the initial risk screenings of newly arrived inmates, following their processing at Intake. This staff member informed auditor that inmates are asked at Intake whether they have been sexually assaulted within the last 5 days. If inmates report yes, we notify security and the RN calls Baystate Medical Center (BMC) and briefs them. BMC normally has to call in a SANE to do an exam. The inmates can refuse all or parts of the SANE exam process. They can refuse and still get a mental health referral and counseling. The initial PREA risk screening of inmates is done immediately upon their arrival to Medical from Intake. This is done within 72 hours but normally within just hours of their arrival. We review for prior sexual activity in custody, risk factors for potential victim or potential abuser, their sexual identity and whether they feel safe at this facility. Screening starts at Intake with the PREA inquiries conducted upstairs in Medical. Inmates are reassessed within 30 days of their arrival and anytime there is a request or a referral. Inmates can refuse to respond, and they would not be disciplined for not disclosing complete information. Only medical staff has access to the Health TRAX electronic program. Auditor requested and reviewed/confirmed an April 2019 **PREA Screening** print-out of the computerized form to verify a LGBTI inmate interviewed by auditor had disclosed her sexual identity during the initial screening process. Auditor requested and reviewed/confirmed a second **PREA Screening** form (October 2019) to verify that a reported prior victim had reported this prior victimization during the initial risk screening process.

The majority of random inmates interviewed advised that they were asked questions in the Medical Department concerning whether they had been in jail or prison before, whether they had been sexually abused, and to identify their sexual identity. Several inmates stated they were asked these questions in Intake, and one inmate was unsure whether she was asked these questions. The majority of inmates interviewed stated they were asked the questions again within 30 days by their Counselor or mental

health staff. Three inmates stated they were not asked the questions a second time and two were uncertain.

Based upon auditor's review of the PREA Plan and PAQ, Site Review observations of the intake process, and interviews with facility staff, auditor has determined that the facility meets the requirements of the standard.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's

health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 4: Screening for Risk of Sexual Victimization and Abusiveness**, Section B. Use of Screening Information and Transgender/Intersex Inmates, pages 25-26. The facility PAQ reports compliance with the PREA standard.

Auditor interviewed the agency PC and the facility PCM. The PC advised that the HCSD does not place any LGBTI inmates in segregated units or wings based on their sexual orientation, genital status or gender identity. The PCM stated that the facility uses the PREA information to identify potential victims or potential abusers and to keep separate inside the facility. The risk screening is used as a guide and we use it very well. Most of the PREA cases we investigate result from inmate relationships, not the PREA scores. Based upon the inmate's classification, inmate housing and program assignments are determined. We ask transgender or intersex inmates what is best for them, and consider their own views, their health and safety, and facility security issues. They are reviewed every six months, at a minimum. There is a trigger mechanism in PREA/TRAX Case Management to alert us every 6 months that a reassessment is due. They are given the opportunity to shower separately, based upon the configuration of their housing unit. At the Main Institution and Pre-Release Center facilities, they are authorized to shower during Count Time.

A staff person responsible for conducting risk screening advised auditor that the risk screening information is used for housing purposes, so as to not house victims with known abusers, and other situations. The risk screening staff stated she would think that transgender or intersex inmates' own views would receive consideration in placement and programming assignments. Auditor was advised that every inmate showers separately at WCC.

Auditor interviewed 3 transgender inmates. One inmate advised auditor that he met with staff when he reported identifying as being transgender during the intake processing. I was assigned a solo (single) cell until I was moved off of the Orientation Unit to Population about a week later. I now have been approved for a cellmate. The showers on the unit are all one at a time so there is no issue. A second transgender inmate advised that staff asked him questions about his safety. I was called by mental health at about 2 weeks-in and we discussed my adjustment and any issues. I'm good. I am on a regular housing unit and I shower on the tiers as everyone else does. I never asked for any accommodations. I have received male underwear at my request through the Assistant Deputy Superintendent. I have been in the state prison system and got male things there. The third inmate stated he is gay and gender-identifies as male. He is able to shower on the unit as they are equipped with separate showers. None of the inmates interviewed stated they were placed on a separate unit only for transgender inmates, or strip searched for the sole purpose of identifying their genital status.

During Site Review, auditor observed all the housing unit showers which afford all inmates the level of privacy as required by the PREA standard, while still providing for inmate safety and security. Auditor reviewed the JMS (Jail Management System) computer system which notates inmates with Alerts, such as

Escape Risk, Suicide Risk, Security Threat Group (STG) or as Potential Victim or Potential Abuser for staff information purposes, without including sensitive confidential information. Auditor observed the intake processing of inmates in Intake on 2 different dates during Site Review. The Medical Assistant advised auditor that she notifies all Supervisors and the PCM of a Potential Victim or Potential Abuser when she learns of such information during her phase of the intake processing. Auditor has reviewed such email notifications distributed to the noted personnel. The RNs at the Medical Department input the information from their risk screenings conducted concerning the inmates' risk assessment data into the Health TRAX, which is automatically shared with appropriate facility personnel involving PREA alerts.

Auditors' review has obtained sufficient evidence to conclude that the facility is in compliance with all of the requirements of the standard. The facility maintains a well-coordinated process of assessment and communication of PREA alerts to authorized personnel. The interviews with staff and inmates, and auditors review of agency and facility documentation confirms compliance with the standard and the agency PREA Plan.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



Auditor reviewed the **PREA Plan, 3.5.3. Protocol 4: Screening for Risk of Sexual Victimization and Abusiveness**, Section C. Protective Custody, pages 26-27. The WCC PAQ reports facility compliance with the standard, citing 0 inmates placed in involuntary segregated housing in the past 12 months due to risk of sexual victimization.

Auditor interviewed the facility Assistant Superintendent (Warden) who advised that the facility prohibits placing inmates at high risk of sexual victimization in segregated housing. The facility Superintendent advised that WCC rarely utilizes restricted housing/segregated housing any longer-inmates can be placed in the new Secure Treatment Unit (STU). The STU was implemented in the last year and is a 3-Phase in-unit program where an inmate in Disciplinary status may be in such custody for 24-hours and then advance to Phase 2, with out-of-cell privileges. Phase 4 is placement in GP. Inmates are not placed in segregated housing at WCC due to risk of victimization. They are maintained in GP and may be moved to another GP unit. There have been no instances in the last 12 months of the segregation of an inmate due to such risk.

Auditor interviewed a segregated housing unit officer who advised that an inmate at risk of sexual victimization would be placed in another housing unit, not the STU. Only disciplinary inmates would be housed in the STU, and then only for a day or so, as they have to participate in classes. The Unit Counselor is in charge of the in-unit program. If an inmate was in the STU in segregated status for any reason for longer than a few days, the Classification Committee reviews them.

There were no inmates available to interview in segregated housing due to risk of victimization. Auditor interviewed two random STU inmates, who were participating in the STU program and were not presently in a segregated custody status.

Based upon auditor's review, it is concluded that the facility exceeds the requirements of the standard. The facility practice is to not use segregated housing for any PREA purpose-that housing unit changes are routinely utilized in lieu of restricted housing placement. WCC staff are aware of the use of GP unit transfers to address inmate/staff separations as necessary to ensure inmate safety and are aware that segregated housing is not to be utilized for such purposes. The facility has further de-emphasized use of segregated housing for all reasons, and if so utilized, e.g. disciplinary custody, the facility activates the STU program to attempt to program inmates out of the STU at the earliest opportunity, based upon inmate cooperation and compliance.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan 3.5.3 Protocol 5: Reporting**, Section A. Inmate Reporting, page 27, which includes all requirements of the PREA standard. The policy, Section A. 4., documents that the agency contracts with **Concern/EAP (Employees Assistance Program) of the River Valley Counseling Center** to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The facility PAQ reports facility compliance with the standard, and notes that WCC does not house inmates solely for civil immigration purposes. Auditor has reviewed the **Informed Consent & Limits of Confidentiality** form of Concern/EAP and notes the mandatory reporting requirement for the agency: No. 5. As an employee of the Hampden County Sheriff's Department, I understand the following: If the client communicates to the counselor, an act of sexual abuse or sexual harassment of inmates at a facility of the Hampden County Sheriff's Department, the counselor must notify a facility authority identified to investigate allegations of abuse (Assistant Superintendent, Personnel or Assistant Superintendent, Chief of Security).

Auditor reviewed the WCC Inmate Handbook (English and Spanish) which includes reporting instructions for inmates to report sexual abuse or sexual harassment (page 49), and the HCSD PREA pamphlet provided to all inmates upon arrival at Intake, during PREA Orientation and at Transitions Classes which includes WCC facility and YWCA reporting methods and phone numbers. Auditor has reviewed investigative files from the last 12 months which have confirmed verbal, written and third-party reports of sexual abuse have been properly processed and investigated by facility officials. Multiple Reports of sexual abuse received at Intake alleged to have occurred prior to admittance to the WCC were properly communicated to community agencies/law enforcement by facility officials in the last 12 months.

Auditor interviewed the PCM who advised auditor that inmates are able to privately report sexual abuse or sexual harassment by using the YWCA Rape Crisis Center 24 Hour Domestic Violence/Sexual Assault Hotlines (413-733-7100/800-796-8711), by entering Code 91 for English and 92 for Spanish, or by calling the YWCA Spanish Line at 800-223-5001. The Western Massachusetts YWCA website, at [www.ywworks.org/](http://www.ywworks.org/) includes direction for inmate/citizen reporting to include third-party reporting. Auditor has reviewed the MOU between the HCSD and the YWCA concerning the Hotline, reporting and counseling/referral services provided to agency inmates. The PCM identified the YWCA Intake Counselor and the HCSD Victim Services Coordinator who receive such reports made to the YWCA. The YWCA notifies the HCSD PC and the PC notifies the WCC PCM of either voicemail or email reports received by the YWCA.

Auditor interviewed random staff who advised that inmates can make reports verbally to officers, counselors, unit supervisors or any staff, submit notes mailboxes, submit written Inmate Request Forms, or call the YWCA Hotlines. Retaliation and third-party reports can be submitted the same way. Staff would report any information received ASAP/right away/immediately.

Random inmates interviewed evidenced knowledge of being educated/oriented by stating they would make reports of sexual abuse or sexual harassment by calling the Hotline or 911, informing staff (Officer on duty, a White Shirt, Counselor, Case Worker) verbally or discreetly, or through a family member. Inmates were aware of ability to make anonymous and third-party reports. One inmate advised that she would not make such a report out of fear.

During Site Review auditor observed consistent, numerous and various PREA posters/postings throughout the facility. Both staff and inmate interviews confirmed awareness of inmate reporting methods. No random inmates interviewed had reported being sexually abused or sexually harassed at WCC. Auditor tested the YWCA Hotline during Site Review, spoke with the Rape Crisis Counselor processing the call concerning her duties and reporting responsibilities, and subsequently interviewed the YWCA Domestic Violence and Sexual Assault Program Director. Auditor reviewed the agency website at [www.hcsdma.org](http://www.hcsdma.org) and confirmed the posting of PREA information on Reporting Abuse, to

include the agency phone number (413-858-0914) to notify the PREA Coordinator; the English and Spanish phone numbers to reach the Western Massachusetts YWCA Rape Crisis Center; and direction for reporting citizens to notify the Massachusetts State Police. The website provides **Text-A-Tip** directions for citizens to forward anonymous text messages via their cell phones to the police, at #274637 (Type SOLVE, then the message). Text-A-Tip is a joint operation of the Hampden County District Attorney's Office, the Hampden County Sheriff's Department, the Springfield and Holyoke Police Departments, and the MSP.

Based upon the aforementioned review, auditor has concluded that the facility exceeds the requirements of the standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the **HCSO PREA Plan, 3.5.3. Protocol 5: Reporting**, Section B. Exhaustion of Administrative Remedies, pages 27-29, which includes all the requirements of the PREA standard. The facility PAQ reports that the agency is in compliance with the requirements of the standard. The PAQ reports 0 grievances filed in the last 12 months that have alleged sexual abuse.

Auditor interviewed the facility Grievance Coordinator (Assistant Deputy Superintendent) who advised that if she were to receive an inmate grievance concerning sexual abuse, she would notify the PC. The Grievance Coordinator would do the groundwork of the initial review with the Shift Supervisor, looking at facility camera footage and times involved as reported by the inmate. Inmates may be moved to other units to separate them and may be sent to medical for examination. Then the investigators do their thing. No allegations of sexual abuse were reported as grievances in the last 12 months.

Auditor interviewed 2 inmates who had reported sexual abuse. The first one advised auditor that she did not receive a written or verbal notification concerning her grievance filed of inmate-on-inmate sexual abuse. Subsequent to this interview, auditor interviewed the Grievance Coordinator and confirmed that a grievance was not filed by inmate on this allegation. Documentation reviewed by auditor during Site Review confirmed that the inmate had written a note and provided to staff. The WCC PCM advised

auditor and displayed the PREA investigation conducted which included investigator review of facility cameras and telephones, an Unsubstantiated finding, Retaliation Monitoring instituted and conducted, and a Notice of Finding provided to the inmate and receipted-for by the inmate in 2019.

A second sexual abuse reporter advised auditor that staff immediately and effectively intervened and addressed the situation that was verbally reported to unit staff by a third-party inmate, concerning inmate-on-inmate sexual abuse. This inmate stated that she received a written notification from a staff investigator, "very fast" following her report and the staff actions taken in response to the inmate-on-inmate touching incident.

The facility has policy and procedures in place to address inmate grievances in accordance with the requirements of the PREA standard. In the last 12 months no inmate has submitted a grievance alleging sexual abuse at WCC. Inmate and staff interviews have supported the facility's PAQ reporting that WCC is in compliance with the standard. During Site Review, auditor selected and reviewed seven PREA investigations conducted in the last 12 months resulting from verbal, written or third-party inmate reports. Notifications were provided to inmates in all cases reviewed by auditor. Eight cases were determined to be Unfounded in the last 12 months, with 0 Misconducts issued for false reporting. Based upon auditors' review, it is determined that the facility meets the requirements of the standard.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, 3.5.3. Protocol 5: Reporting**, Section C. Inmate Access to Outside Confidential Support Services, pages 29-30. The facility PAQ reports compliance with the standard and documents a MOU with the Western Massachusetts YWCA in Springfield, MA to provide confidential support services to WCC inmates.

Auditor reviewed the MOU with the Western Massachusetts YWCA. The MOU commits the YWCA to provide rape crisis counselors, victim advocates, counseling and referral services to the inmates of the HCSD/WCC. The YWCA will provide free confidential counseling to survivors who are under the responsibility of the Hampden County Sheriff’s Department. The YWCA will provide up to 12 counseling sessions to inmates as determined by the YWCA. The Hampton County Sheriff’s Department agrees to allow YWCA staffers to enter into agency facilities as a “professional” with the understanding that the YWCA staff will have to undergo a background (CORI) check. Sessions conducted with the inmates will not be monitored or recorded. YWCA staff will meet with inmates in the Attorney/Professional visiting room. The YWCA will provide brochures and educational materials on rape and sexual assault services available through the YWCA. The YWCA will be available for training opportunities for the HCSD on topics such as policies/procedures, understanding the role of trauma on survivors, providing victim centered advocacy, etc.

Auditor interviewed the Director of Programs at the YWCA, who informed auditor that the YWCA has 24-hour rape crisis counselor coverage to 5 area hospitals. Trained rape crisis counselors cover the Hotline telephones, provide ER victim advocacy and rape crisis services when notified by the ER staff, provide individual counseling to inmates at WCC, and provide domestic violence/sexual assault workshops at WCC on a regular basis.

Auditor interviewed random inmates concerning community services available to them for dealing with sexual abuse if they needed it. The majority of inmates were aware of such services available, were



aware of the YWCA providing such services (domestic violence and sexual assault), and several were familiar with the 2 individual YWCA Counselors who provide such services to WCC inmates inside the facility. Two random inmates selected for interview had participated in one-on-one counseling with the YWCA counselors. Auditor was advised that they come into the facility, conduct 1 on 1's which can be continued on the street, do support groups, and they can assist inmates with release clothing issues, housing resources and provide assistance at court. The YWCA Counselors provide brochures and pamphlets to the inmates concerning the Y services available.

Auditor interviewed 2 inmates who had reported a sexual abuse. The first inmate interviewed advised that the facility provides inmates information for services for release planning, counseling and rehabilitation. The inmate stated she could call the YWCA toll free and speak with them in a confidential manner. The second inmate interviewed advised auditor that the facility provides inmates with phone numbers for outside services. They say that if we need access to such services, we can get it by toll-free telephone, that we can receive services through the YWCA. The second inmate meets with both YWCA Counselors on a regular basis for individual counseling inside WCC, one for domestic violence and the other for sexual assault. The inmate praised the efforts of the Y Counselors. The inmate was aware that she could speak with the Y counselors confidentially, that the YWCA phone calls (Hotline/24 Hour Rape Crisis Center) were not monitored or recorded. Both sexual abuse reporters interviewed identified the YWCA counselors by name.

Based upon auditors' review, it is determined that the facility exceeds the requirements of the standard. Auditor has confirmed that the YWCA is fulfilling their obligation to the agency/facility in accordance with the MOU, by providing access to outside services and conducting individual counseling of inmates inside WCC. The majority of random inmates interviewed were properly educated concerning such community services available. Both random inmates and sexual abuse reporters interviewed provided unsolicited favorable comments on the professional services provided to the inmates at WCC by the YWCA counselors. Auditor has verified that the YWCA Counselors regularly conduct **Module 19. YWCA: Choice, Safety, and Survival (Sexual Assault)** a module of the facility's 2-week mandatory Transitional Program Classes. The HCSD PREA Pamphlets, which includes the English and Spanish YWCA Rape Crisis Center Hotline numbers, are provided to the inmates on at least 3 occasions during their reception processing. Auditors' interviews have verified that the inmates are receiving this information concerning services available and are utilizing the multiple YWCA services as coordinated by WCC personnel.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, 3.5.3. Protocol 5: Reporting**, Section D. 1. Third-Party Reporting, page 30.

1. The HCSD has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly (via the website) information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The agency website, [www.hcsdma.org](http://www.hcsdma.org), provides direction for the public on **Reporting Abuse**. This posted instruction advises citizens to: 1. Mail the PREA Coordinator at 627 Randall Rd, Ludlow MA 01056. 2. Call the PREA Coordinator at 413-858-0914. 3. Call the Hampden County Rape Crisis Center. The website lists the address, Hotline/Helpline number and office phone number of the YWCA of Western Massachusetts which operates the 24-hour Rape Crisis Center Hotline. The Spanish language Helpline number is also included with the address of the YWCA. The website also provides **Text-A-Tip**, directions for citizens to forward anonymous/third-party text messages via their cell phones to the police, at #274637 (Type SOLVE, then the message). Text-A-Tip is a joint operation of the Hampden County District Attorney's Office, the Hampden County Sheriff's Department, the Springfield and Holyoke Police Departments, and the MSP.

During Site Review, auditor reviewed 7 PREA investigations conducted in the last 12 months. Two of these investigations were initiated due to inmate third-party reports forwarded to facility personnel. Both third-party reports resulted in investigations conducted by PREA investigators. In one of the cases reported and reviewed by auditor, facility personnel promptly investigated, interviewed the reported victim of the inmate-on-inmate sexual abuse (no violence or coercion), confirmed the unwanted touching via video tape footage, and interviewed the perpetrator who admitted her conduct.

Based upon auditors' review, it is concluded that the agency exceeds the requirements of the standard. The agency website includes 4 methods for the agency to receive third-party reports of sexual abuse or sexual harassment. The agency has posted this detailed information, to include agency phone numbers and addresses, and community agency address and phone number. Text-A-Tip is also posted for citizen information and use. Random interviews of staff and inmates has confirmed that both staff and inmates are aware of third-party reporting ability. Auditor's Site Review of documentation has confirmed that third-party reports have been received by facility personnel and processed accordingly.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, 3.5.3. Protocol 6: Official Response Following an Inmate Report**, Section A. Staff and Department Reporting Duties, pages 30-31. The facility PAQ reports compliance with the standard.

In order to make a determination of compliance auditor interviewed the facility Assistant Superintendent (Warden). Auditor was advised that the Shift Commanders utilized a facility notification procedure sheet (**Incident Notification**), which directs appropriate senior administrative notifications in the event of an incident or allegations received. All PREA allegations or incidents are immediately reported to the PCM, who then notifies the Assistant Deputy Superintendent, the Assistant Superintendent and the HCSD HR Superintendent. The same notification and investigative process is followed for a vulnerable adult, except that the inmate is regarded as a client and under the jurisdiction of the Developmental Disabilities Division, a state agency. That agency would be notified by the facility. No youthful offenders are housed at WCC. The PCM informed auditor during interview that the Department of Mental Health/Department of Disability Services is notified when a vulnerable adult makes an allegation of sexual abuse or sexual harassment.

Auditor interviewed 2 medical employees and 2 mental health practitioners, who advised auditor that staff are required to report any knowledge suspicion or information regarding an incident of sexual abuse or sexual harassment do a designated supervisor or official immediately upon learning of it. Normally the shift commander on duty is notified. At the initiation of services/every session, with an inmate we disclose the limitations of confidentiality and our mandatory duty to report. Some of the staff interviewed learned of such allegations directly from inmates in the past, while others were notified of allegations received through other staff in the chain of command.

Random staff interviewed advised that all staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse, sexual harassment or retaliation that occurred at the facility. Staff would separate the inmates, report it to Supervisor, possibly provide medical services, and document it.

During Site Review, auditor reviewed 7 PREA investigations conducted in the last 12 months. Reports received verbally and in writing from inmates and third-party inmates, and in response to staff incident reports received, were appropriately communicated to supervisory personnel, referred to PCM/administrative personnel and subsequently investigated.

Auditor has determined that the facility meets the requirements of the standard based upon auditors' review of the PREA Plan, PAQ, investigative files, and interviews conducted with facility staff and inmates.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor has reviewed the **PREA Plan, Protocol 6: Official Response Following an Inmate Report**, Section B. HCSD Protection Duties, page 31, which includes language that meets the requirements of the standard, i.e. take immediate action to protect the inmate. The PAQ reports facility compliance with the standard and documents 0 inmates in the last 12 months who were determined to be at substantial risk of imminent sexual abuse.

Auditor interviewed the Agency Head/Designee (Superintendent) who advised auditor that we take whatever action to protect the inmate, being proactive versus reactive. If necessary, we can arrange a transfer of an inmate to four other counties in Western Massachusetts.

Auditor interviewed the facility Assistant Superintendent (Warden) who advised that if an inmate is identified at intake as a substantial risk of sexual abuse, we will notify the Supervisor on duty, and place the inmate for 24 hours in a solo cell in the orientation unit near the office or station. We then have someone meet with them. For issues reported inside we notify the Supervisor, meet with the inmate (perhaps the counselor) and determine housing options, possibly moving inmate to another unit or single cell. We have a PREA response plan in all cases and Central Classification reviews all PREA classifications weekly. The bulk of the Department Heads participate in Central Classification. The

**Incident Notification** procedure is posted upstairs in the Central Control Room (CCR) and in the Shift Commander's Office.

Random staff interviewed advised auditor that if staff learn an inmate is at risk of imminent sexual abuse, we contain, isolate/immediately, separate and notify supervisory staff. Check for PREA alerts on JMS. Move them or do whatever is necessary. Lock them in single cells if necessary. Make them safe. Get statements. Such actions would be taken ASAP, immediately, or right away.

Auditor's review of agency policy, PAQ, and interview of agency/facility personnel and facility inmates has demonstrated that staff are properly trained in taking actions in priority order to ensure the safety of an inmate(s). Review of investigative files and inmate interviews have confirmed responding personnel and investigative personnel have taken prompt and effective action to ensure the protection of reporting inmates or inmates at risk of sexual abuse. The facility therefore meets the requirements of the standard.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, 3.5.3. Protocol 6: Official Response Following An Inmate Report**, Section C. Reporting to Other Confinement Facilities, page 31, which includes the requirements of the PREA standard. The facility PAQ reports the facility received 18 allegations in the last 12 months that an inmate was abused while confined at another facility. The PAQ reports 2 allegations of sexual abuse the facility received from other facilities.

Auditor reviewed 3 WCC written official notifications to 3 external agencies informing them of WCC inmate allegations of sexual abuse while confined at another facility or prior to commitment to WCC. All 3 allegations were received by Intake personnel at WCC in 2018 and 2019. Notification was made to the external agencies within 24 hours by the WCC personnel, via facility letterhead and/or email correspondence. Auditor reviewed the documentation concerning the 2 allegations received at WCC alleging prior sexual abuse incidents at WCC. The facility had a PREA investigative file concerning the one report (2016 allegation was properly investigated) and WCC attempted to obtain further information from the second reporting inmate but she had been released from custody and did not respond to facility correspondence.

Auditor interviewed the Agency Head/Designee (Superintendent) who advised auditor that all such allegations of sexual abuse received are forwarded to the PC and we provide a response and investigate if an allegation was made concerning an inmate confined at the HCSD or WCC. We have sent investigators out to other counties to investigate. We have examples of correspondence sent to other jurisdictions and our agency doing follow-up here regardless of the circumstances or time frames.

Auditor interviewed the WCC Assistant Superintendent who advised auditor that allegations received that a sexual abuse occurred at our facility would be documented by the person receiving the complaint. The PCM is notified and we do the same investigative process. The AS stated there are likely examples available for the last 12 months where an inmate had alleged that she was sexually abused at this facility in the past. The Superintendent recalled one specific inmate who had made such an allegation of prior inmate-on-inmate sexual abuse.

Auditor requested and received documentation evidencing the required processing and investigation of alleged inmate sexual abuses reported to have occurred at WCC in the last 12 months. Auditor's review has confirmed timely facility compliance with the requirements of the standard.

Based upon auditors' review, it is concluded that the facility meets the requirements of the standard.

## **Standard 115.64: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes    No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, 3.5.3. Protocol 6 Official Response Following An Inmate Report**, Section D. Staff First Responder Duties, pages 31-32, and facility PAQ. The policy further includes the responsibilities of Security Supervisors (Section 2, page 32) which includes ensuring inmate safety, preservation of crime scene, questioning of inmates, notifications to CIU and Medical, and ensuring that involved personnel have submitted the required written reports. The PAQ reports 14 allegations received in the last 12 months where sexual abuse was alleged to have occurred. There was 1 reported allegation received within a time period which allowed for the collection of physical evidence. This allegation was timely addressed by facility personnel, with the inmate recanting her allegation following transport to BMC. There were 0 reported cases where an allegation of sexual abuse was received by a non-security staff member.



Auditor reviewed the **HCSO 2019 Pocket Planner**, which are issued to all agency personnel. These annual Pocket Planners include the calendar years Continuing Educational Training (CET) schedules, facility and agency phone numbers, Major and Minor Misconduct Violations, inmate **ALERTS** (including PREA), Suicide Prevention and Reporting/Risk Prevention and Warning Signs, and **PREA** Staff First Responder Duties for security and non-security staff.

Auditor interviewed random staff who provided detailed responses describing their first responder duties and responsibilities, whether to an actual incident or to an allegation received. Responses evidenced prior training and familiarity with agency policy and facility procedures. Staff responses included separation of victim and perpetrator, ensure inmate safety, notification, preserve the evidence, secure the scene, get to Medical ASAP, obtain statements, and notify mental health.

Auditor interviewed 1 security and 1 non-security first responders. The security employee stated they would separate the victim and the abuser, contact medical for PREA screening, determine whether inmates could not shower, etc. If an incident happened, secure the scene and notify the PCM. The non-security first responder stated she would advise security; if the perpetrator and victim are in the same unit to separate them; secure the area if there was an incident; tell the victim not to destroy anything; preserve the area; ensure abuser does not destroy anything; contact medical and mental health. If I did not witness the incident, report it to security and enter it into the JMS (jail Management System)- it then goes into the database.

Auditor interviewed 2 inmates who had reported sexual abuse. One inmate stated that staff interviewed her less than 24 hours after she made her verbal report of inmate-on-inmate sexual abuse. The inmate-on-inmate sexual abuse was reported to unit staff by a third-party inmate also housed on the unit. She reported it to a housing unit staff member. Staff were "very professional and efficient." Inmate was seen by a Correctional Officer, another person, and her Correctional Case Worker about her complaint. Staff informed her that they had reviewed videotapes and had moved the other inmate to another housing unit. They did not move me. They told me that my report would not affect me. They asked me to explain what happened. A second sexual abuse reporter stated that she reported her abuse (inmate-on-inmate) through an inmate grievance and it was days before anyone did anything. She did not feel that staff responded quickly or effectively. They moved the other inmate out of the unit. In another incident she experienced and reported, staff "didn't do anything." Auditor subsequently reviewed the investigative file during Site Review concerning the second inmates' report to auditor. Auditor found that staff moved the other inmate off the unit, issued a Misconduct on the other inmate and the other inmate was subsequently released. This investigation was conducted by a WCC PREA Investigator, and involved a review of CCTV and telephones, included Retaliation Monitoring and a Notice of Findings to the reporting inmate. This PREA case had been reviewed by Central Classification. The auditor verified that this allegation was not submitted as a grievance but through a written allegation provided to unit staff.

It is concluded that the facility meets the requirements of the standard based upon auditors' review of agency investigative files and staff and inmate interviews conducted. Auditor has confirmed that staff are properly trained and are executing their duties accordingly.

## **Standard 115.65: Coordinated response**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.65 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The PREA Plan, Protocol 6: Official Response Following An Inmate Report**, Section E, Coordinated Response, pages 32-33 requires an institutional plan among first responders, medical and mental health practitioners, investigators, inmate advocate, and facility leadership in actions taken in response to an incident of sexual abuse. The PAQ reports facility compliance with the standard.

Auditor interviewed the facility Assistant Superintendent who advised auditor that the agency has its own CORE Policy and the facilities follow-up with administrative meeting reviews concerning staff actions in response to an incident of sexual abuse.

Auditor reviewed the YWCA MOU to provide victim advocacy and counseling support services and interviewed the DPH Regional SANE Coordinator concerning the provision of their respective agency’s services to the inmates of WCC. Auditor reviewed the HCSD Job Description for the **Victim Services Coordinator** who functions as the **Sexual Assault Victim Advocate (SAVA)**, providing support and advocacy to an identified victim of sexual assault and to ensure access to a reasonable continuum of services throughout incarceration and following release.

Auditor has confirmed a well-coordinated response to incidents or allegations of sexual abuse at WCC. During Site Review, the review of investigations and observation of intake processing have confirmed the communications and proper actions of personnel in addressing incidents/reports of sexual abuse. The facility therefore meets the requirements of the standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The PREA Plan, Protocol 6: Official Response Following An Inmate Report**, Section F. Preservation of Ability to Protect Inmates from Contact with Abusers, page 33. Includes all requirements of the PREA standard. The facility PAQ reports WCC compliance with the standard.

Auditor interviewed the Agency Head/Designee (Superintendent) who advised auditor that the agency has revised Collective Bargaining Agreements (CBA) which have maintained managements' right to remove or reassign staff.

Auditor reviewed multiple agency CBAs which include the provision that the Sheriff or his designee shall retain the right to remove, dismiss, discharge, suspend or discipline a unit member, provided that no such action shall be taken except for just cause.

Based upon auditor's review, it is determined that the agency/facility meet the requirements of the standard, as noted.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The PREA Plan, Protocol 6: Official Response Following An Inmate Report**, Section G. Department Protection against Retaliation, pages 33-34 includes all requirements of the PREA standard. The facility PAQ reports that the facility monitors inmates for retaliation up to 90 days and may continue the monitoring beyond 90 days if there is a continuing need. The PAQ reports 0 instances of retaliation which has occurred in the last 12 months.

In order to make a determination of compliance the auditor interview the Agency Head/Designee (Superintendent). Auditor was advised that the facility staff conduct 30-60-90-day reviews which are further reviewed at Central Classification. If we hear of an issue, we can transfer the inmate to another County. We have great relationships within the Massachusetts Sheriff's Association to enable the

transfer of inmates as necessary at times. We can also look at housing unit changes to prevent retaliation.

The WCC Assistant Superintendent advised auditor that inmates are informed during facility classes about the prohibition against retaliation. We conduct annual training for staff and review the consequences of retaliation. Inmates can notify anyone in the facility, and it will get to our PCM. If we suspect retaliation, we will do an investigation and notify the Superintendent and others. We can separate inmates between units. If it involves staff, we can reassign staff until the investigation is complete. At 30-60-90 day reviews the counselor meets with the inmate and documents it in the TRAX system. The retaliation reviews are then reviewed at Central Classification.

At WCC, the Housing Unit Counselor or Correctional Case Workers are responsible for conducting retaliation monitoring. Auditor interviewed a Unit Counselor who advised auditor that he has monitored inmates for retaliation a few times a year on his caseload. I meet with them and document it in TRAX. I encourage the inmates to report to staff verbally or in writing. We might place them in a solo cell. I have not had any retaliation monitoring on my unit since February. I monitor behavior, body language, change of adjustment, whether they are staying in their cell compared to how they were. I watch for major changes, whether they appear uncomfortable. I do retaliation monitoring for 90 days or longer if needed, if there are reasons. If there is an issue, I would report it.

There were no inmates in segregated housing for risk of sexual victimization available to interview. Auditor interviewed 2 inmates who had reported/third-party reported sexual abuse in the last 12 months. One inmate stated to auditor that she felt protected against retaliation from other inmates due to staff moving the offending inmate to another unit, and staff explaining their actions to her. She stated there was no follow-up by the CCW, or retaliation monitoring. The second inmate stated she was not protected from possible revenge, that she reported other inmates were bothering her and staff took no action.

During Site Review, auditor confirmed through investigative file reviews and Central Classification minutes that retaliation monitoring was conducted on both inmates by the housing unit Counselor/Case Worker, was documented in TRAX and was reviewed by Central Classification. There were unconfirmed reports of retaliation alleged by the second sexual abuse reporter noted above, with the facility reassigning the inmate to other housing units' multiple times due to these reports. The Central Classification minutes evidence a detailed chronology of monitoring conducted by the Unit Counselor/Case Worker, the facility PCM and the Central Classification Committee. In one case (second inmate noted) the PCM recommended discontinuation of monitoring on several occasions, but Central Classification directed that retaliation monitoring continue. Auditor notes that it appears to auditor that inmates interviewed for retaliation purposes by unit staff may not be aware they are specifically being contacted for "retaliation" purposes, due to the nature of the approach and the informal conversation with their respective unit staff. Both the PCM and unit staff have discussed this belief with auditor.

Based upon auditors' aforementioned review, it is determined that the facility meets the requirements of the standard.

## **Standard 115.68: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the PREA Plan, **Protocol 6: Official Response Following An Inmate Report**, Section H. Post Allegation Protective Custody, page 34. The PAQ reports 0 inmates placed into involuntary protective custody in the last 12 months for any reason related to risk of sexual victimization.

Auditor interviewed the WCC Assistant Superintendent who advised auditor that the facility prohibits the placing of inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no other alternative means of separation from the potential abusers. We changed our restricted housing unit to a Secure Treatment Unit in the last year. We rarely house restricted housing inmates there any longer. If an inmate is placed there for disciplinary reasons it may only be for 24 hours in-cell (Phase 1) and then she enters Phase 2 if she is agreeable. We do not put inmates at high risk for sexual victimization into restricted housing. They are kept in general population. We have not used restrictive housing for high risk inmates in the last 12 months.

Auditor interviewed an officer who is assigned to the STU since it was activated in the last 12 months. The newly placed inmates have limited out-of-cell opportunities the first few days. All activities and programs are documented in JMS, controlled by the Unit Counselor and reviewed by Central Classification. Phase 1 is similar to Restricted Housing but may only last 24 hours on a 10 to 30-day disciplinary sanction. Inmates can get increased out-of-cell opportunities after the first 24 hours based upon their behavior and agreement to participate in STU programming. Inmates are not placed into the STU due to risk of sexual victimization, but they may be moved to another GP unit as an alternative.

There were no inmates in the STU in involuntary segregated housing available to interview or placed there in the last 12 months.

WCC has essentially eliminated Restricted Housing or Segregated Housing within the facility, replacing it with the STU, a highly programmatic and less restrictive custody status. The standard at WCC is that the facility has not and does not use segregated housing for inmates at risk of sexual victimization. Other alternative GP housing has been utilized in all cases in the last 12 months. Staff encountered and

interviewed have expressed to auditor the understanding that segregated housing is not an option in such cases. Based upon auditors' review, it is determined that the facility exceeds the requirements of the standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No



- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 7: Investigations**, Section A. Criminal and Administrative Department Investigations, pages 34-36. The WCC PAQ reports facility compliance with the PREA standard, reporting 0 allegations that appeared to be criminal that were referred for prosecution in the last 12 months. The PAQ reports 21 allegations of sexual abuse that were investigated by facility investigators in the last 12 months. There were 0 investigations of sexual abuse conducted by an outside agency in the last 12 months. All inmates who made allegations were reportedly notified by the facility of the results of the investigation. Auditor notes that the agency PREA investigators are sufficiently trained and authorized to conduct both administrative and criminal investigations. In staff-to-inmate cases of sexual abuse, the agency may refer such cases to the MSP for investigation. There have been no such cases of staff-on-inmate sexual abuse in the last 12 months or several years at WCC.

During Site Review, auditor reviewed 7 administrative investigations conducted by facility investigators in the last 12 months. Participating in this review as invited by the auditor was the CIU Commander and a facility investigator, the agency PC, facility PCM/Investigator, and 3 other facility/agency PREA Officials. Auditor notes there were 0 criminal investigations conducted in the last 12 months. The cases selected for review by auditor included Unfounded, Unsubstantiated, Substantiated and Not PREA (consensual behavior/Misconduct), and concerned both staff and inmate allegations of sexual harassment and sexual abuse. Auditor reviewed files noting how allegations were received and reported to PREA officials, the evidence collected and relied upon in developing findings, whether Misconducts were issued, whether notifications to the inmates that had made the allegations was completed, retaliation monitoring conducted, and whether the allegedly involved inmates were separated by cells/housing units. In addition, auditor reviewed 5 evidentiary videos which were used to confirm/refute allegations of sexual abuse in the last 12 months. Auditor determined that the investigations conducted by multiple facility investigators were conducted in accordance with agency and facility investigative procedures, with the findings reviewed by the WCC administration.

Auditor interviewed the WCC Assistant Superintendent who advised auditor that the agency CIU usually conducts investigations of sexual abuse that appear to be criminal. If the allegation/incident involved staff and inmate, the MSP may conduct the investigation. The CIU Commander is the agency liaison with the MSP and would keep the HCSD/WCC informed of the progress of the investigation.

The facility PCM and agency PC advised auditor that the last WCC investigation conducted by an external agency (MSP) was three years ago and the HCSD CIU and the facility worked with them hand-in-hand.

Auditor interviewed a WCC PREA Investigator who advised auditor that he commences an investigation immediately upon assignment. The first steps involved include verifying the situation,

sealing off the area, ensuring the inmates are separated, reviewing the evidence collected, the inmates may have gone to medical and given statements/informed other staff, interview the victim and the assailant, review reports and video footage, and interview any witnesses or third parties. Anonymous or third-party reports are handled the same way. Evidence may include letters, notes, we would ask questions to get bits of information. We would collectively decide how we would proceed in the event we discovered evidence that a prosecutable crime may have taken place. The credibility of an alleged victim, suspect or witness is based upon the evidence obtained. A polygraph examination is not a consideration. If we determine to prosecute, we go through CIU. We continue the investigation whether a staff member or inmate has left the institution. We do not stop. If an outside agency investigates an incident of sexual abuse, we cooperate with them and serve as liaison. We document administrative and criminal investigations to include date, time, place, how, where, why, the motive, searches conducted, phone calls reviewed, any witnesses, the meat and potatoes, review staff reports and report any contraband.

Two inmates who reported a sexual abuse advised auditor that they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

Based upon the auditors' aforementioned review and noted findings, it is concluded that the facility meets the requirements of the standard. The WCC PCM coordinates all PREA activities at the facility, keeps informed of ongoing investigations, and is a valuable resource for the Shift Commanders and Central Classification. The auditor notes that the WCC PCM is the HCSO agency Director of Standards and Training, having years of experience in various and progressively increasing positions/responsibilities. The PCM has been directly involved in the formulation and implementation of PREA within the agency since 2013. The CIU Commander, located at the Main Institution, similarly coordinates investigative processes with the investigators, based upon the allegations. During Site Review, auditor interacted with 3 facility PREA investigators, finding all to be knowledgeable and dedicated to the facility and their assignments.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency PREA Plan, 3.5.3. **Protocol 7: Investigations**, Section B. 1. Evidentiary Standard for Administrative Investigations, page 36. B. 1. - The department imposes no standard higher than a **preponderance of the evidence** in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During Site Review, auditor reviewed 7 administrative investigations conducted by facility investigators in the last 12 months. Auditor discussed the evidence pursued and collected by facility investigator and reviewed video footage of five cases which served to confirm/refute inmate allegations received. Auditor found the investigators to be properly conducting the investigations, in accordance with agency policy and the PREA standard, and utilizing the preponderance of evidence standard of evidence.

Auditor interviewed a facility investigator who advised auditor that the standard of evidence used in investigating PREA cases is a preponderance of evidence. This standard was what was instructed at the specialized investigative training seminar he attended in Boston, MA several years ago.

Auditor has determined the facility meets the requirements of the standard based upon auditor's review.

## **Standard 115.73: Reporting to inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:  
The staff member is no longer employed at the facility?  Yes  No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:  
The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:  
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **HCSO PREA Plan, 3.5.3. Protocol 7: Investigations**, Section C. Reporting to Inmates, page 36, which includes all requirements of the PREA standard. The facility PAQ reports 21 criminal and or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The PAQ reports 21 inmates who were notified, verbally or in writing, of the results of the investigation. There were 0 reported investigations of alleged inmate sexual abuse conducted by an outside agency in the past 12 months.

Auditor has reviewed the agency forms: **Inmate Notification of PREA Sexual Abuse/Misconduct Action**, and **Inmate Notification of PREA Sexual Harassment**, which are utilized to notify inmates of any sexual abuse or sexual harassment investigative results. The standardized forms include checkboxes for facility actions taken in regard to personnel or inmates and contain an Inmate/Resident Signature line and Date the notification was provided to the inmate.

The facility Assistant Superintendent advised auditor that the PCM is responsible for providing inmates who have alleged sexual abuse notifications when an allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation.

A facility investigator interviewed advised auditor that inmates who have made sexual abuse allegations are provided notifications of the investigative findings following an investigation. The investigator believed that the facility PCM is the staff person who performs this function.

Auditor interviewed 2 inmates who had reported a sexual abuse. One inmate stated the “very professional” Officer who investigated the matter explained to her the facility’s findings and actions. She had not made a report of the other inmates unwanted touching of her-it was reported by another inmate (third-party). The second inmate stated she was not notified of the findings of the investigation concerning her inmate-on-inmate sexual abuse allegations.

Auditor requested and reviewed facility documentation which confirmed that both inmates who were the reported victims of sexual abuse had been notified in writing of the results of the facility investigation. The inmate who denied being notified had been personally informed in writing by the PCM and she had signed the notification form as presented to her (2019). Auditor’s review of 7 selected investigative reports conducted in the last 12 months confirmed that written notifications are regularly provided to inmates by the facility PCM following conclusion of an investigation of sexual abuse and sexual harassment.

Based upon auditor’s review of agency policy, the PAQ, investigative reports, and interviews with staff and inmates, auditor has concluded that the facility exceeds the requirements of the standard. The PCM and facility have an established routine of conducting PREA investigations with ongoing reviews by Central Classification, and Notifications to the inmates by the PCM. The WCC further provides inmates who have alleged sexual harassment with Notifications at the conclusion of an investigation into their allegations, which exceeds the requirements of the standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 8: Discipline**, Section A. Disciplinary Sanctions for Staff, pages 37-38, which include all requirements of the PREA standard. The facility PAQ reports 0

staff who had violated agency sexual abuse policy in the last 12 months, or who had been disciplined, terminated or reported to law enforcement or licensing boards.

Auditor was advised by the HR Superintendent that there were 0 staff disciplines in the last 12 months for violating agency sexual abuse or sexual harassment policies.

Based upon auditors' review, it is determined that the facility meets the requirements of the standard.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **HCSO PREA Plan, Protocol 8: Discipline**, Section B. Corrective Action for Contractors, Interns and Volunteers, pages 37 and 38, which includes the requirements of the PREA



standard. The facility PAQ reports 0 contractors or volunteers reported to law enforcement for engaging in sexual abuse with inmates in the last 12 months.

Auditor interviewed the WCC Assistant Superintendent who advised auditor that a contractor or volunteer could be “posted” (restricted) from facility access to prevent inmate contact until retrained and staff follow-up with them. In some cases, they could be retrained. Termination is always an option for such violations.

Auditors’ review has determined that the facility meets the requirements of the standard.

## **Standard 115.78: Disciplinary sanctions for inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### **115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

## 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency **PREA Plan, Protocol 8: Discipline**, Section C. Disciplinary Sanctions for Inmates, page 38, includes all requirements of the PREA standard. The facility PAQ reports 8 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility in the last 12 months. There were 0 criminal findings of sexual abuse in the last 12 months, and 0 cases that involved coercive or violent sexual contact/abuse.

When interviewed by auditor, the facility Assistant Superintendent advised that inmates are disciplined following an administrative finding of inmate-on-inmate sexual abuse in accordance with a disciplinary matrix, which identifies the sanctions possible, based upon the nature and circumstances of an incident. An inmate's disciplinary history, mental disability or mental illness, and sanctions imposed for similar offenses by other inmates with similar histories are considered. The sanctions imposed are proportionate to the offense committed.

Medical staff interviewed advised that WCC offers therapy and counseling for offending inmates and is handled by mental health personnel. Mental health staff interviewed advised auditor that WCC offers group programs for offending inmates. The facility does not require the inmate's participation as a condition of access to such programs. The mental health staff advised that the YWCA offers therapy and counseling for offending inmates. The PCM advised auditor that CPC (Counseling and Psychotherapy, Inc), is contracted by the HCSD and can provide sex offender counseling/therapy to WCC inmates, 1 on 1, when mandated by the courts.

Auditor has reviewed the Transitions session, **PREA: Safety and Boundaries**, which includes discussion of the possible disciplinary and criminal sanctions/sentences of engaging in sexual abuse or sexual harassment conduct. The consequences and outcomes are reviewed to include possible referral to the Offender Registry Board (OAB) and designation as a sexual offender or sexual predator. WCC inmates disciplined for violating PREA during incarceration are referred to a facility program: **PREA Incident Prevention**, which consists of a 1x a week 4-week program of mandatory attendance. The **Content** of the program includes **Cause/Intervention, Education, Awareness and Prevention**.

Auditor has reviewed the agency policy and the employee's **2019 Pocket Planner**, which includes the Misconduct categories for violation of sexual abuse or sexual harassment, i.e. **11.04.02 Major (A Violations)** for Sexual misconduct, and **11.04.03 Minor (B Violations)** for Sexual misconduct.

There were 0 inmate disciplined for submission of bad faith reports of sexual abuse in the last 12 months. The agency prohibits all sexual activity between inmates and has disciplined inmates in the last 12 months for engaging in such consensual conduct.

Based upon auditor's review, it is concluded that the facility exceeds the requirements of the standard. The facility has a formal program in place to educate inmates concerning the consequences and outcomes of engaging in sexual abuse or sexual harassment, and has a mandatory program designed to address such facility conduct. The facility PAQ and documentation verify actions taken to discipline inmates who have violated agency PREA policy and/or engaged in prohibited consensual sexual activity with other inmates.

## **MEDICAL AND MENTAL CARE**

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

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

##### **115.81 (b)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

##### **115.81 (c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### **115.81 (d)**

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 9: Medical and Mental Care**, Section A. Medical and Mental Health Screenings; History of Sexual Abuse, pages 38 and 39. The facility PAQ reports 100% of inmates who disclosed prior victimization or who had perpetrated sexual abuse during screening were offered a follow up meeting with a medical or mental health practitioner. The PAQ reports facility compliance with the PREA standard requirements.

Auditor interviewed a staff member responsible for risk screening for advised auditor that she obtains informed consent before reporting about prior sexual victimization that did not occur in an institutional setting. There is a separate informed consent process for vulnerable adults. WCC does not house inmates under the age of 18.

The medical and mental health staff interviewed advised auditor that personnel obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. One staff member interviewed was unfamiliar with the notification process for vulnerable adults, and another advised that she believed there was a separate process for vulnerable adults. One medical employee stated that informed consent was not necessary if an inmate self-reports. All personnel advised that WCC does not confine inmates under the age of 18.

Auditor interviewed an inmate who had disclosed sexual victimization during risk screening. The inmate stated that she had also threatened to hurt herself upon commitment, and multiple staff came to see her. She was unsure and could not recall who they were. She believes it was the next day after her arrival that someone came to see her in her unit. Auditor verified through facility documentation that the inmate interviewed who had reported a prior sexual victimization was timely interviewed by a mental health practitioner.

During Site Review auditor observed the Intake processing at Intake by the Medical Assistant and the initial risk screening conducted by the RN in Medical. Auditor was oriented to the priority levels/classification of mental health referrals as Low, Medium, High and Urgent. The auditor has noted all priority levels present in various mental health referrals reviewed during Site Review. Auditor had requested and reviewed TRAX documentation of all 8 inmates who had advised Intake personnel upon admittance that they were sexually assaulted within the last 5 days, to ensure that all 8 were appropriately referred for mental health review. Auditor verified through facility mental health TRAX documentation that all 8 inmates were seen by a mental health practitioner in a timely manner based upon the inmates' agreement to receive such services. The 8 inmates were referred to mental health as either Urgent, High, Medium or Low Priority, with all being seen by mental health staff, in accordance with the standards' requirements. All 8 were transported to BMC for a SANE evaluation, based upon their allegations presented to facility personnel during the intake process.

Auditor reviewed a completed Medical/Mental health Referral List which included 7 individuals referred for mental health evaluation, i.e. PREA Mental Health, in Low and Medium Priority order due to reported prior sexual activity (victimization) in a confinement setting, prior reported predatory sexual behavior in a confinement setting or allegations of prior sexual victimization in the community. The noted referrals were made by facility RN personnel in response to the administration of the Intake risk-screening instrument, and in response to requests by the security department due to reported sexual activity/misconduct in the facility. Auditor notes the 7 referrals noted were from a 5- day period in 2019.

Based upon auditors' review of the PREA Plan, PAQ, facility documentation, Site Review observations of Intake and Medical reception processing, and interviews with staff and inmates, auditor has determined that the facility meets the requirements of the standard.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes    No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes    No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes    No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 9: Medical and Mental Care**, Section B. Access to Emergency Medical and Mental Health Services, page 39- 40.

Auditor reviewed agency policy **4.5.9 Special Needs and Services, Protocol 8: Protocol In The Event Of Sexual Assault**, page 10, which documents that the medical and psychological trauma of a sexual assault is minimized as much as possible by prompt and appropriate health intervention. The policy incorporates referrals to community facilities for treatment and evidence collection, forensic examinations, prophylactic treatment and follow-up care, mental health referrals, security reports concerning inmate separations, housing assignments and report distributions. The policy defines a sexual assault as a sexual act that is coercive or assaultive in nature and that involves the use or threat of force. The WCC PAQ reports facility compliance with the requirements of the standard.

Auditor reviewed the MOU with the YWCA to provide victim advocacy and supportive counseling services to the inmates of WCC. The YWCA provides such services when contacted by the ER of BMC, and also provides individual counseling services and Transitions workshops at WCC (Sexual Assault and Domestic Violence).

Auditor interviewed 2 medical and 2 mental health staff. The medical/mental health staff advised that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately upon report or notification. Inmates can request services from the YWCA. As soon as we are aware, they get the medical treatment. Services provided are determined according to our professional judgment, e.g. "according to what they tell me, and the effect, I go by that." WCC provides mental health services and the YWCA is an option for the inmates. We do

not do specific long-term sexual abuse therapy. We provide supportive mental health services. As part of the SANE services at Baystate, access to emergency contraception and sexually transmitted infection prophylaxis is offered. Inmates receive follow up services, treatment plans, and referrals to community agencies upon release. The services provided are consistent with community level of care. If pregnancy would result from sexual abuse while incarcerated, the victims would receive timely information and access to all lawful pregnancy related information and access to services immediately, and in the hospital following an incident.

Auditor interviewed 1 security and 1 non-security staff first responder in order to make a determination of compliance. Auditor received responses to inquiries that indicate staff are very knowledgeable concerning their individual duties in the event they are notified or witness an incident of sexual abuse, e.g. separate the victim and abuser, advise security, determine whether the inmates can shower, etc., if there was an incident secure and preserve the scene, contact medical and mental health, send to medical for PREA screening, notify the PCM, and document the incident or report in JMS.

Auditor interviewed 2 inmates who reported a sexual abuse. Neither allegation involved sexual assault but did include alleged threats of sexual assault or touching. One inmate advised that she received mental health services as a result of her allegation (third-party report) and the second inmate denied receiving any services and reported that the facility did nothing in response to her complaint. Issues of pregnancy or sexually transmitted infections were not applicable. Both inmates' allegations were investigated with one case found as substantiated and the other unsubstantiated. There were 0 cases of sexual assault reported or investigated at WCC in the last 12 months. Auditor review of facility documentation verified that both inmates' allegations had been thoroughly investigated and addressed, with all appropriate and actions required by the standards accomplished.

Auditor interviewed the DPH Regional SANE Coordinator and the YWCA Director of Programs who confirmed that the community agencies do provide the necessary medical and mental health services required by the standard and agency policy. Based upon auditors' review, it is determined that the facility meets the requirements of the standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative



*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 9: Medical and Mental Care**, Section 9, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, page 40. The PAQ reports compliance and indicates that the facility, despite being a county jail/regional female jail, does attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Medical staff and mental health staff interviewed informed auditor that the inmates receive follow up services, treatment plans, referrals to community agencies and release services upon release. The services provided are free, and consistent with community level of care. If pregnancy would result from sexual abuse while incarcerated the victims would receive timely information and access to all lawful pregnancy related services and information and access to all lawful pregnancy related services. The facility RN would normally speak with the inmate in medical and may send the inmate to the ER at BMC for evaluation. BMC may start meds there. A mental health referral would be submitted and entered into Health TRAX. The medical staff person advised auditor that the HCSO has contracted midwives, who would provide timely information and access to all pregnancy-related services. A mental health practitioner advised auditor that mental health receives the mental health referrals by priority, Low Medium and High, with High required to be seen within 24 to 48 hours, Medium within 5 to 7 days, and Low within 14 days, "but we do a much faster response." The referrals come into mental health and 3 mental health staff review the list daily. We address the inmates in a trauma-informed approach and determine whether they need further mental health services. The mental health staff person described the medical and mental health services offered at WCC as amazing and "We are amazing."

Auditor interviewed 2 inmates who reported a sexual abuse. Neither allegation involved sexual assault but did include alleged threats of sexual assault or touching. One inmate advised that she received mental health services as a result of her allegation (third-party report), i.e. "the incident happened, staff responded properly, and I felt safe." The second inmate denied receiving any services and reported that the facility did nothing in response to her complaint. Issues of pregnancy or sexually transmitted infections were not applicable. Both inmates' allegations were investigated with one case found as substantiated and the other unsubstantiated. There were 0 cases of sexual assault reported or investigated at WCC in the last 12 months. Auditor review of facility documentation verified that both inmates' allegations had been thoroughly investigated and addressed, with all appropriate and required actions by the standards accomplished.

Auditor has requested and reviewed the Health TRAX entries of 8 inmates who reported being sexually assaulted within 5 days of being admitted to the facility. All facility electronic documents evidence the mental health referrals being timely processed with the mental health intervention provided within a matter of a day or two by facility mental health practitioners. Auditor has reviewed additional samples of 2019 documentation confirming timely referrals and inmate reviews conducted by facility mental health personnel. There were no sexual assaults reported at WCC in the last 12 months or any PREA incidents which required medical services beyond the intake processing and subsequent services provided to the newly arrived inmates.

Based upon auditors' review, it is determined that the facility exceeds the requirements of the standard. The facility offers sex offender therapy through a private vendor (Counseling and Psychotherapy Center, LLC, or CPC) when mandated by the courts. Facility personnel provide sex offender

counseling, and the facility provides programs targeted at sexual offenders with such histories in the community or who engage in sexual activity in the facility. Auditor review of agency/facility policy and documentation, and staff and inmate interviews have confirmed that the facility operates a well-coordinated response plan to incidents or reports of sexual abuse. This plan includes close and dependable relationships with community providers who provide supportive services to the inmates of WCC, and other agency facilities.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 10: Data Collection and Review, Section A. Sexual Abuse Incident Reviews**, pages 40-41. The facility PAQ reports 15 criminal and or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. The PAQ reports 21 sexual abuse investigations conducted in the last 12 months that were followed by an incident review. Auditor notes that WCC conducts Incident Reviews of all sexual abuse allegations, regardless of the investigative findings, i.e. Unfounded, and provides notifications to all inmates, whether they have submitted sexual abuse or sexual harassment allegations.

The facility Assistant Superintendent advised auditor that the facility conducts incident reviews as part of the Central Classification committee reviews. Central Classification includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. At Central Classification we determine whether physical plant, policy or training is an issue. It may be a disciplinary issue with staff, but this would not be addressed by Central Classification. We may need to educate inmates. What was the motivation, gangs, sexual motivation, we go through the steps, the series of questions and factors? A member of Central Classification would review an area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

The PCM advised auditor that the facility conducts sexual abuse incident reviews and prepares a report on its findings from the review, including any determinations. As PCM, I prepare the report. I review the investigative findings, then I write up my findings and I take it to the Board at Central Classification. Whatever action needs to be taken; we take.

Auditor interviewed a member of the Incident Review Team (IRT)/Central Classification, who informed auditor that the incident review team reviews the investigative findings for any group activity, motivating factors, other perpetrators, etc., that we need to take action. We review areas, physical structures, and tables and chairs. We absolutely review staffing levels as a possible issue, and at formalized weekly staffing meetings. We have to maintain minimums and at times freeze people due to scheduling needs. The main institution reviews all the facility's staffing levels and needs weekly. The Central Classification committee looks at CCTV and for possible blind spots. We conduct a camera system check every shift at the beginning of each shift to ensure the system is operating properly.

During Site Review auditor attended a weekly Central Classification committee review, which regularly includes the committee review of any concluded PREA investigations, and other possible issues or activities related to any PREA investigations, such as ongoing retaliation monitoring reports, PREA alerts, and mental health input. The IRT function of the committee includes the review of the completed PREA Investigation Report as presented by the PCM and/or PREA Investigators, review of the PREA Findings, and the PREA Review Committee attendance roster which includes Date, Incident Numbers, the employees' departments represented, and staff signatures. On October 2, 2019 during auditors' attendance, there was 1 completed PREA investigation to be reviewed, which was a PREA sexual harassment allegation (Grievance) against staff due to body language. The findings were unfounded due to camera review, bystander input and no evidence to support the allegation. Classification will continue to monitor inmates ongoing issues. The committee reviewed the PREA 30 day and 6-month inmate reviews scheduled. One inmate reviewed was a LGBTI inmate selected and interviewed by auditor during Site Review. Auditor subsequently verified that the inmate was previously reviewed in April 2019 in accordance with her 6-month review requirement. Attending this Central Classification committee meeting was the facility Assistant Superintendent, Assistant Deputy Superintendent (ADS) of Pre-trial Housing, the ADS of Sentenced Housing, the ADS of Security, a security Captain and (2) Lieutenants, the WCC PCM, the WMRWC PCM, the WCC Standards and Training Supervisor, and the....

Based upon Auditors review it is concluded that the facility exceeds the requirements of the standard. The facility has incorporated the Incident Review Team reviews into the weekly Central Classification committee meetings. This committee includes the highest-ranking personnel in the facility and includes security, housing, PREA, training and standards, medical/mental health and administrative. The Central Classification regularly monitors inmates who have made PREA allegations, been involved in incidents, have PREA alerts, transgenders, etc., in addition to being directly involved in the review of completed investigations. The Central Classification also reviews all PREA investigations of sexual harassment and those cases determined to be unfounded. During Site Review, auditor witnessed the detailed scrutiny the committee provided to all inmate matters scheduled for review, as noted. Based upon the composition of the Central Classification, the opportunity for staff communication, input, and discussion among multiple key facility personnel concerning inmate and facility issues is optimized through the regular meetings conducted.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 10: Data Collection and Review**, Section B. Data Collection, pages 41-42, which includes the requirements of the PREA standard. The PAQ reports facility compliance with the standard. The HCSD and WCC do not contract for the confinement of agency inmates with private facilities.

Auditor reviewed the 2017 **Survey of Sexual Victimization (SSV-3 Form)**, the most recent SSV-3 Form submitted and available to auditor. Auditor notes that the USDOJ Bureau of Justice Statistics has yet to request such data of the US agencies for calendar year 2018.

Auditor has reviewed the agency website at [www.hcsdma.org](http://www.hcsdma.org), and verified that the agency has posted an Annual Report for calendar years 2017, 2016, 2015, and 2014. The Annual Report is derived from data submitted to the USDOJ annually. The agency has informed auditor that the Annual Report will be compiled and posted when the SSV-3 is submitted to the USDOJ. The agency has also posted the prior PREA Audit Report of the WCC conducted in 2016. The agency website includes a link to the HCSD PREA Plan which describes the data collection policy developed in order to comply with the PREA standard.

Auditors' review has determined that the facility is in compliance based upon review of agency policy and evidence of prior years' aggregated collection/reporting of sexual abuse data.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 10: Data Collection and Review**, Section C. data Review for Corrective Action, pages 42-43. The PAQ reports facility compliance with the requirements of the standard.

Auditor reviewed the 2018 **Survey of Sexual Victimization (SSV-3 Form)**, the most recent SSV-3 Form submitted and available to auditor, which documents the calendar year 2017 aggregated agency data. Auditor notes that the USDOJ Bureau of Justice Statistics has yet to request such data of the US agencies for calendar year 2018.

Auditor has reviewed the agency website at [www.hcsdma.org](http://www.hcsdma.org), and verified that the agency has posted an Annual Report for calendar years 2017, 2016, 2015, and 2014. The Annual Report is derived from data submitted to the USDOJ annually. The agency has informed auditor that the Annual Report will be compiled and posted when the SSV-3 is submitted to the USDOJ. The agency has also posted the prior PREA Audit Report of the WCC conducted in 2016. The agency website includes a link to the HCSD PREA Plan which describes the data collection policy developed in order to comply with the PREA standard.

The posted Annual Reports are comprehensive documents evidencing the collection and thorough review of the aggregated agency data. The Annual Reports include a description and **Background** of the PREA legislation, and the SSV-3 reports submitted annually to the USDOJ Bureau of Justice Statistics for all of the Hampton County Sheriff's Department facilities. The Annual Reports include reiteration of the HCSD "zero tolerance" policy, the **Inmate on Inmate Incident Data; Definitions Related to Sexual Abuse Victimization (i.e. Nonconsensual Sexual Act; Abusive Sexual Contact; Sexual Harassment and Sexual Misconduct); Corrective Action; Accomplishments; and Conclusions. Sexual Abuse and Sexual Harassment** totals are compiled and included in the Annual Reports, with statistics for cases determined to be Substantiated, Unsubstantiated, Unfounded and Investigation Ongoing. The Annual Reports include a comparison of the current year's data with those from prior years.

When interviewed by auditor, the Agency Head/Designee (HCSD Superintendent) advised that the agency picks apart the investigations at IRT. If we see specific areas, we may address through training or alerting. We have annual reports compiled and posted on the agency website.

The HCSD PC advised auditor that the HCSD collects the data from the agency facilities on an ongoing basis. We use the incidents and allegations to assist in identifying any problem areas and take corrective action if such areas are identified. We compile the SSV-3 Form and our Annual Reports when requested by the Bureau of Statistics.

The WCC PCM advised auditor that the facility conducts a thorough review at every IRT, during Central Classification. We review the investigations and findings, which I present to the committee. We review facility cameras and training factors. We implemented one-person showering in several housing units due to reports received several years ago and the configuration of the unit showers in those housing units. The agency compiles Annual PREA Reports.

Auditor has determined that the agency meets the requirements of the standard based upon auditors' review.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the agency **PREA Plan, Protocol 10: Data Collection and Review**, Section D. Data Storage, Publication and Destruction, page 43. The PAQ reports compliance with the PREA standards' requirements concerning data retention and destruction.

Auditor reviewed the 2018 **Survey of Sexual Victimization (SSV-3 Form)**, the most recent SSV-3 Form submitted and available to auditor, which documents the calendar year 2017 aggregated agency data. Auditor notes that the USDOJ Bureau of Justice Statistics has yet to request such data of the US agencies for calendar year 2018.

Auditor has reviewed the agency website at [www.hcsdma.org](http://www.hcsdma.org), and verified that the agency has posted an Annual Report for calendar years 2017, 2016, 2015, and 2014. The Annual Report is derived from data submitted to the USDOJ annually. The agency has informed auditor that the Annual Report will be compiled and posted when the SSV-3 is submitted to the USDOJ. The agency has also posted the prior PREA Audit Report of the WCC conducted in 2016. The agency website includes a link to the HCSD PREA Plan which describes the data collection policy developed in order to comply with the PREA standard.

Auditor has confirmed that there are no personal identifiers included in the SSV-3 Forms or the agency Annual Reports. The HCSD utilizes raw data to compile their reports and does not include any personally identifiable information in any PREA aggregated documents.

The agency PC advised auditor that access to the computerized PREA information is controlled by the agency and only accessible to those whose responsibilities require such access.

Based upon auditors' review of agency PREA Plan and facility PAQ, review of the HCSD website, and interview with the agency PC, it is determined that the facility meets the requirements of the standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 11: Auditing and Corrective Action**, Section A. Frequency and Scope of Audits, pages 43-44, which mirrors the requirements of the PREA standard.

Auditor was granted full access to any/all areas of the facility during Site Review. The HCSD agency utilized an experienced team of agency and facility PREA and Standards and Training officials to coordinate and facilitate auditors' Pre-audit, Site Review and Post-Audit responsibilities and requests. The team of officials were motivated to reveal local physical plant systems and procedures, and to accommodate auditor's many requests for additional documentation, and auditors' random, specialized and targeted interview selections. The local team provided clerical support in the form of logging the identities and classifications of facility staff and inmates informally engaged by auditor, and by providing insights and history into facility routines and practices. Auditor was afforded the required privacy for interviews conducted. Staff were very responsive and timely to auditors' needs during Post-Audit evidence review and report compilation.

The Audit Notice was properly posted in English and Spanish throughout the facility 6 weeks in advance of Site Review, i.e. August 19, 2019. Auditor verified the posting through the provision of 20 digital photographs, evidencing the posting in all inmate housing units, Intake, Kitchen, Cafeteria, Main Entrance/Lobby, Visiting, Admin Area, Prison Industries, Library, Maintenance and a Multi-Purpose room. Auditor observed the Audit Notice consistently placed in housing units and staff and inmate common areas, the facility Lobby, medical, Visiting Room, and other areas visited. Auditor has received no correspondence from any WCC inmates as of November 13, 2019.

Facility staff were well informed and prepared for the scheduled audit. The professionalism and dedication of facility personnel observed by auditor was consistent with the appearance of the physical plant, and the favorable culture of the facility operation. No inmate expressed that they felt unsafe at WCC, with multiple inmates providing unsolicited praise and respect for multiple facility and community agency employees. Auditor was treated in a very courteous and accommodating manner and sensed no tension or hostility in any facility area concerning staff or inmates.

Based upon auditor's aforementioned review and comments, it is determined that the facility exceeds the requirements of the standard. The agency, facility administration and personnel properly prepared and executed all phases of the PREA Audit in order to demonstrate facility compliance with the standard and the agency PREA Plan.

## **Standard 115.403: Audit contents and findings**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed the **PREA Plan, Protocol 11: Auditing and Corrective Action**, Section B. Audit Contents and Findings, page 44.

The agency and facility have cooperated during all phases of the PREA audit, enabling auditor to formulate standard ratings and reflect auditors finding within the Audit Narrative, Facility Characteristics and Auditors' Discussions of the individual standards. Auditor has confirmed that the prior Final Audit Report of WCC (2016), and other agency facilities' Final Audit Reports (2015, 2016, 2017 and 2018) are properly posted on the agency website [www.hcsdma.org](http://www.hcsdma.org), as required.

Auditor has determined that the facility meets the requirements of the standard.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Louis S. Folino

November 15, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.