

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 19, 2018

Auditor Information

Name: Barbara King

Email: Barbannkam@aol.com

Company Name: Click or tap here to enter text.

Mailing Address: 1145 Eastland Avenue

City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: June 4-8, 2018

Agency Information

Name of Agency:

Bristol County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Physical Address: 440 Faunce Corner Road

City, State, Zip: North Dartmouth, MA 02747

Mailing Address: 440 Faunce Corner Road

City, State, Zip: North Dartmouth, MA 02747

Telephone: 508-995-6400

Is Agency accredited by any organization? ☒ Yes ☐ No

The Agency is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency mission: The Bristol County Sheriff's Office is an organization of public safety professionals committed to serve and protect the people of Bristol County. The Bristol County Sheriff's Office holds itself accountable to the principles of integrity, professionalism, compassion, and teamwork.

Agency Website with PREA Information: <http://www.bcsso-ma.us>

Agency Chief Executive Officer

Name: Thomas M. Hodgson

Title: Sheriff

Email: Sheriff@bcso-ma.org

Telephone: 508-995-1311

Agency-Wide PREA Coordinator

Name: Sean Stubbert

Title: PREA Coordinator

Email: SeanStubbert@bcso-ma.org	Telephone: 508-995-6400 ext. 2405		
PREA Coordinator Reports to: Superintendent Steven Souza		Number of Compliance Managers who report to the PREA Coordinator 2	
Facility Information			
Name of Facility: Dartmouth Correctional Complex			
Physical Address: Dartmouth: 400 Faunce Corner Road North Dartmouth, Massachusetts 02747 Ash Street: 226 Ash Street New Bedford, Massachusetts 02720			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: Dartmouth: 508-995-6400 Ash Street: 508-996-6704			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
Facility Mission: The Bristol County Sheriff's Office is an organization of public safety professionals committed to serve and protect the people of Bristol County. The Bristol County Sheriff's Office holds itself accountable to the principles of integrity, professionalism, compassion, and teamwork.			
Facility Website with PREA Information: http://www.bsco-ma.us			
Warden/Superintendent			
Name: Steven Souza		Title: Superintendent	
Email: StevenSouza@bcso-ma.org		Telephone: 508-995-6400 ext. 2325	
Facility PREA Compliance Manager			
Name: Dartmouth: Michael Foley Ash Street: Joseph Oliver		Title: ADS Policy Development and Compliance Major	
Email: MichaelFoley@bcso-ma.org JosephOliver@bcso-ma.org		Telephone: 508-995-6400 ext. 2408 508-996-6704	
Facility Health Service Administrator			
Name: Maureen Atkins		Title: Health Services Administrator	
Email: MaureenAtkins@bsco-ma.org		Telephone: 508-995-6400 ext. 2634	
Facility Characteristics			
Designated Facility Capacity: 1,638 Dartmouth: 1,412 Ash Street: 226		Current Population of Facility: 1,063 (first day of audit) Dartmouth: 897 Ash Street: 166	

Number of inmates admitted to facility during the past 12 months			6,416		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2,700		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			5,114		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0		
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-72			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0		
Average length of stay or time under supervision:			Male: 83 days Female: 45 days		
Facility security level/inmate custody levels:			Pre-Release, Min/Med/Max		
Number of staff currently employed by the facility who may have contact with inmates:			575 Dartmouth: 518 Ash Street: 57		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			82		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			12		
Physical Plant					
Number of Buildings: 5		Number of Single Cell Housing Units: 2			
Number of Multiple Occupancy Cell Housing Units:		22			
Number of Open Bay/Dorm Housing Units:		5			
Number of Segregation Cells (Administrative and Disciplinary):		153: Dartmouth:138 Ash Street: 15			
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):					
<p>The complex is monitored by exterior and interior cameras. The Dartmouth House of Correction has 156 cameras (130 interior/ 26 exterior). The cameras are monitored through the control center. The Ash Street Jail has 26 cameras (18 interior / 8 exterior). All cameras are analog and have limited recording ability. An expansion of the video monitoring system is in planning. The project will add about fifty (50) additional cameras. The project will go to bid in July 2018 with a projected completion of March 2019.</p>					
Medical					
Type of Medical Facility:		Health Services Unit			
Forensic sexual assault medical exams are conducted at:		Local hospital: St. Luke's Hospital New Bedford, MA			
Other					

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	512 Volunteers, 89 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	6

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Dartmouth Correctional Complex in North Dartmouth, Massachusetts, a facility under the operation of the Bristol County Sheriff's Office was conducted on June 4-8, 2018 by certified PREA Auditor Barbara King. The audit process began with communication between the Director of Audits and Accreditations and PREA Coordinator, and the auditor in October 2017. The auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with offenders and staff. The Director of Audits and Accreditations indicated this would be the second PREA audit for the Dartmouth House of Corrections. As part of the first PREA audit the Ash Street Jail was not audited.

Discussion was held with the Director of Audits and Accreditations, PREA Coordinator, and PREA Compliance Manager prior to the on-site audit regarding the complex and the difference between the Dartmouth House of Corrections and the Ash Street Jail. The agency approached the PREA audit as requiring three separate audits: two (2) adult jails and one (1) lock-up. Through numerous conversations and research through the PREA Resource Center, it was determined prior to the on-site visit that only two (2) audits were necessary for the two (2) adult jails. The auditor researched the definition of a facility and the factors indicating a single facility in the FAQs and discussion with PREA Resource Center staff. The agency's regional intake area is located at the Ash Street Jail building and is the initial booking for the Sheriff's Office and is operated through the same agency policies and under the management of the Superintendent. It is not a separate lock-up facility. During the on-site audit, the first two and half days of the audit was at the Dartmouth Correctional Complex and the remaining two and half days at the Ash Street Jail. Both were audited like single facilities. During the audit of the Ash Street Jail, the auditor recognized that this building was operated as a housing unit of the Dartmouth Correctional Complex. The Ash Street Jail is under the management of the same agency, same Superintendent, operates with the same policies and procedures, same offender population, same agency staff, same agency mission, and has the same offender reporting mechanisms. The offenders that are housed at Ash Street are transfers from the Dartmouth Correctional Complex building after being screened for housing placement at Ash Street. It is operated and utilized as a housing unit for the Dartmouth Correctional Complex. After the completion of the audit at Ash Street, the auditor and agency administration discussed the operational use of Ash Street and agreed that it is operated as a housing unit of Dartmouth Correctional Complex. It was determined a single PREA Report would be written and submitted that encompassed the full Dartmouth Correctional Complex which includes the Ash Street Jail.

The Dartmouth Correctional Complex is comprised of two locations the Dartmouth Correctional Complex building and the Ash Street Jail. The referral of Dartmouth Correctional Complex in the report is for the correctional complex as a whole and when the information pertains to both locations. The specific facility name (Dartmouth or Ash Street Jail)) will be used when the information refers only to that location. When information is provided for both locations, the Dartmouth numbers will be provided first then Ash Street Jail (Dartmouth/ Ash Street). The Dartmouth Correctional Complex operates under the same administrative table of organization.

The Audit Notice was sent to the facility by the auditor on April 27, 2018. The facility acknowledged receiving the audit posting from ACA and the postings were placed throughout the facility. The PREA Compliance Manager emailed photos of the Audit Notice posted throughout the facility for verification of posting on May 9, 2018.

About a month prior to the audit, the auditor received the PREA Pre-Audit Questionnaires and supporting documents on a thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for all 43 PREA standards. The Pre-Audit Questionnaires were emailed directly. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. After the review of the Pre-Audit Questionnaires and documentation, on May 21, 2018 the auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the audit visit. The auditor reviewed the PREA information and the PREA Annual Report on the Bristol County Sheriff's Office website prior to the audit; <http://www.bcsoma.us/PREA.htm>. Prior to the on-site visit, contact was made with the Director of Audits and Accreditations, PREA Coordinator, and PREA Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit.

Also on May 21, 2018, the auditor requested the following information be provided the first day of the audit: daily population report (use June 1st), staff roster to include all departments (include title, shift, and good days), offender roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of offenders with a PREA classification, list of LGBTI offenders, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of offenders that reported sexual abuse, list of disabled and limited English proficient offenders, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, grievance...). This information will be utilized to establish interviews schedules. The facility provided the requested information the night prior to the on-site audit beginning to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha and housing listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports, MOU with State Police, full policies, annual PREA data reports, facility program schedule, and monthly PREA committee reports.

Before the start of the audit, the auditor met with the Superintendent, Director of Audits and Accreditations, PREA Coordinator, PREA Compliance Managers, and various other department heads. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the auditor would meet with the Superintendent and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from an offender or staff member prior to the audit. Key facility staff during the audit included the Superintendent, Director of Audits and Accreditations, PREA Coordinator, PREA Compliance Managers, Majors, and Captains.

The auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility tour was completed at Dartmouth on the first day of the audit. The housing units, program areas, service areas, food service, control center, and medical areas were toured by the auditor. The Ash Street Jail was toured on Wednesday afternoon. The complete facility including the housing ranges, program areas, service areas, medical, control center, and booking/intake area was toured. During the tours, the auditor made visual observations of the program areas and housing units including bathrooms, officers post sight lines, and camera locations. The auditor spoke to random staff and offenders regarding PREA education, reporting methods, response to an allegation, and facility practices. Review of the housing unit log books was conducted to verify immediate/ higher level staff rounds.

During the tour, the auditor identified sight line concerns in the multiple areas at the Dartmouth Correctional Complex. At Dartmouth, blind spots were identified in the laundry area behind the washers, food service area near the oven and dishwasher areas, the women's laundry room behind the washers, the EB housing unit television room, and the hallway in education. At Ash Street, blind spots were identified in the laundry area behind the washers and dryers and the kitchen prep area. There was also identified cross gender viewing on cameras within the control center at Dartmouth and in the shower areas in housing units FB, EE, ED, EC, and GC. The cameras had views of toilets in medical/HSU cells #1-4 and segregation cells G1, G2, and G3. Prior to the auditor completing the on-site audit, the agency resolved the cross-gender viewing in the control center by placing sections of tape on the monitors. A roll call read was conducted for five days that informed staff that the tape is to remain on the monitors until further notice. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. After the on-site audit, the agency installed privacy screens for the shower areas. Photos of the shower screens in the housing units were provided to the auditor for documentation of correction. The shower screen is installed in the center of the barred door blocking view except for lower leg and above the shoulders.

Also, during the tour, the auditor followed up with a compliance issue from the previous audit in which the facility made a temporary correction. The finding was the modular housing unit needed to provide privacy for showering and toilet use. The agency corrected the issue with portable barriers that could be rolled into place to provide privacy until a permanent privacy shield could

be installed. The agency has installed permanent privacy walls for the toilets and shower curtains.

All required facility staff and offender interviews were conducted on-site during the five (5) day audit. The auditor interviewed staff and offenders at Dartmouth on Monday, Tuesday, part of Wednesday, and Friday. Interviews were held of staff and offenders at Ash Street on Wednesday and Thursday. The offender interviews were held in rooms that afforded privacy for the interviews; at Dartmouth they were held in an office within each housing unit and at Ash Street they were held in a program room. Staff interviews were held in the administrative conference room at Dartmouth and the program room at Ash Street, both locations afforded privacy for the staff interviews. The auditor utilized the PREA Auditor Handbook table for offender interviews for determination of interviews to be held at each location. Dartmouth interviews were based on the offender population size of 501-1,000 offenders; a requirement of 30 offender interviews with at least 15 from the target groups and 15 random interviews. The Ash Street interviews were based on the offender population of 101-250 offenders; a requirement of 16 offenders interviews with at least 8 from target groups and 8 random interviews. Seventy (70: 49/21) formal offender interviews were conducted and sixty-one (61: 50/11) offenders were informally interviewed during the facility tours, (12.3% of the 1,063 offender population). The random interviewees were selected by the auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (41: 27/14), Disabled and Limited English Speaking Ability (8: 4/4), LGBTI (8: 8/0), Offender Who Reported Sexual Abuse (4: 4/0), and Who Disclosed Sexual Victimization (9: 6/3) were interviewed. Interviews were not conducted for youthful offenders and offenders placed in segregation housing for risk. The complex does not house youthful offenders. There were no offenders placed or housed in segregation housing for risk during the audit period. There were four (4) offenders that refused interviews. The offenders interviewed acknowledged they had been screened during the intake process, education was provided which began at intake, and they knew how to report. Offenders also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

The Dartmouth Correctional Complex operates under the same administrative table of organization. A total of seventy-one (71) staff was formally interviewed and an additional thirty-five (35) informal staff interviews were also conducted during the facility tours (18.4% of 575 staff). Staff was randomly selected from each of the three (3) shift rosters and different departments within the facility (24: 13/11). Additionally, specialized staff were interviewed including the Agency Head (1), Superintendent (1), PREA Coordinator (1), PREA Compliance Managers (2: 1/1), Intermediate-Higher Level Staff (8: 5/3), Staff Cross Gender Searches (4: 2/2), Medical and Mental Health (5: 4/1), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors (8: 6/2), Investigator (1), Staff Who Perform Risk Screening (3: 2/1), Staff Who Supervise Segregated Housing (1), Incident Review Team (4: 3/1), Staff Who Monitor for Retaliation (2), First Responders (2: 2/0), and Intake staff (2: 1/1). An interview with a contract monitor was not held, the facility does not contract to house offenders with another agency. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

Interviews were also conducted with two community agencies. A representative of the Women's Center of New Bedford was interviewed which provides emotional support and a hotline to the offenders. A contract is in place for the services. The other interview was conducted with a representative of the St. Luke's Hospital regarding the SANE services provided at the hospital.

There were twenty-five (25) allegations of sexual abuse and sexual harassment reported during the audit period (June 2017- May 2018). All allegations were reported at Dartmouth, no allegations reported at Ash Street. There were five (5) staff on offender allegations and twenty (20) offender on offender allegations. The staff on offender allegations were four (4) staff on offender sexual abuse penetrative and one (1) sexual harassment allegations. The administrative findings of the staff on offender allegations of sexual abuse were one (1) unsubstantiated and three (3) still active investigation. The twenty (20) offender on offender allegations were three (3) sexual abuse penetrative, five (5) sexual abuse non-penetrative, and twelve (12) sexual harassment. The administrative findings of the offender on offender allegations of sexual abuse penetrative were one (1) substantiated and two (2) unsubstantiated. The administrative findings of the offender on offender allegations of sexual abuse non-penetrative were one (1) unsubstantiated, two (2) unfounded, and two (2) still active investigation. Of the eight (8) open cases; six (6) referred to the State Police are still active, one (1) is waiting on the crime lab, and one (1) was opened prior to the on-site audit. One (1) case was referred for prosecution. The prosecutor declined the case based on untimely disclosure, and lack of collaboration. A review of ten (10) administrative investigations was conducted.

An exit meeting was conducted by the auditor at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on three (3) standards. Standards 115.15, 115.33, and 115.81 could not be cleared at the end of the on-site audit process. Standard 115.15 required correction for the cross-gender viewing for showers and the blind spots. Standard 115.33 required documentation of the offender comprehensive education. Standard 115.81 required documentation that all offenders that disclosed sexual victimization are referred to medical/mental health services for follow-up and that informed consent is obtained prior to reporting prior victimization that occurred outside the facility.

The auditor shared with the Superintendent and the facility's administration feedback from the offender population; the offenders stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The auditor also shared that staff was professional and well trained in their PREA knowledge and responsibilities. The auditor team thanked the Bristol County Sheriff's Office, Superintendent Souza, the Dartmouth Correctional Complex staff for their hard work and commitment to the Prison Rape Elimination Act.

Documentation of compliance for the outstanding standards were provided to the auditor through email by the PREA Coordinator. With the last documentation received on July 10, 2018. No further action was necessary. Photographs were provided that documented the privacy screens installed for the shower areas. The shower screens are installed in the center of the barred doors of the shower blocking view except for lower leg and above the shoulders. Mirrors were installed in the kitchen areas, laundry areas, education hallway, and the EB housing unit television room. Photographs were provided to the auditor for documentation. For standard 115.81 the health

care services provided training on June 28, 2018 on the informed consent requirement. A copy of the training discussion with a staff program attendance sheet signed by staff was provided for verification. A procedure change was initiated to ensure all offenders that disclose sexual victimization are referred to health care services. The new procedure notifies the PREA Coordinator and the Mental Health Director automatic through email when an offender discloses prior victimization during the intake process risk screening. The Mental Health Director will check each morning the offenders referred from the previous day intake. If the offender is not on the mental health line, the offender is added to the line with a note as to why they are being seen. The electronic medical record will track the offender and an alert is sent to ensure the offender is seen within fourteen (14) days. Documentation of three referrals was provided showing the intake form, electronic notification of referral, and mental health case notes of the offender seen for follow-up. For standard 115.33, the facility was providing comprehensive education to the offenders however, there was no formal documentation of the education. The facility redesigned a form to include the PREA education. The facilitator of the training completes the form and the offender signs acknowledging the training. Documentation of thirty-eight (38) offenders receiving comprehensive education was provided to the auditor. The auditor also contacted the agency's PREA Coordinator during the writing of the report to clarify certain information for the report.

The auditor based the decision of standard compliance on: data gathering; review of documentation; observations during the tour of the facility; sampling techniques for interviews with staff, offenders, and files; interviews; and the facility's policy and practices.

Facility Characteristics

The Dartmouth Correctional Complex is comprised of a main facility (Dartmouth House of Corrections), with three satellite buildings (Women's Center and the Immigration Detention Center, and the Ash Street Jail). The Complex is operated by the Bristol County Sheriff's Office. The Dartmouth House of Corrections is located in the city of North Dartmouth and the Ash Street Jail in New Bedford, Massachusetts. The two locations are about six miles apart and driving distance about twelve minutes. The complex is classified as a medium security general confinement facility for pre-trial and sentenced offenders. It houses female and male offenders 18 years of age or older. The Ash Street Jail only houses male offenders in general housing, female offender may be held in the intake and lock-up cells until court the next morning. The Dartmouth County Correctional Complex's design capacity is 1,638. The offender population was 1,063 on the first day of the audit (main facility-House of Corrections: 753; Immigration Detention Center: 90; Women's Center: 54, and Ash Street Jail: 166). The average daily population for the audit period was 1,087.

The Dartmouth House of Corrections consisted of a main facility and two satellites in North Dartmouth. The main was opened in August 1990. It was built to house 365 male and female offenders. In November 1998, a modular unit was added which added 300 beds for the complex. In 2002, a facility was open to house female offenders. This building was the Bristol County Pre-Release Center and transitioned into the Women's Center. The Women's Center provided an additional 122 female offender beds. A new building was built to house a total of 128 Immigration

and Custom Enforcement (ICE) detainees. The current housing capacity for this location is 1,412.

The main facility is a 1,132-bed facility that houses male and female offenders convicted of crimes with a sentence of 2 ½ years or less, high security and pre-trial female offenders, and high security pre-trial male detainees. The facility is comprised of a master control, intake and booking area, kitchen, visitation area, law library, outdoor recreation, medical unit, medical administrative offices, laundry, eleven (11) general housing units, a dorm, Health Services housing unit, the modular housing unit with four housing units, restricted housing unit, program and education areas, and the administration offices. Housing units HA (housing capacity of 82), HB (82), GA (96), GB (96), FA (66), and FB (64) are general housing of double occupancy cells that house male offenders. Housing units EA (16) and EB (38) are general housing double occupancy cells for female offenders. Housing unit EC has a housing capacity of 32 provided through 16 double occupancy cells. This housing unit is restricted housing for male offenders in disciplinary status and under investigation. Housing unit ED has a housing capacity of 16 with eight double occupancy cells. This housing unit is utilized for offenders that have behavioral and mental health needs. Housing unit EE is restricted housing for offenders on segregation status. The general housing units are two tiered and have a control desk that provides direct supervision. It is an open design with the administration offices and control desk in open area overlooking the housing cells and dayroom. On the bottom tier are the showers, telephones, dayroom, informational bulletin boards, and one tier of double occupancy cells. The upper range is double occupancy cells. Each cell has a toilet that provides privacy from cross gender viewing. The dorm houses 96 male offenders. This housing unit use to be the indoor gym. It has an officers control desk and a restroom area that includes showers, sinks, and toilets. The Health Services housing unit consists of two (2) dorms of eleven (11) beds and four (4) single housing cells. The modular structure houses 416 offenders in four (4) housing units each housing 104 offenders. Each housing unit has a dayroom, officer control desk, program areas, administrative offices, and a housing range. The housing range has multiple occupancy rooms housing eight (8) offenders. The showers and toilets are located to the right and left when entering the housing range. Privacy is provided to the offenders from cross gender viewing. These offenders are sentenced offenders who have progressed through an accountability-based classification system to earn a spot in the residential substance Abuse Program, Treatment Unit, The Pre-Release Program, and the facility's work crews.

The satellite Women's Center building is a two-story structure located across the parking lot from the main facility. The first floor consists of the kitchen, dining room, dayroom, classrooms, two (2) housing wings, and the staff control desk area. The second floor has three (3) housing wings, administrative offices, and a staff control area. The structure houses 122 medium security female offenders in five (5) housing areas. Each housing wing is comprised of double occupancy cells. The A Wing has twelve (12) double occupancy cells housing twenty-four (24) pre-trial offenders. The B Wing has sixteen (16) double occupancy cells housing thirty-two (32) sentenced offenders. The B Wing extension has five (5) double occupancy cells housing ten (10) sentenced offenders. The C Wing has twelve (12) double occupancy cells housing twenty-four (24) sentenced offenders. The D Wing has sixteen (16) double occupancy cells housing thirty-two (32) pre-trial offenders. Each wing has a shower, dayroom at the end of the wing, and the double occupancy cells. Each cell has a toilet that provides privacy for the offender. Program and service staff facilitate a variety of programs including a Residential Substance Abuse

Treatment Program, education classes, Culinary Arts Program, parenting, life skills, anger management, AA, NA, faith-based services, HIV Prevention and Awareness and a victim domestic violence program.

The satellite, Immigration Detention Center, is a single-story building located about half way up the driveway from the main building that houses 132 detainees. The building has two (2) open floor dormitories located on each end of the structure. There is a control center located in the center of the building along with administrative offices, medication room, and medical area. Each dorm houses sixty-six (66) offenders on bunk beds arranged in a barracks style formation. An officer's control desk is located in each dorm which is positioned on a platform station. This building houses male detainees awaiting deportation. The average length of stay for an ICE detainee is 365 days.

The third satellite building is the Ash Street Jail that is located about six miles from the main facility. The facility is located in a residential area of New Bedford and was built in 1828. It is known as the oldest operating jail in the United States. This facility is operated as a housing unit of the Dartmouth Correctional Complex. The facility is comprised of a main building and several smaller buildings. The main building consists of two general population housing wings each having two range sides divided into four tiers of separate single cells. Each range side range is an open housing unit with all four tiers (alleys) visible from the bottom floor walkway. Tiers 1, 2, 5, 6, 7, and 8 all have fifteen (15) single cells. Tiers 3 and 4 have sixteen single cells. Tier 9 has eight (8) single cells. Tiers 10, 11, 12, and 14 have eleven (11) single cells. Tiers 15 and 16 have twelve (12) single cells. And two housing ranges PL3 and PL4 that have nine (9) single cells and are separate from the general housing ranges by doors. Within the main building is the medical, property, visitation, and program services. A control room is located on the main floor. Each single cell has a toilet. The other buildings contain the kitchen, intake and booking area, storeroom, administrative offices, laundry, and a large offender dayroom. Within the dayroom is the shower area for the facility. The facility includes pre-trial and sentenced offenders. The facility also operates the regional intake and booking for local police departments. These offenders are held on a first-floor tier closest to the control central and staff post of the facility until their court appearance. That is usually the next morning, on week-ends it may be longer, but never more than 72 hours. On the day of the audit there were no offenders in the lock-up range, offenders booked in the previous day were already transported to court by 7:00 am.

The complex is monitored by exterior and interior cameras. The Dartmouth House of Correction has 156 cameras (130 interior/ 26 exterior). The cameras are monitored through the control center. The Ash Street Jail has 26 cameras (18 interior / 8 exterior). All cameras are analog and have limited recording ability. An expansion of the video monitoring system is in planning. The project will add about fifty (50) additional cameras. The project will go to bid in July 2018 with a projected completion of March 2019.

The Mission of the Bristol County Sheriff's Office is "The Bristol County Sheriff's Office is an organization of public safety professionals committed to serve and protect the people of Bristol County. The Bristol County Sheriff's Office holds itself accountable to the principles of integrity, professionalism, compassion, and teamwork." The complex is managed by a Superintendent. The satellite facilities have oversight administration by Majors.

Summary of Audit Findings

The PREA Audit of the Bristol County Correctional Complex found forty-five (45) standards in compliance with six (6) of those standards exceeding the requirement of the standard. These standards are: 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator; 115.17 Hiring and Background Checks; 115.31 Employee Training, 115.53 Inmate Access to Outside Confidential Support Services, 115.71 Criminal and Administrative Agency Investigations, and 115.86 Sexual Abuse Incident Reviews. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Standards Exceeded: 6

115.11, 115.17, 115.31, 115.53, 115.71, 115.86

Number of Standards Met: 39

115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standards 115.15, 115.33, and 115.81 could not be cleared at the end of the on-site audit process. Standard 115.15 required correction for the cross-gender viewing for showers and the blind spots. During the tour, the auditor identified sight line concerns in the multiple areas at the Dartmouth Correctional Complex. At Dartmouth, blind spots were identified in the laundry area behind the washers, food service area near the oven and dishwasher areas, the women's laundry room behind the washers, the EB housing unit television room, and the hallway in education. At Ash Street, blind spots were identified in the laundry area behind the washers and dryers and the kitchen prep area. There was also identified cross gender viewing on cameras within the control center at Dartmouth and in the shower areas in housing units FB, EE, ED, EC, and GC. The cameras had views of toilets in medical/HSU cells #1-4 and segregation cells G1, G2, and G3. Prior to the auditor completing the on-site audit, the agency resolved the cross-gender viewing in the control center by placing sections of tape on the monitors. A roll call read was conducted for five days that informed staff that the tape is to remain on the monitors until

further notice. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. After the on-site audit, the agency installed privacy screens for the shower areas. Photos of the shower screens in the housing units were provided to the auditor for documentation of correction. The shower screens were installed in the center of the barred doors blocking view except for lower leg and above the shoulders. Photographs were provided that documented the privacy screens installed for the shower areas. Mirrors were installed in the kitchen areas, laundry areas, education hallway, and the EB housing unit television room. Photographs were provided to the auditor for documentation.

Standard 115.33 required documentation of the offender comprehensive education. For standard 115.33, the facility was providing comprehensive education to the offenders however, there was no formal documentation of the education. The facility redesigned a form to include the PREA education. The facilitator of the training completes the form and the offender signs acknowledging the training. Documentation of thirty-eight (38) offenders receiving comprehensive education was provided to the auditor.

Standard 115.81 required documentation that all offenders that disclosed sexual victimization are referred to medical/mental health services for follow-up and that informed consent is obtained prior to reporting prior victimization that occurred outside the facility. The health care staff had varying answers to informed consent. The auditor suggested a refresher training to be conducted. A refresher training was conducted on June 7, 2018 and documentation forwarded to the audit including the training discussion with a staff program attendance sheet signed by staff. A procedure change was initiated to ensure all offenders that disclose sexual victimization are referred to health care services. The new procedure notifies the PREA Coordinator and the Mental Health Director automatic through email when an offender discloses prior victimization during the intake process risk screening. The Mental Health Director will check each morning the offenders referred from the previous day intake. If the offender is not on the mental health line, the offender is added to the line with a note as to why they are being seen. The electronic medical record will track the offender and an alert is sent to ensure the offender is seen within fourteen (14) days. Documentation of three (3) referrals was provided showing the intake form, electronic notification of referral, and mental health case notes of the offender seen for follow-up.

Documentation of compliance for the outstanding standards were provided to the auditor through email by the PREA Coordinator. With the last documentation received on July 10, 2018. No further action was necessary.

PREVENTION PLANNING

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

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*)

The Bristol County Sheriff's Office and the Dartmouth Correctional Complex has written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Policy 03.06.00, Prevention of Inmate Sexual Abuse and Sexual Harassment, address zero tolerance

towards all forms of sexual abuse and sexual harassment. The forty-three (43) page policy has twenty-five (25) sections that outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Section 03.06.03 addresses the zero tolerance and states the sheriff's office has established a zero-tolerance standard mandating zero tolerance towards all forms of sexual abuse, sexual harassment or other forms of sexual misconduct involving inmates, detainees, or prisoners. The definitions of prohibited behaviors regarding sexual abuse and sexual harassment are in Section 03.06.01. Section 03.06.17 includes sanctions for those found to have participated in prohibited behaviors including disciplinary sanctions, up to and including termination for violating the Sheriff's Office's sexual abuse or sexual harassment policies and applicable state/federal laws. Offenders shall be subject to formal disciplinary process. Through observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks, and interviews with staff and offenders it was apparent that the Dartmouth Correctional Complex is committed to zero tolerance of sexual abuse and sexual harassment.

The agency's PREA Coordinator reports directly to the Superintendent, reflected by the agency's table of organization. He has the authority to manage the agency's PREA Program. The job description states the position is responsible to assist department administrators and staff in addressing, identifying, and resolving specialized issues related to PREA. The position manages the PREA initiative for compliance with the federal PREA standards. He stated in his interview that he has enough time to oversee PREA compliance and the prevention of sexual abuse and sexual harassment. The PREA responsibilities include training of staff, tracking cases, collecting and maintaining statistics, monitoring retaliation, and holding monthly PREA Review Committee meeting. The PREA Coordinator also works with and oversees the work of the two (2) PREA Compliance Managers; one at the Dartmouth House of Correction and the other at the Ash Street Jail. He has routine interaction with them which includes walk throughs of the facilities, monthly meetings, and incident reviews. The office also provides training and guidance as needed for all staff and department heads. Agency updates and changes are forwarded from this office to the agency staff. Information updates, policy updates, new initiatives, and directives are shared with the PREA Compliance Managers and discussed at the monthly PREA Review Committee meetings.

The Assistant Deputy Superintendent at the Dartmouth House of Corrections and the Major at the Ash Street Jail are the agency's PREA Compliance Managers. Both were present and responsive during the audit. They were knowledgeable of the PREA standards and the agency's compliance measures. They attend the monthly PREA Review Committee meetings, makes rounds within the facility, ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. The PREA Compliance Managers were both interviewed and indicated they had sufficient time to manage all the PREA related responsibilities. These responsibilities included interaction with staff and offenders on PREA concerns; incident review committee; conducting internal audits and vulnerability assessments; and informing the PREA Coordinator of any issues and work for resolution.

The agency exceeds the standard through the structure created to manage the PREA responsibilities of the agency and facilities. A PREA Program office is under the direction of the PREA Coordinator with a PREA Compliance Manager for each facility. The PREA Coordinator also holds a monthly meeting to conduct incident reviews on all cases, review pending cases,

discuss offenders who are considered at high risk, and any compliance concerns. These meetings are documented in monthly meeting notes.

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

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 OR the response to 115.12(a)-1 is "NO".) ☐ 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*)

The Bristol County Sheriff's Office does not contract for the confinement of its offenders with private agencies or other entities including other government agencies. Policy section 03.06.05 states should the Sheriff's Office contract with a private agency to provide housing and security for its inmates, detainees, or prisoners, the original contract and subsequent renewals shall include the private agency's obligation to adapt and comply with National PREA standards. Such contracts or contract revisions adopted shall include the ability of the Sheriff's Office to monitor the efforts of a private agency to comply with the National PREA standards.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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*)

The Dartmouth Correctional Complex has developed a staffing plan that is based on the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including “blind spots” or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. Also taken into consideration are the staffing levels for each housing unit which currently are a minimum of two staff and the ratio of male and female staff on each shift. The agency also conducts annual Vulnerability Assessments and the findings are considered as part of the staffing plan review for physical plant concerns. Data from the Strategic Accountability Management System (SAMS) which collects 250 indicators is also reviewed and considered during the review. Based on the review of the staffing plan and interviews with the PREA Coordinator and the Superintendent, the staffing plan was developed by the leadership of the Sheriff’s Office including the PREA Coordinator. The PREA Coordinator indicated the staffing plan is assessed and reviewed yearly by the PREA Coordinator and the Assistant Superintendent for Security Operations. Then the staffing plan is forwarded with any recommendations to the Superintendent for final review and action. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated and the reasons for the deviation are documented on the staffing charts and staff tracking sheet reports. This process is outlined in policy section 03.06.05. The Superintendent also completes a review form, Staffing Analysis, that addresses all elements of the standard whether the element was reviewed and any comments.

The Superintendent indicated during the interview that the staffing reports from each shift are reviewed daily by the Majors, Colonel, and Superintendent including the coverage for mandatory posts. The Superintendent indicated that non-compliance with the staffing plan is rare and would be covered by overtime including freezing staff (forced overtime). Correctional officers would be offered or forced overtime to ensure that all security staff positions identified on the staffing plan are filled accordingly. It would be documented on the Daily Watch Commander’s Report and the Overtime Shift Report. The Watch Commander would also notify the Superintendent Office through an incident report. The agency indicted no deviations from the staffing plan have occurred. This process is documented in policy section 03.06.05, Prevention Measures and Planning, Staffing Plans.

The staffing plan was based on the design capacity of 1,638 (1,412 / 226) and the average daily population of offenders of 1,252 (1,054 / 198). The last annual Staffing plan was completed in October 18, 2017 and the previous years on July 28, 2016. The current staffing plan indicates the facility has 417 security staffing positions and the current staffing is within general accepted

guidelines and practices. The relief factor is 1 for a five-day post and 1.8 for a seven-day post. The Superintendent indicated that the staffing plan is reviewed two to three times a year by reviewing staffing levels and positions. And recommendations or changes are considered at the reviews. An academy is held every July for hiring new staff. The written staffing plan is maintained by the Superintendent, Sheriff, Human Resources, and the Policy Development Team.

Intermediate and higher-level staff conduct unannounced rounds. They are conducted daily by the Watch Commanders and Zone Commanders on each shift. The Majors and Assistant Superintendents of Security conduct security rounds during business hours. Through reviews of housing area logs, it documented that rounds were completed on each shift. Interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility. The intermediate and higher-level security staff stated during interviews that they conduct random rounds by changing the pattern and times of their rounds and they listen to radio traffic to ensure announcements are not made to the units. They also enter the housing unit through the fire doors at times to change pattern and normal entrance method. These rounds are documented on the housing unit log books in red ink. The agency's policy, 03.06.05 Unannounced Rounds prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited. If a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds and progressive discipline could be started.

Standard 115.14: Youthful inmates

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*)

Dartmouth Correctional Complex does not house youthful offenders. The Massachusetts General Law Chapter 84 of the Acts of 2013 changed the age of majority from 17 to 18. Policy section 03.06.22 Juveniles, states should a juvenile arrive, they shall be placed at the Dartmouth House of Correction in a location where they shall not have sight, sound, or physical contact with adult inmates or detainees through the use of a shared dayroom or other common spaces, shower areas, or in sleeping quarters. In areas outside the housing unit, staff will ensure sight and sound separation is maintained and provide direct staff supervision whether a juvenile and adult inmates or detainees have sight, sound, or physical contact. They have been no youthful offenders housed at the facility.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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? ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility implement a policy and practice 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*)

Through a review of policy section 03.06.09 Limits to Cross Gender Viewing and Search Procedures and Lesson Plan: Prison Rape Elimination Act addressing offender searches and cross gender searches confirms the policies and procedures and training plan address the standard. The policy states employees shall not conduct cross-gender strip searches or cross gender visual body cavity searches – no exceptions. Only qualified health care practitioners can conduct these searches. All body cavity searches are completed only by medically trained professionals. Interviews with staff and offenders indicated that Dartmouth Correctional Complex does not conduct cross gender strip searches. The policy does allow cross gender pat searches only in exigent situations. Any cross-gender pat search (male or female) conducted must be documented on an incident report. The staff indicated an exigent situation may be a life or death situation and during a critical incident as directed by a Watch Commander. There was no cross-gender strip-searches or cross-gender pat down searches conducted during the audit period. There is always female staff on duty who can be utilized for female pat down searches as indicated by staffing rosters.

The agency's policy 03.06.09 states inmates, detainees, and prisoners shall be able to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breast, buttocks, or genitalia except during exigent circumstances or when such viewing is incidental to routine cell checks. Appropriate steps shall be taken to comply with this procedure, such as the placement of partitions, curtains, and other privacy methods. During the tour, the auditor identified sight line concerns in multiple areas at the Dartmouth Correctional Complex that required correction for the cross-gender viewing. There were also identified cross gender viewing on cameras within the control center at Dartmouth and in the shower areas in housing units FB, EE, ED, EC, and GC. The cameras had views of toilets in medical/HSU cells #1-4 and segregation cells G1, G2, and G3. Prior to the auditor completing the on-site audit, the agency resolved the cross-gender viewing in the control center by placing sections of tape on the monitors. A roll call read was conducted for five days that informed staff that the tape is to remain on the monitors until further notice. This was a temporary solution until the new camera system is installed which allows the editing and pixeling of camera views. After the on-site audit, the agency installed privacy screens for the shower areas. Photos of the shower screens in the housing units were provided to the auditor for documentation of correction. The shower screens were installed in the center of the barred doors blocking view except for lower leg and above the shoulders. Photographs were provided that documented the privacy screens installed for the

shower areas. Offenders and staff interviewed stated offenders receive privacy for these functions.

During the tour of the Ash Street Jail, the auditor noted that the toilets in the housing cells did not allow the offenders use without the possibility of being viewed by female staff, if female staff is assigned to the housing unit post. The housing cells are small with a toilet, sink, and a bed. The cell is open to the housing unit run by bars, not a wall or solid door. Female staff on the post while doing rounds may observe an offender on the toilet. Due to the floor plan of the cell and the square footage, a barrier for the toilet is not feasible for the cell. During the offender interviews, offenders indicated they received a sense of privacy for performing bodily functions. They indicated the officer announces prior to walking the housing tier giving the offender time to complete or time to cover up. They also stated if a staff member is conducting count or making rounds, the staff offer privacy by only glancing in the area to ensure the count and security of the offender. The female staff interviewed indicated they announce the round, wait one to two minutes before making the round to give the offender time to cover up or complete their function. After discussion with the PREA Resource Center and the feedback from the staff and offenders, the auditor determined that offenders receive privacy from staff viewing as allowed by the facility design and is viewed as incidental viewing during routine cell checks.

The agency's policy section 03.06.09 states when an employee of the opposite gender enters a housing unit where inmates, detainees, or prisoners reside will announce upon entering. An announcement is made at the beginning of each shift by the control center through the intercom and documented. The announcement states "Throughout the day and night shifts, male and female staff members may enter your living areas for official purposes. You are required to properly dress at all times, unless showering." Also posted in the unit is a sign that states "You are required to be properly dressed at all times when not using the shower. Female staff are assigned to this unit and will be making rounds throughout the day and night." This posting is also posted in the female units with reference to male staff. The announcement is made verbal when a staff member or visitor enters the housing unit of the opposite gender. This was observed during the audit tour. The officer logs the announcement in the housing unit log book each time made. The information is also provided in the PREA handout, Inmate Handbook, and posters. Staff are also provided training on rounds to help assure compliance with the standard that limits cross gender viewing. Staff and offenders indicated that announcements are made when the opposite gender staff and visitors enter the housing units.

Policy section 03.06.21 Transgender and Intersex Inmates, Detainees, and Prisoners states no inmate, detainee, or prisoner shall be searched or physically examined for the sole purpose of determining genital status. Staff interviewed acknowledged the policy and their understanding. Policy also states once the genital status has been determined, searches shall only be conducted by qualified employees of the same sex – no exceptions. Determination will be conducted through interviews, by reviewing previous medical records, or if necessary as part of a broader medical examination conducted in private by a qualified health care practitioner.

Staff receive training in conducting pat down searches, cross-gender pat down searches, searches of transgender and intersex inmates in a professional and respectful manner as documented in Lesson Plan: Search Protocols and Lesson Plan Prison Rape Elimination Act. Other than annual training, this training is also part of the initial pre-service training. The review

of the training lesson plans showed the policy and procedures are covered in the annual training. The staff interviewed were able to explain the process of pat searching a transgender of cross-gender indicating that the blade of the hand is utilized. Documentation was provided that showed that security staff have signed showing they have received and understood the cross-gender pat down searches and searches of transgender offenders.

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

15.16 (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*)

The agency's policy section 03.06.10 Disabled Inmates, Detainees, and Prisoners has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse

and sexual harassment. Staff are trained on how to interact with offenders with disabilities and limited English through the Lesson Plan: Inmates with Special Needs. Training was documented with training records. The agency has contract services with an On Demand Telephonic Interpretation Services, Pre-scheduled Telephonic Interpretation Service, and a document translation service. The agency also has a TTD/TTY phone service that can be utilized. The agency also provides Inmate Handbooks and PREA informational posters in English, Spanish and Portuguese. The posters are posted throughout the facilities. Staff interpreters are available.

During the audit, eight (8) interviews were conducted with disabled and limited English offenders. Six (6) of the interviews were with limited English offenders through a staff interpreter. These offenders indicated they had received education through signs, PREA pamphlet, and watching a video. They also indicated the education was explained through the case manager with an interpreter. They indicated that they could go to an officer or case manager if assistance was needed. The other two (2) interviews, an offender with low cognitive skills and an offender that was hearing impaired, indicated they received the education through watching the video and the PREA pamphlet. Staff also explained it to them. Those offenders interviewed, as well as other offenders with limited English proficiency interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed. They indicated they received the information through an educational video, posters, and PREA pamphlet. They also indicated posters and flyers were provided in a language they understood (English, Spanish, and Portuguese). The offenders indicated that staff was available for assistance and answer questions when needed.

The agency's policy section 03.06.11 Translation Services states staff shall not rely on inmates, detainees, or prisoners as interpreters, readers, or for any other type of translation assistance, excepting in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of staff first responder, or an investigation of the inmate's allegations. Staff is to contact the watch commander for direction. The PREA Coordinator, Watch Commander, Central Classification and other supervisors shall be notified whenever the translation line is used. Any use of the translation services lines, or any other special provisions or accommodations will be documented. and central classification or the Language Line Service are to be utilized for interpretation purposes. There were no instances where an offender interpreter was utilized during this audit timeframe.

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, or 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*)

Through the review of agency policy section 03.06.23 Employment, Training, and Education and 03.01.00 Human Resource Management it was determined that the agency has established a system of conducting criminal background checks for new employees, promotional employees, volunteers, and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The background check process is conducted by the Communications Division. The agency policy section 03.06.23 states material omissions

regarding misconduct or the provision of materially false information shall be grounds for termination.

The Employment Application requires the applicant to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. These forms are utilized for new hires and promotions. Once a review of the application is completed, all possible application applications are forwarded to the Communications Division to run queries on the applications for criminal history, warrants, drivers license, any open cases, and any criminal history for disqualification. Applicants that pass this step are then forwarded for a formal background investigation which includes requesting information from police departments from the current resident location and all other residential locations know; high school and college records; house checks; and review of previous background checks. The formal background check will not be completed till all information is received and reviewed. Once an application passes the two-step background check; an interview will be scheduled. During the interview, the applicant will be asked the questions again. Eighteen (18) personnel files were reviewed with the Human Resource Manager. All files but one had the query and formal background checks. The one personnel file missing the query was hired in 1989 before this formal process. This employee has had annual background checks. The agency also provided an example of an applicant's file that was denied for hiring due to a sexual assault record. There were 82 background checks completed on new hires this audit year. A new hire background checks averages about one month. Background checks are completed on all contractors and volunteers prior to entrance to the facility.

The agency conducts annual background checks on all employees, volunteers, and contractors. These background checks are conducted each May by the Communications Division. The last annual background checks were conducted in May 2018. The two previous checks were completed on May 3, 2017 and May 1, 2016. These were verified in the employees' personnel files.

The agency asks all applicants and employees about previous misconduct through the application process and promotional questionnaire. These questions are also part of the interview process. The agency also has a continuing affirmative duty to report any criminal misconduct. The duty to report is addressed in policy section 03.06.23 Employment, Training, and Education and Lesson Plan: Prison Rape Elimination Act. The employee is to report to the supervisor then to special investigations division. An investigation would be conducted. The employee would be placed on administrative leave during the investigation. Once the investigation and the legal outcome is completed, a determination would be made on the employee's employment. All employees are required to verify their understanding of their duty to report through their signature of understanding the agency's procedures on the prevention of sexual abuse, their duty to report such incidents to proper officials and other PREA policies. The copies of the written acknowledgements are maintained in the Training Division.

The agency policy section 03.06.23 Employment, Training, and Education and 03.01.00 address providing information on substantiated allegations of sexual abuse and/or sexual harassment

involving a formal employee upon receiving a request. During the interview with the Human Resource Manager, it was stated all requests would be forwarded to the Legal Department for proceeding with request. A release would also be needed from the employee before any information could be disclosed.

Through interviews with the Human Resource Manager, Investigator, and PREA Coordinator it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks. The agency also exceeds the standard with the two-step background process prior to the interview and the annual background checks on all employees, contractors, and volunteers.

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*)

The Dartmouth Correction Complex has not made any substantial expansions or modifications of the existing facilities. The complex has not installed or updated any video monitoring system,

electronic surveillance system, or other monitoring technology. The complex is monitored by exterior and interior cameras. The Dartmouth House of Correction has 156 cameras (130 interior/ 26 exterior). The cameras are monitored through the control center. The Ash Street Jail has 26 cameras (18 interior / 8 exterior). All cameras are analog and have limited recording ability.

The Superintendent indicated that an expansion of the video monitoring system is in planning. The project will add about fifty (50) additional cameras. The project will go to bid in July 2018 with a projected completion of March 2019. Meeting notes of the Construction Documents Review Meeting was provided for review.

The PREA Coordinator conducts monthly PREA Review Committee Meeting. During these meetings, the committee will discuss the effectiveness of security operations, physical barriers, staffing levels, and technology. Any corrective action or recommendations will be reviewed and incorporated in appropriate corrective plans. If technology, this would be shared with the Superintendent.

The agency policy section 03.06.05 Prevention Measures and Planning -Upgrades to Facilities and Technologies states if the Sheriff's Office designs or acquires a new facility/lockup or is planning a substantial expansion or modification to an existing facility/lockup, the effects of the design, acquisition, expansion, or modification shall be considered with regards towards protecting inmates, detainees, and/or prisoners from sexual abuse. If installing or updating a video monitoring/electronic surveillance system or other monitoring technologies within a new or existing facility/lockup, the Sheriff's Office ability to protect inmates, detainees and prisoners from sexual abuse shall be considered. Security monitoring shall remain operational throughout the facilities.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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? ☒ Yes ☐ No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ 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*)

The Bristol County Sheriff's Office is responsible for administrative and criminal investigations. The Massachusetts State Police will be referred allegations for investigations when staff are involved. Both administrative and criminal investigations start immediately following an allegation. The policy and procedures, 03.06.14 Evidence Collection; 09.23.00 Control of Evidence and Lesson Plan Security Procedures and Lesson Plan: Crime Scene and Evidence Collection outline evidence protocols for administrative proceeding, criminal prosecutions; and requirements for forensic exams. The agency utilizes the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition, April 2013. An interview was conducted with the Chief Unit investigator who oversees the investigation process and conducts offender on offender and staff on offender administrative investigations. The interview confirmed the practices for PREA investigations and the investigator was knowledgeable of the investigation process and the uniformed evidence protocol, the use of the Special Investigation Unit Supplemental PREA Review Form and Sexual Assault Notification Form. Policy section 03.06.14 Investigations and Evidence Protocols -Evidence Collection states only Special Investigation Unit investigators or other qualified persons shall collect physical and/or DNA evidence at an incident scene, regardless of the circumstances. Evidence may be collected within 96 hours from the reporting of an alleged incident. The collection of evidence shall be properly documented.

Through the medical staff and SANE interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical care with no cost to the offender. The forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the offender.

The interview with the SANE nurse from the local hospital, St. Luke's of New Bedford, indicated all emergency room nurses are trained SANE/SAFE. The statewide SANE Program is also available if a nurse is not available on duty or on-call. A state SANE staff is available within 3-4 hours and is dedicated only to that offender patient. An advocate will be provided to the offender upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the New Bedford Women's Center. Through scheduled hours and on-call. Other local hospitals utilized, Southeast Hospital Group and Charlton Memorial Hospital, have SANE services. There were two (2) forensic medical exams during the last twelve months.

The agency has a Memorandum of Understanding with the New Bedford Women's Center to provide victim advocate services to offenders. The agreement outlines the services provided including: responding promptly to allegations of sexual abuse or sexual harassment; report allegations of sexual abuse or sexual harassment to the Sheriff's Office while maintaining confidentiality as required by state standards for certified crisis counselors and the New Bedford Women's Center; provide emotional support, crisis intervention, information, and referrals to offender victims of sexual abuse; accompany and support victims of sexual abuse through the forensic medical examination process, investigatory interview, when requested by the victim; communicate any questions and communication to the PREA Coordinator and other relevant personnel; provide training for Sheriff's Office employees when requested; and comply with National PREA Standards.

The New Bedford Women's Center provides emotional support services to offenders within the facility. Offenders can contact the agency by dialing the hotline on the phone system. This information including address and phone number is provided to the offenders by the PREA posters and the Inmate Handbook. Through an interview with the New Bedford Women's Center, it was indicated most services are provided over the phone, however, individual meetings can be set up with the offender in the facility. She indicated during the interview that services for emotional support were provided to four (4) offenders this past year. The New Bedford Women's Center tries to mandate a follow-up face to face meeting however an offender can decline. One offender met with the New Bedford Women's Center for emotional support three times after an assault. The other three (3) was provided services over the phone and did not want a personal meeting.

The agency has a Memorandum of Understanding (MOU) with the Massachusetts State Police. The Massachusetts State Police has assisted the Special Investigation Unit with investigations. Staff involved allegations are referred to the Massachusetts State Police. The MOU outlines the requirements for PREA investigations. Policy section 03.06.15 Referrals to Outside Investigation Agencies/Criminal Investigations states when a substantiated allegation of sexual abuse or sexual harassment appears to be criminal in nature, the Sheriff's Office shall refer to an outside investigative agency that has legal authority to conduct a criminal investigation. Such referrals shall be documented. The outside agency shall then conduct an administrative or criminal investigation for the allegation of sexual abuse or sexual harassment. The Sheriff's Office shall notify the ICE Field Officer Director or designee whenever an ICE detainee becomes involved in a PREA investigation as an alleged victim or perpetrator. ICE officials may decide to conduct their own investigation into the matter, according to DOJ/or ICE protocols. Currently the Massachusetts State Police have six (6) open cases.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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 such publication 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*)

The agency policy section 03.06.14 Investigations and Evidence Protocols outlines the investigation process including that all allegations of sexual abuse and sexual harassment be referred immediately for investigation. The Sheriff stated in his interview that all allegations are referred for investigation immediately. The Special Investigations Unit (SIU) will conduct the administrative investigation and the Massachusetts State Police would conduct the criminal investigation if warranted. The policy states the SIU Lead Investigator shall submit a confidential 72 Hour Sexual Abuse Notification Form to authorized personnel. The report will provide a preliminary status report on the investigation up to that point (such as the names of the victims/perpetrators, allegations made, summary report, evidence, etc.). The form should be submitted within 72 hours from the start of the investigation. The Superintendent is responsible for assigning the investigation and to oversee the investigation process.

The agency has a Memorandum of Understanding (MOU) with the Massachusetts State Police. The Massachusetts State Police has assisted the Special Investigation Unit with investigations. Staff involved allegations are referred to the Massachusetts State Police. The MOU outlines the requirements for PREA investigations. Policy section 03.06.15 Referrals to Outside Investigation Agencies/Criminal Investigations states when a substantiated allegation of sexual abuse or sexual harassment appears to be criminal in nature, the Sheriff's Office shall refer to an outside investigative agency that has legal authority to conduct a criminal investigation. Such referrals shall be documented. The outside agency shall then conduct an administrative or criminal investigation for the allegation of sexual abuse or sexual harassment. The Massachusetts State Police policy PRI-07A Detainee Sexual Abuse and Sexual Harassment Investigations, Review, and Data Collection outline the investigation process and responsibilities. The Sheriff's Office shall notify the ICE Field Officer Director or designee whenever an ICE detainee becomes involved in a PREA investigation as an alleged victim or perpetrator. ICE officials may decide to conduct their own investigation into the matter, according to DOJ/or ICE protocols. Currently the Massachusetts State Police have six (6) open cases.

An interview was conducted with a SUI investigator. He acknowledged the responsibilities of the Special Investigations Unit and the responsibilities of the Massachusetts State Police in a criminal investigation. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website. The agency website also states: When a substantiated allegation of inmate sexual abuse or sexual harassment appears to be criminal in nature, the Sheriff's Office shall refer the case to an outside investigation agency that has the authority to conduct a criminal investigation, such as Massachusetts State Police. Such refers shall be documents. The outside agency shall conduct an administrative or criminal investigation for allegations made, according to the National PREA standards. The Sheriff's Office shall cooperate fully in this investigation and monitor its progress.

There were twenty-five (25) allegations of sexual abuse and sexual harassment reported during the audit period (June 2017- May 2018). All allegations were reported at Dartmouth, no allegations reported at Ash Street. There were five (5) staff on offender allegations and twenty (20) offender on offender allegations. The staff on offender allegations were four (4) staff on offender sexual abuse penetrative and one (1) sexual harassment allegations. The administrative findings of the staff on offender allegations of sexual abuse were one (1) unsubstantiated and three (3) still active investigation. The twenty (20) offender on offender

allegations were three (3) sexual abuse penetrative, five (5) sexual abuse non-penetrative, and twelve (12) sexual harassment. The administrative findings of the offender on offender allegations of sexual abuse penetrative were one (1) substantiated and two (2) unsubstantiated. The administrative findings of the offender on offender allegations of sexual abuse non-penetrative were one (1) unsubstantiated, two (2) unfounded, and two (2) still active investigation. Of the eight (8) open cases; six (6) referred to the State Police are still active, one (1) is waiting on the crime lab, and one (1) was opened prior to the on-site audit. One (1) case was referred for prosecution. The prosecutor declined the case based on untimely disclosure, and lack of collaboration. A review of ten (10) administrative investigations was conducted.

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*)

The agency policy section 03.06.23 Employment, Training, and Education – PREA Training for Employees states that all new employees shall receive training during the initial academy or orientation training on the prevention of sexual abuse and sexual harassment. This initial training shall include a combination of the following: the zero-tolerance policy towards the prevention of sexual abuse and an understanding that sexual abuse or assault is never an acceptable consequence of incarceration or detention; definitions and examples of prohibited and illegal

behavior; how to fulfil their responsibilities under the Sheriff's Office policies and procedures for prevention, detection, reporting, and response of inmate sexual abuse and sexual harassment; the rights of inmates, detainees, prisoners to be free from sexual abuse and sexual harassment; the rights of inmates, detainees, prisoners, and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment while incarcerated; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to detect and recognize the physical, behavioral and emotional signs of sexual abuse; how to respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, detainees, and prisoners; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; the investigative process and how to prevent evidence from being destroyed; how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals; and any other relevant subject matter, so approved by the Sheriff or his designee. The policy states since male and female offenders are incarcerated within most of Bristol County correctional facilities, all sexual abuse and sexual harassment training shall be tailored to both genders. This is also supported by Lesson Plan: Prison Rape Elimination Act and Lesson Plan: PREA Law and the Prevention of Inmate Sexual Abuse and Sexual Harassment.

All employees receive training during orientation, academy training, and during annual in-service. Further training is provided to staff through refresher training and staff meetings to share PREA updates. Documentation of staff participating and understanding the training is achieved by staff signing the PREA/Sexual Harassment Compliance form. The staff must sign acknowledging that they confirm the participation in the training program and have read and understand the written procedures regarding the Bristol Sheriff's Office zero tolerance policy on PREA and Sexual Harassment and understand the duty to report any knowledge, suspicion, or information regarding sexual abuse and sexual harassment. Staff are prohibited from working with offenders until training is completed. Each staff member is provided an informational card identifying the steps to take as a first responder, reporting requirements, and how to report privately. All facility staff have been completed the required training. Eighteen (18) employee training files were reviewed and all were in compliance with training. The training records are maintained by the Training Division.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through annual and refresher training.

The agency exceeds the standard with employees annual in-service training instead of every two years as required by the standard. Also, the constant updates and refreshers through the year and the pocket informational card provided to each employee.

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

- ☐ **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*)

All contractors and volunteers who have contact with offenders at the Dartmouth Correctional Complex receive PREA training prior to assuming their responsibilities. The agency's policy 03.06.23 Employment, Training, and Education – PREA Training for Volunteers and Contractual Personnel states volunteers and contractors, prior to assignment, shall receive PREA training during general orientation. This training will include information on the Sheriff's Office zero tolerance standard and the appropriate prevention, detection, and reporting requirements.

This requires that all contractors and volunteers receive orientation and periodic in-service training consistent with their level of offender contact relating to the prevention, detection, and response to sexual abuse and sexual harassment.

Upon completing training, the volunteer/contractor will sign the PREA/Sexual Harassment Compliance form. By signing the form, the volunteer/contractor acknowledges that their participation in the training program and have read and understand the written procedures regarding the Bristol Sheriff's Office zero tolerance policy on PREA and Sexual Harassment and

understand the duty to report any knowledge, suspicion, or information regarding sexual abuse and sexual harassment. The Volunteer Coordinator shall maintain documentation confirming that the volunteers understand the training they have received.

Interviews with contractors (7) and a volunteer (1) stated they had received training prior to assignments. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated they would report to the highest-ranking security supervisor or the Watch Commander immediately. Training records reviewed demonstrated the contractors and volunteers received training and documented the understanding of the training through a signature. The contractual contractors acknowledged receiving training annually with facility staff and through their agency. The Pre-Audit Questionnaire indicated that two hundred forty-nine (249: 234 / 15) volunteers and eighty-nine (89: 80 / 9) contractors were trained.

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 such education? ☒ 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*)

The Dartmouth Correctional Complex provides a comprehensive PREA education to the offender population beginning at intake into the agency. The regional intake and booking occurs at the Ash Street Jail. Offenders are shown the PREA video as they wait in the holding cells to be booked. The video plays on a loop continuously. The offender is provided a handout called Regional PREA Notifications and Suicide Prevention Handout. The intake officer reads the form

to the offender and explains any information not clear to the offender. The offender then signs the form acknowledging being informed of the PREA notifications and the booking officer also signs and dates the form. This process is completed prior to the offender being placed in housing. The PREA notifications provided to the offender are: that the Bristol County Sheriff's Office is committed to meeting the objectives of the Prison Rape Elimination Act and has established a zero-tolerance policy concerning acts of inmate misconduct, abuse, or harassment; that all inmates have the right to be free from intimidation or pressure from staff, inmates, or others to perform or engage in sexual behavior regardless of their current situation or sexual orientation; that all forms of sexual activity in a Bristol County correctional facility are prohibited; that an inmate who believes they are a victim of sexual abuse, misconduct or harassment should either notify a Sheriff's Office staff member, contact the PREA Coordinator, or the Victim Advocate for help; such matters shall be handled confidentially; anonymous reports shall be accepted; that an inmate victim shall be protected; that all allegations of sexual abuse or sexual harassment shall be properly investigated; and that additional information regarding these issues are available by posters and other methods within the facility. They are also provided a PREA pamphlet. There are informational PREA posters in the holding and booking area. The auditor observed the intake process of an offender. The Ash Street Jail had 5,638 intakes during the audit year. These offenders are seen by the court the next day. They may be bonded or held for court proceedings. If held, the offender will be processed through the Dartmouth House of Correction intake area for booking and admission.

The agency policy 03.06.07 PREA Education for Inmates, Detainees, and Prisoners directs the training and education process for offenders. At reception into the agency, offenders are provided information through posters and inmate handbook that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving offenders at the Dartmouth House of Correction, the intake/booking staff during the risk assessment process covers the PREA information with the offender. The intake/booking staff cover the PREA information/Booking Inmate Acknowledgement Form that covers the zero-tolerance policy, reporting sexual abuse, and information on PREA and reporting procedures. The offender then signs the form acknowledging being informed of the PREA notifications and the intake/booking officer also signs and dates the form. There are also posters throughout the intake area. This process is completed prior to the offender being placed in housing. The auditor observed the intake/booking process of an offender. The facility admitted 6,416 offenders in the audit year. All offenders received the initial educational information at intake/booking. The random offenders interviewed acknowledged receiving education upon intake/booking into the agency and during the same day of intake/booking into the facility upon transfer. Intake/booking staff interviewed acknowledged that PREA information is provided to the offender at intake/booking on the same day as arrival. The staff explained the process and that they review the information with the offender.

The agency policy 03.06.07 PREA Education for Inmates, Detainees, and Prisoners indicates that all inmates and detainees shall receive comprehensive education within thirty (30) days from arrival. This comprehensive education includes viewing the PREA video and review of the PREA information. The education includes the rights of offenders to be free from sexual abuse and sexual harassment; to be free from retaliation for reporting; provide information on the zero-tolerance standard; and PREA reporting protocols. Once the training is completed, the offender signs the Information on Sexual Abuse/Assault form. The forms are maintained within the

institutional record. The orientation comprehensive education is generally conducted by a case worker within 72 hours of admission. The facility indicated that 2,700 offenders had a length of stay of thirty (30) days or longer. All those offenders received the comprehensive training. However, most of the 6,416 offenders received at the facility received the comprehensive education since it occurs within 72 hours.

All offenders that are transferred from the Dartmouth House of Correction to the Ash Street Jail for a housing unit change also receive PREA education upon transfer. During the audit year, 1,130 offenders were transferred. The offender receives the facility procedures for reporting sexual abuse and harassment. The classification counselor will review with the offender the Inmate Orientation Form that includes information about PREA. The offender signs acknowledging meeting with the case worker and was provided an introduction, overview of the inmate handbook, and PREA notification. The correctional counselor also signs and dates the form.

Eleven (11) offender files were reviewed that included the PREA information at intake. The comprehensive training could not be verified through records. The facility was providing comprehensive education to the offenders however, there was no formal documentation of the education. The facility redesigned a form to include the PREA education. The facilitator of the training completes the form and the offender signs acknowledging the training. Documentation of thirty-eight (38) offenders receiving comprehensive education was provided to the auditor after the on-site audit.

The agency has established procedures to provide disabled offenders equal opportunity to participate in PREA education and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff are trained on how to interact with offenders with disabilities and limited English through the Lesson Plan: Inmates with Special Needs. The agency has contract services with an On Demand Telephonic Interpretation Services, Pre-scheduled Telephonic Interpretation Service, and a document translation service. The agency also has a TTD/TTY phone service that can be utilized. The agency also provides Inmate Handbooks and PREA informational posters in English, Spanish and Portuguese. The posters are posted throughout the facilities. Staff interpreters are available.

All offenders have received training. Random inmates interviewed and during discussion on the facility tour, acknowledged they have received PREA information upon arrival at the facility and reinforced daily through staff interaction and information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero-tolerance policy. The PREA posters are posted in English, Spanish, and Portuguese throughout the facility. The facility also plays the PREA video on channel 8, the PREA channel. The channel must be on from 11:00 am to 5:00 pm and 10:00 pm to 1:00am. At the Ash Street Jail, the PREA television station must be on in conjunction with each recreation period to provide continued PREA education.

Standard 115.34: Specialized training: Investigations

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 have received 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)*

The agency's policy section 03.06.23 Employment, Training, and Education – Specialized PREA Training Requirements for SIU Investigators states that SIU investigators assigned to conduct PREA investigations shall receive specialized training in addition to the standardized PREA training requirement for all employees. The specialized Investigator training shall include, but not limited, to the following: interviewing techniques for alleged sexual abuse victims, perpetrators, and witness in a neutral, fact finding manner considering the emotional needs and mental capabilities of sexual abuse victims and perpetrators; techniques for moving alleged victims of sexual abuse, perpetrators, or witness without rousing suspicion to others; proper use of Miranda and Garrity-type warning; collection techniques and preservation of sexual abuse evidence, including the use of video/recording and photo equipment and the identification and storage of DNA evidence, forensic evidence and other types of evidence; criteria and evidence required to substantiate a case for administrative action or prosecution referral (standard of proof); and any topic approved by the Sheriff or his designee.

The investigators complete the PREA Rape Elimination Act Training presented by the Moss Group, PREA /Sexual Assault Investigator Training by the Massachusetts Department of Corrections, and PREA Investigator Training. These training curriculums cover the topics of techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral.

The agency currently has six (6) trained investigators. They are required to complete mandatory training for investigations. Training certificates for the six (6) investigators were provided for documentation. The investigator interviewed acknowledged receiving the training in 2013 and provided certificates to review. The specialty training was verified through the investigator interview and review of the training records.

Standard 115.35: Specialized training: Medical and mental health care

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

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.) ☐ 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? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ 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*)

The seventeen (17: 12/5) medical and mental health staff of Dartmouth Correctional Complex are contractors through Correctional Psychiatric Services. The Bristol County Sheriff's Office and the Dartmouth Correctional Complex require that all full and part-time medical and mental health care practitioners complete specialized training. This is documented through the agency's policy section 03.06.23 Employment, Training, and Education – Specialized PREA Training for Medical and Mental Health Care Personnel, policy J-B-05 Correctional Psychiatric Services-Responses to Sexual Abuse and Lesson Plan: Training for Medical and Mental Health Staff and Lesson Plan: Contractors-What Should be Done When a PREA Case is Reported. The training curriculums includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The training records for the medical staff reviewed during the audit showed that general PREA and specialized training was completed by medical and mental health staff. Documentation of training is maintained through the Employee Training form which is signed and dated by the employee. The five (5) medical and mental staff interviewed indicated they received orientation training through the Bristol County Sheriff's Office prior to work assignment. They also receive training annually in house with their agency and through the Bristol County Sheriff's Office. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility's healthcare practitioners do not conduct forensic medical exams. Through the medical staff and SANE interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical care with no cost to the offender. The forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. The interview with the SANE nurse from the local hospital, St. Luke's of New Bedford, indicated all emergency room nurses are trained SANE/SAFE. The statewide SANE Program is also available if a nurse is not available on duty or on-call. A state SANE staff is available within 3-4 hours and is dedicated only to that offender patient. An advocate will be provided to the offender upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the New Bedford Women's Center. Through scheduled hours and on-call. Other local hospitals utilized, Southeast Hospital Group and Charlton Memorial Hospital, have SANE services. There were two (2) forensic medical exams during the last twelve months.

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 ☐ N/A

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when 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 a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

The agency's policy section 03.06.06 Risk Assessment Screening for Sexual Victimization and Abusiveness outlines the assessment and classification process. An initial assessment is conducted of all offenders during the intake/booking process. This risk assessment assists with determining an offender's vulnerability for risk of sexual abuse or tendencies of acting out with sexually aggressive behavior towards other offenders. Offenders identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. This initial risk assessment is completed during intake on the PREA Risk Assessment Screening Instrument.

The auditor observed the intake/booking and screening process. The auditor had the intake/booking and screening staff explain the assessment process from the receiving of the offender at the facility to the completion of the screening process. At the offender's arrival to the facility, the intake/booking staff completes the PREA Risk Assessment Screening Instrument. The interview with the offender was conducted in a private setting by the staff member. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. The forms are usually completed on the day of receiving. The policy requires the screening should take place within than 72 hours of arrival.

The form is a no and yes format. Section A Vulnerability Identifiers of the risk screening form includes questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether the offender wishes to identify their sexual orientation or gender identity; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender is perceived as LGBTQI by others; whether or not the offender has previously experienced sexual victimization;

and the offender's own perception of vulnerability. If the offender has five or more yes responses or answered yes to specific questions (1, 2, or 3), the offender may be at high risk of sexual victimization. The offender is then classified as a known victim or a potential victim. Section B Predatory Identifiers of the risk screening form asks questions for the risk of sexual abusiveness. These questions include has the offender been convicted of a crime related to sexual abuse of another inmate, detainee, or offender including the instant offense; have a known history of committing institutional sexual abuse; been convicted of a violent offense including the instant offense; and known history of committing institutional violence. If the offender answers yes to question 1 or 2 or answers yes to five (5) or more questions, the offender may be at high risk of being sexually abusive. The form is automatically tallied electronically. The offender is then classified as a known predator or potential predator. The offender and staff member conducting the assessment both sign and date the form. The screening process conforms to the PREA standard. If the offender is classified in one of the categories, Central Classification is notified during business hours to make housing assignments accordingly. After business hours, the Watch Commander is notified and makes the appropriate housing assignment that will be reviewed the next business day by Central Classification.

The staff interviewed indicated that based on the number of yes responses to questions (five or above or yes to specific targeted questions), the offender would be referred to the Watch Commander or Central Classification for housing and program placement. The Pre-Audit Questionnaire indicated that all offenders (6,416) were screened within 72 hours of arrival to the facility.

A Classification Counselor will reassess the inmate's risks of victimization and abusiveness within thirty (30) days of intake, per policy section 03.06.06 Risk Assessment for Sexual Victimization and Abusiveness – PREA Reassessment Screening. However, staff interviewed indicated this is usually completed within 72 hours as part of the orientation. The reassessment is completed utilizing the same form, the PREA Risk Assessment Screening Instrument. The PREA Coordinator and/or Central Classification shall be notified whenever new information about an offender risk for victimization or abusiveness is discovered during the reassessment. Only the PREA Coordinator and/or Central Classification have the authority to override an initial PREA classification. The security, housing, or health of the offender may also be reexamined. A management plan may also be developed. The agency's policy addresses the reassessment of inmate's risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization. Each sentenced offender also receives a classification review every sixty (60) days where this information is reviewed. In the past twelve months, 6,416 offenders were screened upon arrival at the facility and reassessed within the appropriate timeframe.

Staff indicated that no offenders deemed a high risk for sexual victimization or abusiveness would be transferred to the Ash Street Jail housing unit. When an offender is transferred to the Ash Street Jail housing unit, the offender is reassessed by the Classification Counselor. If the reassessment indicates a change in classification, the offender is returned to the Dartmouth House of Correction.

Through policy review and confirmed through staff interviews, offenders will not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff

member will note on the PREA Risk Assessment Screening Instrument that the offender was uncooperative or refused to complete form. If the offender refuses to cooperate, they are designated as a potential victim and potential predator.

The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The agency policy section 03.06.25 Confidentiality Issues states the information is strictly confidential and only persons with a legitimate need-to-know should be aware of and apprise of information. Such persons include: Sheriff, Special Sheriff or designee; Superintendent; PREA Coordinator; PREA Compliance Managers; Central Classification employees; Special Investigation Unit employees; Legal Service employees; Booking staff; authorized personnel designated by the contracted Medical Provider; designated facility managers; and any other employee or contract employee so authorized by the Sheriff or his designee. The interviews with Staff Who Perform Screening for Risk of Victimization and Abusiveness, PREA Coordinator, and PREA Compliance Managers indicated the staff that have authority to review the offender's risk assessment which matches the policy. The PREA Coordinator indicated that all staff can see on the computer the offender's classification if designated a known victim, potential victim, known predator, and potential predator. Any employee who fails to follow these basic rules of confidentiality shall be disciplined, up to and including termination.

The auditor reviewed eleven (11) offenders records for the initial risk screening and the reassessment. Assessments were completed on all offenders within the appropriate time frames. The initial risk assessments were completed on the day of arrival. The majority of the reassessments were completed within 24 hours of intake.

Standard 115.42: Use of screening information

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? ☒ 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*)

The agency's policy section 03.06.06 Risk Assessment for Sexual Victimization and Abusiveness outlines the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an offender screens for high risk of sexual victimization or high risk of being sexually abusive, an immediate referral will be made to the Central Classification or the Watch Commander to determine housing assignment. If the offender is classified in one of the categories, Central Classification is notified during business hours to make housing assignments accordingly. After business hours, the Watch Commander is notified and makes the appropriate housing assignment that will be reviewed the next business day by Central Classification.

The staff interviewed indicated that based on the number of yes responses to questions (five or above or yes to specific targeted questions), the offender would be referred to the Central Classification or Watch Commander for housing, work, education, and program placement. The offender would also be referred to medical and mental health for assessment. The offender is asked during the screening and reassessment process "Do you perceive yourself as vulnerable or easily taken advantage of?" This information is taken into consideration for housing, work, education, and program assignments. The PREA Compliance Managers indicated that housing and program assignments are based on the risk assessment. If the offender is at risk, the offender will be placed in a medical single cell until a full risk assessment is completed and housing assignment made. The offender may be offered protective custody if staff determine it is warranted. The housing and program assignments are made on a case by case basis based on information obtained during the screening interview. The housing and program assignments may be changed after the offender is further evaluated through the classification and reassessment process by the appropriate staff.

The Classification Officer reviews the PREA Risk Assessment Screening Instrument and the classifications reassessment to determine if the results concur. If there is a different, a review is completed to determine what caused the change including a change in an offender's response, disciplinary history, supporting documentation or other factors. The initial Inmate Classification Form is completed with program, education, work, and housing recommendations. The form is signed and dated by the Classification Officer. The form then is reviewed by the Assistant Deputy Superintendent who approves, denies, or modifies the recommendation. The form is provided to the offender at the Classification Hearing where the offender signs acknowledgement of receiving the completed Classification Form. The offender can appeal the classification decision within five (5) days of receipt. The PREA Compliance Managers and Staff Who Perform Risk Screening stated the offender would be asked how they felt about their safety and taken in

consideration for housing and program assignments. All housing and programming assignments are based on the safety and security of the offender. Through interviews with offender and staff, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender. The auditor also reviewed offenders' files to follow the classification process paperwork and decisions from intake through the classification hearing.

The agency's policy section Transgender and Intersex Inmates, Detainees, and Prisoners – Housing Assignments for the Transgender or Intersex Inmates and Detainees provide direction on the assignment of housing and programming assignments of transgender and intersex offenders. The agency shall consider on a case by case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. An immediate referral will be made to the Central Classification or the Watch Commander to determine housing assignment. Central Classification is notified during business hours to make housing assignments accordingly. After business hours, the Watch Commander is notified and makes the appropriate housing assignment that will be reviewed the next business day by Central Classification. Then the initial housing assignment for a transgender or intersex offender shall be reviewed by their Classification Counselor during orientation. Additional housing and programming assignment reviews can be conducted during weekly Classification Board meetings and daily security briefing. All sentenced offenders are reviewed at the Classification Board every sixty (60) days. Pre-trial offenders are reviewed as needed. All housing and program assignments reviews and updates will be documented. Eight (8) offenders were interviewed that identified as transgender (1), gay (2), lesbian (2), and bisexual (3). All offenders indicated they were asked about their safety and housing placement during their classification hearing.

The housing and program assignments for each transgender or intersex offender is conducted at the initial classification hearing, during weekly classification Board meetings, and at the monthly PREA Committee meetings. At these reviews, a management plan may be developed and updated as needed. All such housing and program assignments reviews and updates are documented.

The facility has a process in place for the transgender or intersex the opportunity to shower separately from other offenders. The policy states any offender that identifies themselves as transgender or intersex shall be given the opportunity to shower separately. A shower schedule is created for the transgender offender that allows them to shower without other offenders in the area. The housing units have single shower stalls with privacy shower curtains or barriers. The PREA Compliance Manager interview confirmed the facility's process during the interview. The one (1) transgender offender interviewed stated he was able to shower separately and was afforded privacy.

The offenders interviewed indicated they were treated with respect and were not housed in dedicated housing areas. The agency does not place transgender or intersex offenders in gender-specific facility, housing unit, or program based solely on their external genital anatomy. This was confirmed by reviewing the housing assignments of the offenders. These offenders are housed in the general population, although their specific housing location will be influenced by their vulnerability.

Standard 115.43: Protective Custody

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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*)

The agency's policy section 03.06.08 Segregation Housing Placement states inmates and detainees at risk for sexual victimization shall not be placed into voluntary segregation unless an assessment of all available housing alternatives has been conducted and a determination has been made that there is no available alternative means of separation from likely abusers. If this housing assignment cannot be conducted immediately, the inmate or detainee may be held in involuntary segregation for less than 24 hours while the assessment is being conducted. The Superintendent stated there have been no offenders placed in involuntary segregated housing. He stated that an offender would be housed in the medical housing Unit until another placement can be made. The offender would not be placed in isolation.

If an offender was placed in protective custody, the offender would have an initial risk assessment interview to determine need of placement. The policy states such a housing assignment shall not ordinarily exceed a 30-day period. If the involuntary housing assignment is extended, the basis for the facility's concern for the inmate or detainee safety and the reason why no alternative means of separation can be arranged shall be clearly documented. This would be documented on an incident report stated in the interview with the Staff Who Supervises Inmates in Segregation Housing. The Classification Officer would review the placement every thirty (30) days. The Superintendent indicated during the interview the offender would be placed in housing best suited for their needs within 72 hours even though the policy allows up to 30 days.

Offenders that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities to the extent possible. Through the interview, staff indicated only the work opportunities would be limited due to safety. If restrictions occur, the facility will document the restrictions, duration of the limitation, and reasons for the limitation on an incident report. The staff interviewed that Supervises Offenders in Segregated Housing indicated that restrictions would only be caused by discipline sanctions. The Dartmouth Correctional Complex has not placed an offender in protective custody involuntarily. From the interviews with staff and offenders, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

There were no offenders placed in involuntary protective custody during this audit period.

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? ☒ Yes ☐ No ☐ N/A

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*)

The Dartmouth Correctional Complex established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. These procedures are outlined in the agency's policy section 03.06.12 PREA Reporting Procedures for Inmates, Detainees, and Prisoners. Policy states the offender can report by placing a written grievance or emergency grievance into a locked grievance box; by speaking with a health care practitioner during sick call; by speaking with any Sheriff's Office employee; by using the Sheriff's hotline telephone for access to the SIU investigators; and by contacting an outside agency or victim advocate service by mail or telephone. These methods are also listed in the Inmate Handbook along with calling or writing someone outside the facility who can notify administrative staff and forwarding a letter to the Superintendent. The PREA reporting methods are shared with offenders at intake, during orientation, in the Inmate Handbook, and on posters throughout the facility. Offenders may also report allegations through third party reporting or send an anonymous note. The offenders may also use the Sheriff's Office hotline, for reporting and third-party reporting. The hotline goes directly into the Special Investigation Unit. There are two methods for offenders to report to an outside agency. They are provided phone numbers and addresses to the Bristol County District Attorney's Office and the New Bedford Women's Center. The outside agency that operates the hotline will forward any reporting incidents to the agency. This was documented during the audit through interviews with the agency. Reports may be made confidentially and remain anonymous upon request. If the offender requested to stay anonymous then the allegation with basic information is forwarded without the offender's name or number. These reporting systems were demonstrated through review of policies and

procedures, offender handbook, posters throughout the facility, and interviews with offenders and staff.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting. They indicated they could report through the hotline, tell a staff member, write a letter to staff, grievance process, write address on poster, slip in medical box, and tell someone you are comfortable with like family or friends. Also, during the informal interviews with offenders while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing letter to address on poster or staff, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer or a security supervisor. Of the allegations reported, the majority of the reports were verbal to staff. Other reports were completed through sick calls slips and letters to SIU.

Staff indicated through interviews they were aware of the methods available to offenders to report sexual abuse and sexual harassment. The agency's policy sections 03.06.12 PREA Reporting Procedures for Inmates, Detainees, and Prisoners and 03.06.13 Staff Reporting Duties/First Respond Procedures provides reporting and documentation requirements for staff. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. They indicated in the interviews they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the watch commander. The report must be completed by end of shift. The staff's PREA information card also outlines the reporting requirements and that staff can privately report by calling and/or the Special Investigations Unit. Staff know that private reporting may be completed by calling the Special Investigation Unit. The auditor tested the hotline numbers during the audit. The hotline to the advocate services is available 24/7. The SUI hotline is answered during normal business hours and after hours it goes to a recording. The SUI investigator stated the recording is checked regularly.

The Dartmouth Correctional Complex does detain offenders solely for civil immigration purposes. The ICE detainees are provided with information on how to contact relevant consular officials and officials as the Department of Homeland Security. This information is shared through posters, handbook, and a handout.

Standard 115.52: Exhaustion of administrative remedies

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 ☐ NA

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*)

The agency's policies 13.02.15 Inmates Grievances-Grievances Regarding Allegations of Sexual Abuse and 03.06.12 PREA Reporting Procedures for Inmate, Detainees, and Prisoners – Grievance System addresses administrative procedure for offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The information is shared with the offender through the PREA education, Inmate Handbook, and by policy on the Inmate Legal Computer System.

The agency policy section 03.06.12 PREA Reporting Procedures for Inmates, Detainees, and Prisoners state inmates and detainees may report allegations of sexual abuse or sexual harassment through the written grievance process. There shall be no time limit on when an inmate or detainee can submit a grievance alleging sexual abuse or sexual harassment. Policy 13.02.15 states offenders shall not be required to submit a Formal Grievance to an employee who is subject of the complaint.

Upon filing of an Inmate Grievance alleging sexual abuse, a decision on the merits shall be issued within thirty (30) days of the date the grievance was filed. An offender may appeal the denial of a grievance within five (5) business days of being served with the decision denying the grievance. The Appellate Authority shall issue an Appeal Decision within thirty (30) business days. The Appeal Decision will constitute a Final Decision on the merits of the grievance. The total time to issue a Final Decision shall not exceed ninety (90) calendar days from the date the grievance was initially filed by the offender. The ninety (90) calendar day period will not include the time consumed by the offender in preparing and filing the appeal. The time may be extended to issue a Grievance Decision of Appeal Decision, up to seventy (70) calendar days if the normal period is insufficient to make an appropriate decision. The offender will be notified in writing of any extensions. At any point during the administrative process that an offender does not receive a response within the allotted time period for reply, the offender may consider the absence of a response as a denial at that level.

All grievance forms alleging imminent sexual abuse or sexual harassment shall be accepted and forwarded to the PREA Coordinator for immediate action. The process does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff. Applicable time limits and procedural rules, however, may be applied to other portions of the grievance process that does not apply to a PREA related allegation. If those portions are rejected, the PREA allegation will continue until the conclusion of a PREA investigation and, if requested, appeal process.

A third party shall be permitted to assist an offender in filing a grievance relating to allegation of sexual abuse. A third party may file a grievance on behalf of an offender; however, the Sheriff's Office may require as a condition of processing the grievance that the offender agree to have the grievance filed on their behalf; and may also require the offender to personally pursue any

subsequent steps in the administrative remedy process. Should an offender decline to have a grievance filed on their behalf by a third party, this shall be documented. This is outlined in policy 13.02.15 Grievances Regarding Allegations of Sexual Abuse. There were no third-party grievances filed.

Grievances alleging sexual abuse are handled as emergency grievances. Offenders submitting an Inmate Grievance Form concerning imminent sexual abuse shall write "Emergency" clearly on the top of the grievance form and hand it to any employee. An employee who first receives an Emergency Grievance regarding imminent sexual abuse will notify the PREA Coordinator during business hours or the Watch Commander during nonbusiness hours. The staff member will inform them of the situation and forward the grievance to them. The on-call SIU investigator and Duty Officer will be contracted. The Superintendent or designee during business hours or the Watch Commander during non-business hours will review the situation and take appropriate steps regarding the housing and security of the offender. The PREA Coordinator or other appropriate employee will conduct an investigation of the Emergency Grievance and provide the offender with an initial response within 48 hours and a final decision within five (5) calendar days documenting whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance. An offender may appeal the denial within five (5) business days of being served with the decision denying the grievance. The offender may not appeal an approved grievance. The Appellate Authority will issue an Appeal Decision within thirty (30) business days. The Appeal Decision shall constitute a Final Decision on the merits of the grievance.

Agency policy 13.02.15 states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Dartmouth Correctional Complex had no disciplinary actions against an offender for having filed a grievance in bad faith.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a grievance.

There were no grievances that alleged sexual abuse or emergency grievances. There were no offenders disciplined for filing a grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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? ☒ Yes ☐ No
- 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*)

The agency provides access to victim advocates for emotional support services through a hotline and mailing addresses for offenders. This information is provided to the offender population through the Inmate PREA Acknowledgement Form, Inmate Handbook, and posters throughout the facility. The postings were observed during the facility tour. The information provided includes hotline number and addresses.

The agency has worked with the New Bedford Woman's Center for about twenty years. A representative is on site for about twenty-one (21) hours a week. The agency has a Memorandum of Understanding with the New Bedford Women's Center to provide victim advocate services to offenders. The agreement outlines the services provided including: responding promptly to allegations of sexual abuse or sexual harassment; report allegations of sexual abuse or sexual harassment to the Sheriff's Office while maintaining confidentiality as required by state standards for certified crisis counselors and the New Bedford Women's Center; provide emotional support, crisis intervention, information, and referrals to offender victims of sexual abuse; accompany and support victims of sexual abuse through the forensic medical examination process, investigatory interview, when requested by the victim; communicate any

questions and communication to the PREA Coordinator and other relevant personnel; provide training for Sheriff's Office employees when requested; and comply with National PREA Standards. The New Bedford Women's Center representative also provides education classes for offenders including Domestic Violence Group; Sexual Assault; PREA – Effects on Family and Self; Motivation to Change; Healthy Relationships; Self-Esteem; and Art Therapy.

The New Bedford Women's Center provides emotional support services to offenders within the facility. Offenders can contact the agency by dialing the hotline on the phone system 24/7. This information including address and phone number is provided to the offenders by the PREA posters and the Inmate Handbook. Through an interview with the New Bedford Women's Center, it was stated most services are provided over the phone, however, individual meetings can be set up with the offender in the facility within twenty-four (24) hours. If a visit is scheduled, the facility is notified, and the visit is scheduled. The agency indicated that the facility is very cooperative in the process. If an offender is released, the agency will continue to provide service to the offender. If the offender moves out of the catchment area, then a referral would be made to another provider. She indicated during the interview that services for emotional support were provided to four (4) offenders this past year. The New Bedford Women's Center tries to mandate a follow-up face to face meeting however an offender can decline. One (1) offender met with the New Bedford Women's Center for emotional support three times after an assault. The other three (3) were provided services over the phone and did not want a personal meeting. Offenders noted the positive effect the New Bedford Women's Shelter provides through counseling and programming. The hotline also provides the offender with a third-party method of reporting.

Offenders are also able to write as a privileged correspondence. Offenders are informed to the extent communications will be monitored through the Inmate Handbook, Inmate PREA Acknowledgement Form, and on posters. It states offenders may confidentially contact an outside victim advocate regarding incidents of sexual abuse or sexual harassment. This service shall be for crisis intervention, informational and emotional support only – not for reporting purposes. Except when required by law, communication between an offender and the victim advocate shall be confidential.

The agency and facility exceed the standard with the numerous ways emotional support is provided to the offender. The instant accessibility through the hotline. And the cooperative relationship the facility has with the New Bedford Women's Center for emotional support services. The auditor tested the hotline during the facility tour.

Standard 115.54: Third-party reporting

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*)

The agency's website provides a phone number and address to the Special Investigation Unit as a method for third party reporting of sexual abuse and sexual harassment. The website encourages family members and the general public to report allegations of sexual assault. It also states all allegations of sexual abuse or sexual harassment shall be investigated, including anonymous reports. Third party reporting information for the public is shared through the agency website and Visitor Handbook.

Offenders may also report allegations through third party reporting. The offenders may also use the Sheriff's Office hotline for third-party reporting. The hotline goes directly into the Special Investigation Unit. There are also another two methods for offenders to report to an outside agency. They are provided phone numbers and addresses to the Bristol County District Attorney's Office and the New Bedford Women's Center. The outside agency that operates the hotline will forward any reporting incidents to the agency for investigation.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

The agency's policy section 03.06.13 Staff Reporting Duties / First Response Procedures, staff posters, and the staff informational card requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff is not to reveal any information related to a sexual abuse report to anyone other than extent necessary, as specified in agency directive, to make housing, investigation, and other security and management decisions. This is covered in the Lesson Plan: PREA -Duty to Report section covered in the orientation and annual in-service training. Each staff member

is provided an informational card identifying the steps to take as a first responder, and reporting requirements.

The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of offenders. Staff indicated through interviews they were aware of the methods available to report sexual abuse and sexual harassment. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. They indicated in the interviews they would report immediately to the Watch Commander immediately. After verbal reporting, a written report would be completed and forwarded to the Watch Commander. The Immediate Action Checklist Sexual Abuse / Assault Record is used to ensure all steps of the reporting process are followed. Staff interviewed knew that private reporting may be completed by calling the Special Investigations Unit.

Medical and mental health practitioners are trained during orientation and in-service about mandatory PREA reporting procedures. Policies J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse and 03.06.25 Confidentiality Issues outlines the staff and agency reporting duties for sexual abuse and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. The health care staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting; unless the offender is under the age of 18. This provision of informed consent shall be explicitly documented in a progress note. The health care staff had varying answers to informed consent. The auditor suggested a refresher training to be conducted. A refresher training was conducted on June 7, 2018 and documentation forwarded to the audit. Staff are required to report as soon as possible to the Watch Commander in person.

The Superintendent's interview indicated that if an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered vulnerable, it would be referred to the District Attorney's Office and the Massachusetts State Police for investigation. Also, the Department of Mental Health and Disabled Persons Protection Commission would be contacted. If the offender was elderly, the Executive Office of Elder Affairs would be contacted. Department of Children and Families would be contacted if the offender was under the age of 18. This is supported through policies 03.06.25 Confidentiality Issues, 03.06.13 Staff Reporting Duties/ First Response Procedures, and J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse. The facility does not house youthful offenders.

The agency policy 03.06.13 Staff Reporting Duties / First Response Procedures direct that all allegations of sexual abuse and sexual harassment be referred for investigation including third party and anonymous reports. The agency's Special Investigations Unit conduct the investigations. The Superintendent indicated in the interview that SIU would be contacted for all allegations and would start the investigation. They would provide initial report within 72 hours and then begin the formal investigation process.

Standard 115.62: Agency protection duties

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*)

The agency's policy section 03.06.12 PREA Reporting Procedures for Inmates, Detainees, and Prisoners requires staff to take immediate action to protect any offender subject to substantial risk of imminent sexual abuse. The Sheriff stated in his interview that each case is evaluated by the facility and the Special Investigations Unit based upon the nature of the report and the potential harm. If SUI determines there is a legitimate threat, an investigation would be started. The Superintendent stated the offender would be moved to the medical housing unit for classification and the investigator to interview. A determination will be made if a housing placement is required or even a facility transfer. An investigation would be started to review the situation. An offender at risk or a potential predator may be reclassified to another housing unit or transferred. If no other options are available, a potential victim may be temporarily placed in protective custody until other steps can be taken. If the offender must be placed in Protective Custody for safety, it will be considered after all available alternatives are reviewed and determination has been made that there is no available alternative means of separation from likely abusers. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse with immediately action taken to protect offenders who are in substantial risk of sexual abuse by removing the inmate from the area to a safe location. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender.

In the past twelve months, no offender reported feeling at imminent risk of sexual abuse or any staff reported that an inmate was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

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*)

The agency's policy, section 03.06.12 Reporting to Other Confinement Facilities states when the Sheriff's Office receives an allegation that an inmate, detainee or prisoner was sexually abuse while confined at another correctional agency, the Superintendent shall notify the appropriate governmental or non-governmental administrator from that agency. The notification shall be made no later than 72 hours after receiving the allegation and shall be documented. It is expected that an investigation shall be conducted by the outside agency according to National PREA Standards. The Superintendent or designee contacts the other agency by phone and follows up with a written letter for documentation. The letter provides details reported by the offender. In the past twelve months, there was one allegation received that an offender was abused while confined at another facility. The facility provided the letter sent as notification to the other agency.

There were no allegations of sexual abuse that occurred at Dartmouth Correctional Facility reported at another facility. The Superintendent stated if there was a report an investigation would be started on the allegation and information of the investigation would be shared with the

other facility. The allegation would be handled like any other allegation by referring it to Special Investigations Unit for investigation.

Standard 115.64: Staff first responder duties

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*)

The agency's policies 03.06.13 Staff Reporting Duties / First Response Procedures and 09.23.04 Initial Response to a Crime / Incident Scene Control of Evidence requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies clearly specify the detailed procedures for security and non-security

staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. The policy also outlines that staff are to notify the Watch Commander immediately. The Watch Commander will make further notifications to the Superintendent, medical, mental health, and Special Investigations Unit. The Watch Commander will utilize the Sexual Abuse/Assault Immediate Action Checklist.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure was also outlined in policy. Each staff member is provided an informational card identifying the steps to take as a first responder and reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps to as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the inmate including separate the offenders; secure the area; request the offenders not to destroy evidence and keep them in a secure area preferably with no sink or toilet; ask them not to change clothes, brush teeth, use bathroom; take the victim to medical; and contact the Watch Commander. Then document all details of the incident on an incident report. The Watch Commander will notify the Superintendent, PREA Coordinator, and SUI.

There were nine (9) allegations of sexual abuse reported to security staff and one (1) allegation that was reported to a non-security staff member during the audit period. All the allegations were made within a time frame that still allowed for the collection of physical evidence.

Standard 115.65: Coordinated response

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*)

The Dartmouth Correctional Complex has a written institutional plan, policy 03.06.00 Prevention of Inmate Sexual Abuse and Sexual Harassment and the Sexual Abuse/ Assault Immediate

Action Checklist. The plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Special Investigations Unit, facility leadership, and victim advocates. The Sexual Abuse/ Assault Immediate Action Checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Superintendent and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. During the Superintendent interview it was stated that the Watch Commander coordinates the incident with an assigned response team including the local hospital, victim advocate services, and the Massachusetts State Police. The checklist form is followed and completed for each action during the process.

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

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*)

The Sheriff's Office has collective bargaining agreements with MA Correctional Officers Federated Union (MOA last signed 07/01/14; a new MOA signed on 05/14/18 awaiting ratification), National Correctional Employee Union (Captains/Majors. MOA 06/16/14, K-9 Unit MOA 06/26/14), National Association of Government Employees (Unit A MOA 06/29/14), and National Association of Government Employees (Unit C MOA 08/08/14).

The Sheriff stated the union contracts allow removing alleged staff sexual abusers from contact with offenders pending the outcome of the investigations or of a determination of whether and to what extent discipline is warranted. That the agency has a right to reassign a staff member, move staff, and discipline staff. A termination or removal of staff would go through a formal discipline process. The staff member would be placed on administrative leave during the investigation process and may be extended through the formal disciplinary process.

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 offenders 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*)

The agency's policy section 03.06.18 Protection Against Retaliation – Retaliation Reporting Procedures establish practices to protect offenders and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. The Sheriff's Office shall protect all offenders and employees

who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual abuse investigations from retaliation by either offender or staff. The SUI investigator is designated to monitor staff for possible retaliation. The PREA Coordinator is designated to monitor offenders for possible retaliation. Both staff members were interviewed.

The staff monitoring will include any disciplinary reports, job placement including zones, any negative performance reviews, and allegations to detect possible retaliation. Offender monitoring for retaliation will include disciplinary reports, housing changes, monitor phone call and mail, and program assignments. This was stated in the staff interview.

Any employee knowledge or suspension shall be reported to SUI investigators in writing, in person, or via confidential SUI hotline number. Verbal reports shall be documented. All reports will be copied and forwarded to appropriate officials, immediate steps shall be taken to protect any person who fears retaliation. If a staff member or offender who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Appropriate measures may include: changing housing assignments and initiating transfers for an alleged victim and/or perpetrator; preventing contact between an alleged victim and perpetrator; providing employee assistance services or other resources for employees who may need psychological or emotional support; reassigning alleged staff sexual abusers from contact with any victim pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted; reassigning any other employee to another location or facility; and providing support services to victims who may need psychological or emotional support.

Staff interviewed indicated that monitoring starts immediately. The monitoring shall include periodic in-person status checks every thirty (30) days. There is a ninety (90) day monitoring time-period for retaliation review, however the time frame can be extended if warranted. If an offender is retaliating, the offender would be sanctioned through the discipline process. If a staff member is retaliating, progressive discipline would be initiated. Special Investigation Unit would be notified to determine if an investigation is warranted.

A form is maintained for each offender or staff member that is being monitored. The form would be kept with the initial investigation as an addendum supplemental PREA Review Report in the SUI tab of the Inmate Tracking System. The monitoring staff were knowledgeable of the monitoring responsibilities and process. A review of monitoring files was conducted as part of the interview process. Only two (2) offenders were monitored during this audit period.

Standard 115.68: Post-allegation protective custody

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*)

The agency's policy section 03.06.08 Segregation Housing Placement states inmates and detainees at risk for sexual victimization and victims of sexual abuse shall not be placed into voluntary segregation unless an assessment of all available housing alternatives has been conducted and a determination has been made that there is no available alternative means of separation from likely abusers. If this housing assignment cannot be conducted immediately, the offender or detainee may be held in involuntary segregation for less than 24 hours while the assessment is being conducted. The Superintendent stated there have been no offenders placed in involuntary segregated housing. He stated that an offender would be housed in the medical housing unit until another placement can be made. The offender would not be placed in isolation.

If an offender was placed in protective custody, the offender would have an initial risk assessment interview to determine need of placement. The policy states such a housing assignment shall not ordinarily exceed a 30-day period. If the involuntary housing assignment is extended, the basis for the facility's concern for the inmate or detainee safety and the reason why no alternative means of separation can be arranged shall be clearly documented. This would be documented on an incident report stated in the interview with the Staff Who Supervises Inmates in Segregation Housing. The Classification Officer would review the placement every thirty (30) days. The Superintendent indicated during the interview the offender would be placed in housing best suited for their needs within 72 hours even though the policy allows up to 30 days.

Offenders that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities to the extent possible. Through the interview, staff indicated only the work opportunities would be limited due to safety. If restrictions occur, the facility will document the restrictions, duration of the limitation, and reasons for the limitation on an incident report. The staff interviewed that Supervises Offenders in Segregated Housing indicated that restrictions would only be caused by discipline sanctions. The Dartmouth Correctional Complex has not placed an offender in protective custody involuntarily. From the interviews with staff and offenders, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

There were no offenders placed in involuntary protective custody post-custody during this audit period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

The agency policy section 03.06.14 Investigations and Evidence Protocols outlines the investigation process including that all allegations of sexual abuse and sexual harassment be referred immediately for investigation. This includes any third party or anonymous allegations/reports. The investigations shall be conducted promptly, thoroughly, and objectively. The Sheriff stated in his interview that all allegations are referred for investigation immediately. The Special Investigations Unit (SIU) will conduct the administrative investigation and the Massachusetts State Police would conduct the criminal investigation if warranted. The policy states the SIU Lead Investigator shall submit a confidential 72 Hour Sexual Abuse Notification Form to authorized personnel. The report will provide a preliminary status report on the investigation up to that point (such as the names of the victims/perpetrators, allegations made, summary report, evidence, etc.). The form should be submitted within 72 hours from the start of the investigation. The Superintendent is responsible assigning the investigation and to oversee the investigation process. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency.

The agency has a Memorandum of Understanding (MOU) with the Massachusetts State Police. The Massachusetts State Police has assisted the Special Investigation Unit with investigations. Staff involved allegations are referred to the Massachusetts State Police. The MOU outlines the requirements for PREA investigations. Policy section 03.06.15 Referrals to Outside Investigation Agencies/Criminal Investigations states when a substantiated allegation of sexual abuse or sexual harassment appears to be criminal in nature, the Sheriff's Office shall refer to an outside investigative agency that has legal authority to conduct a criminal investigation. Such referrals shall be documented. The outside agency shall then conduct an administrative or criminal investigation for the allegation of sexual abuse or sexual harassment. The Massachusetts State Police policy PRI-07A Detainee Sexual Abuse and Sexual Harassment Investigations, Review, and Data Collection outline the investigation process and responsibilities. The Sheriff's Office shall notify the ICE Field Officer Director or designee whenever an ICE detainee becomes involved in a PREA investigation as an alleged victim or perpetrator. ICE officials may decide to conduct their own investigation into the matter, according to DOJ/or ICE protocols. Currently the Massachusetts State Police have six (6) open cases.

The investigators complete the PREA Rape Elimination Act Training presented by the Moss Group, PREA /Sexual Assault Investigator Training by the Massachusetts Department of Corrections, and PREA Investigator Training. These training curriculums cover the topics of techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency currently has six (6) trained investigators. They are required to complete mandatory training for investigations. Training certificates for the six (6) investigators were provided for documentation. The investigator interviewed acknowledged receiving the training in 2013 and provided certificates

to review. The specialty training was verified through the investigator interview and review of the training records.

The policy and procedures, 03.06.14 Evidence Collection and 09.23.00 Control of Evidence and Lesson Plan Security Procedures and Lesson Plan: Crime Scene and Evidence Collection outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams. An interview was conducted with the Chief Special Investigation Unit investigator who oversees the investigation process and conducts offender on offender and staff on offender administrative investigations. The interview confirmed the practices for PREA investigations and the investigator was knowledgeable of the investigation process and the uniformed evidence protocol, the use of the Special Investigation Unit Supplemental PREA Review Form and Sexual Assault Notification Form. Policy section 03.06.14 Investigations and Evidence Protocols-Evidence Collection states only Special Investigation Unit investigators or other qualified persons shall collect physical and/or DNA evidence at an incident scene, regardless of the circumstances. They shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence at the scene and any available electronic monitoring data. Evidence may be collected within 96 hours from the reporting of an alleged incident. The collection of evidence shall be properly documented.

The policy states when the quality of evidence appears to support criminal prosecution, SIU investigators shall only conduct interviews after consulting with prosecutors on whether such an interview may be an obstacle for subsequent criminal prosecution. The investigator stated a meeting will be held with the Assistant District Attorney (ADA) to present case. The ADA office may assign a trooper to the case. The SUI investigation will first have the offender sign the Consent Agreement / Refusal to Meet and Miranda Warning for Inmate Interview Forms before conducting a compelled interview. The lead investigator will ensure that an alleged victim and/or perpetrator have been advised of their rights under federal and state laws. The Miranda rights shall also be read. The form lists the offender interviewed, interviewer, and list the Miranda rights. The form is signed and dated by the offender and the interviewer. There is a section to complete if the offender refuses to meet with the agency investigator.

Policy states the credibility of an alleged victim, suspect, or witness shall be determined individually during the initial investigation and shall not be determined by the person's status as inmate, detainee, prisoner, or employee. The credibility shall be assessed on a case by case basis. Evidence of physical injury, as well as, other relevant factors, shall be considered when making credibility assessments. Investigators shall detail the basis for their findings in their reports, addressing the evidence and determination of witness credibility. The investigator stated credibility is on a case by case basis and all evidence based. An offender is not required to submit to a polygraph exam or other truth telling devices as a condition for proceeding with an investigation. Offenders interviewed that reported sexual abuse indicated they were not required to submit to a polygraph examination.

If SUI or Massachusetts State Police determines a crime has been committed, the case is referred for prosecution. It is discussed with the ADA to determine if additional information or items are needed for support. There was one (1) case referred during the audit period. The prosecutor declined the case based on untimely disclosure and lack of collaboration.

Two investigators are assigned to each case. The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; offenders' photographs after allegation, medical and mental health clinical notes including the referrals completed retaliation monitoring forms, administrative review and summary; and the investigation outcome. A review of ten (10) administrative investigations was conducted. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed by the Sheriff's Office, plus five (5) years or otherwise in accordance with Massachusetts state law. The Massachusetts Statewide Retention Schedule indicates that records are maintained for ten (10) years.

An interview was conducted with a SUI investigator. He acknowledged the responsibilities of the Special Investigations Unit and the responsibilities of the Massachusetts State Police in a criminal investigation. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website. The agency website also states: When a substantiated allegation of inmate sexual abuse or sexual harassment appears to be criminal in nature, the Sheriff's Office shall refer the case to an outside investigation agency that has the authority to conduct a criminal investigation, such as Massachusetts State Police. Such referrals shall be documents. The outside agency shall conduct an administrative or criminal investigation for allegations made, according to the National PREA standards. The Sheriff's Office shall cooperate fully in this investigation and monitor its progress.

There were twenty-five (25) allegations of sexual abuse and sexual harassment reported during the audit period (June 2017- May 2018). All allegations were reported at Dartmouth, no allegations reported at Ash Street. There were five (5) staff on offender allegations and twenty (20) offender on offender allegations. The staff on offender allegations were four (4) staff on offender sexual abuse penetrative and one (1) sexual harassment allegations. The administrative findings of the staff on offender allegations of sexual abuse were one (1) unsubstantiated and three (3) still active investigation. The twenty (20) offender on offender allegations were three (3) sexual abuse penetrative, five (5) sexual abuse non-penetrative, and twelve (12) sexual harassment. The administrative findings of the offender on offender allegations of sexual abuse penetrative were one (1) substantiated and two (2) unsubstantiated. The administrative findings of the offender on offender allegations of sexual abuse non-penetrative were one (1) unsubstantiated, two (2) unfounded, and two (2) still active investigation. Of the eight (8) open cases; six (6) referred to the State Police are still active, one (1) is waiting on the crime lab, and one (1) was opened prior to the on-site audit. One (1) case was referred for prosecution. The prosecutor declined the case based on untimely disclosure, and lack of collaboration. A review of ten (10) administrative investigations was conducted. The investigator stated that the trend in allegations is offenders preying on gays and are sexual harassing gay offenders.

The investigators indicated a good working relationship with open communication is maintained with the Massachusetts State Police and the ADA. There is open communication and meet monthly to review current cases.

The auditor determined the facility exceeds this standard through the partnership with Massachusetts State Police and ADA which is demonstrated in the investigation process and open communication. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings. The timeliness of the investigation reports with the initial completed within 72 hours. And the investigation files are maintained for ten (10) years beyond the five (5) year requirement of the standard.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

The agency imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is documented through the agency policy 03.06.14 Investigations and Evidence Protocols. The investigators indicated that a preponderance of evidence is required to substantiate allegations. The interviews with the investigators and staff confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

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 offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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 offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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 offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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 offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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*)

The agency's procedures require that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to offenders are documented in the agency policy 03.06.16 Reporting to Inmates. If the Sheriff's Office did not conduct the investigation, the agency shall request the relevant information from the investigative agency to inform the offender.

The Superintendent and investigator stated that the PREA Coordinator and the investigator makes the notification to the offender in person of the outcome of the investigation. The offender is provided the outcome in writing on the Inmate Notification Form. Copies of the notices were provided for review. The auditor recommended that the offender sign for the notification to provide the notice was received by the offender. The offenders that reported sexual abuse that were interviewed stated they received their notification verbally by the investigator or PREA Coordinator. Most received the notifications within a month of the allegation made. Twenty-three (23) notifications were made during the audit period.

If the allegation was sexual abuse by a staff member, the policy requires the offender be informed of the status of the staff member in person to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility informs the offender whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The offender will be notified through the investigator of PREA Coordinator on the Inmate Notification Form.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

The agency's policy section 03.06.17 Disciplinary Sanctions state employees shall be subject to disciplinary sanctions, up to and including termination, for violating the Sheriff's Office sexual abuse or sexual harassment policies and applicable state/federal laws. The presumptive disciplinary sanction for an employee who has engaged in sexual abuse is termination from services and possible prosecution. Unless the activity was clearly not criminal, such a

termination shall be reported to appropriate law enforcement agencies and to any relevant licensing bodies. ICE officials shall also be notified of these terminations.

The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment 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. The policy outlines that staff who engaged in sexual abuse with offenders, when an employee has been terminated for violating policy, and when an employee resigns prior to termination will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

There was one (1) employee that violated the agency sexual abuse or sexual harassment policies. The officer was given a note reporting a relationship. The officer failed to disclose the potential PREA incident as a mandatory reporter. The officer violated the Code of Ethics. The case is still pending.

Standard 115.77: Corrective action for contractors and volunteers

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*)

The agency's policy, section 03.06.17 Disciplinary Sanctions – Corrective Action for Volunteers, Interns, and Contractors prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Superintendent stated the volunteer or contractor would be banned from the facility during the investigation. If the case is substantiated, the individual would be removed and could not enter any of the Sheriff's Office properties. They are also prohibited from further contact with offenders. Interviews with contractors and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of inmates. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with offenders. In the past twelve months, there were no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of inmates.

Standard 115.78: Disciplinary sanctions for inmates

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)

- 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*)

The agency's policies 17.01.00 Inmate Discipline and 03.06.17 Disciplinary Sanctions – Disciplinary Sanctions for Inmates and Detainees outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative findings that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse, sanctions are commensurate with the nature and circumstances of the abuse committed, the inmates disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories, and considers whether an inmate's mental disabilities or mental illness contributed to his behavior per policy 17.01.07 Issuance of Formal Disciplinary Sanctions.

The Superintendent stated the investigator would determine if the offender violated agency's rules and will be referred for disciplinary action. The offender would go through the formal disciplinary process. The Disciplinary Board has a disciplinary sanction grid to utilize. The Superintendent also indicated that mental disability or mental illness of the offender would be considered when determining disciplinary sanctions. The Lieutenant would work with mental health during the process if the offender has mental disability or mental illness. They would work together to make adjustments as needed and develop other appropriate sanctions other than lockdown.

If specific therapy, counseling, or other interventions designed to address and correct underlying or motivations is offered for cases of sexual abuse, this fact shall be considered when imposing disciplinary sanctions. An offender may be asked or ordered to participate in such programs as part of their disciplinary sanction. Inmates and detainees with severe mental illness shall not be

punished with prolonged isolation/disciplinary segregation which would limit their access to mental health services or impose conditions otherwise inconsistent with their mental health needs. During the interviews with medical and mental health staff, they indicated that an offender's participation is not required as a condition of access to programming or other benefits. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The agency's policy prohibits all sexual activity between offenders to include consensual sexual activity and will process discipline on offenders; but will not consider it sexual abuse. The agency's policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. This information is provided to the offenders in the Inmate Handbook and posters.

The policy states an offender or detainee who reports in good faith in allegation of sexual abuse or sexual harassment when based on a reasonable belief that the such an incident occurred, shall not be disciplined for lying or false reporting, even when an investigation does not establish alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish enough sufficient evidence to substantiate the allegation.

In the past twelve months, there was one (1) administrative findings of inmate on inmate sexual abuse. There was no criminal finding of guilty for inmate on inmate sexual abuse.

MEDICAL AND MENTAL CARE

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

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*)

The agency's policies section 03.06.06 Risk Assessment Screening for Sexual Victimization and Abusiveness and J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse requires medical and mental health follow-up within fourteen (14) days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. Staff interviewed indicated that at intake screening, if the offender has disclosed prior sexual victimization and/or previously perpetrated sexual abuse, the electronic system would create an email to the PREA Coordinator and the Mental Health Director. When the Mental Health Director or designee comes in in the morning, they check to see what offenders disclosed prior victimization or abusiveness the previous day. If an offender is not on the mental health line, the offender is added to the line with a note as to why they are being seen. The electronic record will track the offender and an alert is sent to ensure the offender is seen within 14 days. If deemed as an emergency or a serious nature, the offender is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within fourteen (14) days.

Interviews with medical and mental health staff outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Staff indicated that offenders deemed emergency would be seen within 24 hours and non-crisis situations would be seen within 14 days. Interviews with inmates who indicated prior sexual victimization confirmed they received a referral and follow-up with medical and mental health in most cases the same day of

disclosure. A few offenders that disclosed victimization indicated they were not seen by medical or mental health. The auditor reviewed their cases and noted the offenders were seen within the appropriate time frame. The agency also provided further documentation after the on-site audit to demonstrate the notification process was functioning and offenders were seen with the appropriate timeframes.

Any information revealed that is related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and employees with a legitimate “need to know” unless otherwise required by federal, state, or local law. Treatment plans and security management decisions, including housing, bed, work, education, and programming assignments shall be developed. Information is shared with appropriate staff as needed to make housing, bed, work, education, and program assignments, per policies section 03.06.19 Mental Health Screening- Confidentiality of Information and J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse.

Policies J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse and 03.06.25 Confidentiality Issues outlines the staff and agency reporting duties for sexual abuse and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality at the initiation of services. The health care staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting; unless the offender is under the age of 18. This provision of informed consent shall be explicitly documented in a progress note. The health care staff had varying answers to informed consent. The auditor suggested a refresher training to be conducted. A refresher training was conducted on June 7, 2018 and documentation forwarded to the audit. Staff are required to report as soon as possible to the Watch Commander in person.

The interview with the mental health staff indicated that an inmate on inmate abuser would be seen through a referral process. An assessment would be conducted to determine the mental health needs and services appropriate.

Standard 115.82: Access to emergency medical and mental health services

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*)

Upon an allegation of sexual abuse, the Watch Commander begins the notifications which include medical and mental health services. The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical attention is provided through the facility's medical department. Health care services are provided seven days a week, 24 hours a day. If after normal business hours, the physician on call will be notified. If further services are needed or a forensic exam, the offender is transported to the local hospital.

The agency's policy states the Contracted Medical Provider shall offer medical and mental evaluations and as clinically indicated, treatment to inmates and detainees who have been victimized by sexual abuse. The evaluation and treatment of such victims shall include, as clinically indicated, 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. Qualified medical and mental health practitioners, when appropriate shall offer alleged victims and perpetrators timely information about sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care. The STI prophylaxis recommended by the Massachusetts Department of Public Health and the Center for Disease Control should inform decisions. An infectious disease consult may also be made for HIV assessment and treatment, as clinically indicated. The medical staff stated the offender is informed about

emergency contraception and sexually transmitted infection prophylaxis immediately in medical during assessment and then again at the local hospital.

The agency's policies 03.06.20 Access to Medical and Mental Health Services – Comprehensive Medical and Mental Health Evaluation and J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse state that offenders who are victims of sexual abuse shall be afforded access to emergency medical care and forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. Through the medical staff and SANE interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. The forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. The interview with the SANE nurse from the local hospital, St. Luke's of New Bedford, indicated all emergency room nurses are trained SANE/SAFE. The statewide SANE Program is also available if a nurse is not available on duty or on-call. A state SANE staff is available within 3-4 hours and is dedicated only to that offender patient. An advocate will be provided to the offender upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the New Bedford Women's Center. Through scheduled hours and on-call. Other local hospitals utilized, Southeast Hospital Group and Charlton Memorial Hospital, have SANE services There were two (2) forensic medical exams during the last twelve months.

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

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.) ☒ 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.) ☒ 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*)

The agency policies 03.06.20 Access to Medical and Mental Health Services – Comprehensive Medical and Mental Health Evaluation and J-B-05 Correctional Psychiatric Services – Response to Sexual Abuse the Contracted Medical Provider state medical and mental health shall offer medical and mental evaluations and as clinically indicated, treatment to inmates and detainees who have been victimized by sexual abuse. The evaluation and treatment of such victims shall include, as clinically indicated, 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. The offenders interviewed that reported sexual abuse indicated they were seen by medical, and indicated the services were provided without any financial costs.

The medical and mental health staff interviewed indicated they felt the services are consistent with the level of care if not better since offenders are seen immediately for care. Policy states the contracted medical provider shall provide all inmate and detainee victims of sexual abuse with medical and mental health services consistent with the community level of care.

Qualified medical and mental health practitioners, when appropriate shall offer alleged victims and perpetrators timely information about sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care. The STI prophylaxis recommended by the Massachusetts Department of Public Health and the Center for Disease Control should inform decisions. An infectious disease consult may also be made for HIV assessment and treatment, as clinically indicated. The medical staff stated the offender is informed about emergency contraception and sexually transmitted infection prophylaxis immediately in medical during assessment and then again at the local hospital. The auditor reviewed nine (9) offender medical records.

The healthcare staff during their interviews indicated that the healthcare services are consistent with the community level of care and in most cases better than the community since services are provided immediately. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately

The agency policy states female inmates or detainees who are victims of sexual abuse shall receive timely access to emergency contraception. They shall be offered pregnancy test if victims of sexually abusive vaginal penetration. Should pregnancy result from an act of sexual abuse, the female victim shall receive timely information and access to pregnancy related services provided by the Sheriff's Office and medical practitioners. The Superintendent, Assistant Deputy Superintendent Family Programs, the Director of Medical Services and other Sheriff's officials shall be notified whenever a female inmate or detainee is determined to be pregnant. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process. Offenders that reported sexual abuse indicated they were taken to medical immediately for services and were not charged for services. Medical staff stated that the offender is given timely information and access to all lawful pregnancy related services as soon as the pregnancy is confirmed. Mental health would also receive a referral to provide emotional support for any decision made.

Even though it is not required in a jail setting, the mental health staff indicated that a risk assessment and mental health evaluation of all known offender-on-offender abusers shall be attempted within sixty (60) days of learning of the abuse. Treatment shall be offered when deemed appropriate in accordance with policies. Mental health staff interviewed stated, in most cases, the offender is seen immediately for an evaluation the day of the referral. Treatment will be offered based on the outcome of the mental health evaluation.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

The agency policy section 03.06.24 Reporting, Data Collection, and Review – Sexual Abuse Incidents states documentation of all incidents of sexually abusive behavior by inmates, detainees, and prisoners is critical. Allegations of sexual abuse shall be reported using electronic and hard copy reporting mechanisms, such as the Sexual Assault Notification Form, Incident Reports, final investigation reports etc. Security, medical/mental health and investigative reports regarding these allegations will be forwarded to the Special Investigation Unit, the Superintendent, the PREA Coordinator, and other authorized staff for review. PREA related reports may be reviewed during a monthly meeting by the PREA Review Committee. The PREA Review Committee meets monthly and review completed PREA related investigations which have occurred during a 30- day period, pending cases, offenders currently incarcerated who are considered to be at high risk for sexual victimization, specialty cases, and any facility PREA issues of concerns.

The Committee shall include upper-management officials. The Superintendent indicated the members of the team include the PREA Coordinator, investigators, PREA Compliance Managers, Superintendent, Medical staff, Mental Health staff, Security Supervisors, and Classification. Input from other staff will be provided as needed. The Chair of the Committee is the PREA Coordinator.

The Committee reviews all completed PREA related investigations which have occurred during the last 30-day period; substantiated, unsubstantiated, and unfounded. The Committee utilizes the PREA /Sexual Assault Notification Final Report Checklist. The Committee review team reviews the circumstances of the incident; the name(s) of the person(s) involved; whether a PREA incident has been substantiated, unsubstantiated, or considered unfounded by PREA investigators; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; 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 affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. An investigator presents the case to the Committee and the outcome of the investigation.

A report is prepared by the Committee. The report will include the Committee's findings, including but not necessary limited to the determinations made of each element of the standard, and any recommendations or improvement and submits the report to the Superintendent. The Superintendent and others shall review the recommendations for improvements made by the PREA Review Committee and shall implement them, as feasible, or shall document the reasons for not doing so. In this audit period, there were no recommendations from the incident reviews. Staff interviewed stated the PREA Compliance Managers are responsible to ensure all recommendations are completed and then report the completion to the PREA Coordinator and the Superintendent.

Although the Pre-Audit Questionnaire indicated that only four (4) incident review was completed for substantiated and unsubstantiated sexual abuse cases. Reviews were completed on all cases that had finished investigations and outcomes including the unfounded. The Committee members interviewed indicated they review all incidents including unfounded. The Committee also reviews all pending cases.

The incident review staff interviewed indicated they review the incident in detail. Under motivation they review the race, sexual orientation, gang affiliation, were offenders properly screened, potential identified group, and the review of the OSI investigation information. In reviewing the location of the incident, they consider if the area has other issues, blind spots, unsupervised area, physical layout, and trends of incidents. When assessing staffing, they review proper staffing of the day, assigned staff to the area, time of rounds, staff behavior, where staff was located during the incident, was policy followed, additional staff coverage needed, and is there a need for policy change. Under monitoring technology, the team reviews camera location, video needs, and are mirrors needed. The trend the Committee identified is young offender vulnerability and most incidents are gang related.

The auditor reviewed the PREA Review Committee monthly meeting minutes and the PREA/Sexual Assault Notification Final Report forms for the closed cases reviewed. The agency exceeds the standard with the review of all cases and pending cases; meeting monthly; and also reviewing the status of offenders who are considered to be at high risk for sexual victimization monthly.

Standard 115.87: Data collection

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*)

The agency's policy section 03.06.24 Reporting, Data Collection, and Review – Data Collection and Record Storage outlines the data collection process utilized by the agency. The facility's PREA Coordinator is responsible for maintaining the PREA statistics and the PREA Tracking Chart. The PREA Tracking Chart is a chronological listing of each sexual abuse, threat, or compliant that occurs in a month. The agency collects the uniform data using a standardized instrument, Data Collection/Standardized Instrument for Allegation of Sexual Abuse, and a data dictionary based on the most recent definitions provided by the Bureau of Justice Statistics. The agency aggregates the incident based sexual abuse data at least annually.

The policy states the Sheriff's Office shall maintain, review, and collect data as needed from all available documents, including reports, investigative files, and monthly PREA Review Committee Reviews. Reported sexual abuse allegations shall be documented in a timely and accurate manner using approved reporting materials, such as, an Incident Report. Information may also be recorded in the Sheriff's Office computer system, as well as other hard copy documents. The Superintendent's Office shall be responsible for coordinating PREA statistics

on a monthly and annual basis. The information will be forwarded to appropriate employees with a legitimate need to know and shall be used for other reporting functions. The PREA Coordinator stated the monthly PREA statistics, investigation files, sexual abuse incident reports, vulnerability assessments, and monthly PREA Committee meeting minutes are reviewed as part of the data collection.

The PREA Coordinator creates the annual report. The PREA Annual Report 2017 is available for review on the agency's website. The report was reviewed as part of the audit process.

The agency does not contract with other agencies or private facilities for the confinement of offenders.

Standard 115.88: Data review for corrective action

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*)

The agency's policy section 03.06.24 Reporting, Data Collection, and Review – Data Review for Corrective Action states the Sheriff's Office shall review data collected and aggregated pursuant to National PREA standards in order to assess and improve the effectiveness of its sexual abuse prevention, detention, and response policies, practices, and training. This review shall include identifying problem areas, taking correcting action, as feasible. An annual Internal Assessment Report is prepared by the PREA Coordinator and approved by the Sheriff's Office. The report will include a comparison of the current year's data and corrective actions with those from previous years and provide an assessment of the agency's progress in addressing offender sexual abuse. The Sheriff stated that the agency is constantly analyzing the system including what is contributing to situations, classification, risk screening, trends identified, staffing, and training needs. The agency collects over 250 data indicators daily through the Strategic Accountability Management System (SAMS). This data is reviewed monthly.

The PREA Coordinator creates the annual report. The report is reviewed and approved by the Sheriff or the Superintendent. The Sheriff stated the Superintendent reviews the report and then forwards for the Sheriff's review and approval. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety of the facility. The PREA Coordinator stated the material that is redacted includes names and ID numbers of offenders and staff. The report will include the nature of any material redacted. The PREA Annual Report 2017 is available for review on the agency's website; www.bcso-ma.us/PREA.htm. The report was reviewed as part of the audit process.

Through interviews with the PREA Coordinator, PREA Compliance Managers, and Superintendent and review of the facility's monthly reports and annual reports; it documents the data collection process.

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*)

The agency's policy section 03.06.24 Reporting, Data Collection, and Review – Data Storage, Publication and Destruction states the data collected shall be securely retained in accordance with department and state law. Aggregated offender sexual abuse data may be available to the public at least annually through the Sheriff's Office website. Before making aggregated data public, personal identifiers shall be removed. The Sheriff's Office shall maintain data collected with state law, but for at least ten (10) years after the date of the initial collection. The Massachusetts Statewide Retention Schedule indicates that records are maintained for ten (10) years.

The PREA Coordinator indicated all the data files and final reports are locked in file cabinets in the PREA Coordinators Office. Only the PREA Coordinator, the Superintendent, and the Administrative Assistant has access to the files. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety of the facility. The PREA Coordinator stated the material that is redacted includes names and ID numbers of offenders and staff. The report will include the nature of any material redacted. The PREA Annual Report 2017 is available for review on the agency's website; www.bcs0-ma.us/PREA.htm. The report was reviewed as part of the audit process.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

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, offenders, 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*)

The review of the agency's website confirms that a PREA audit was conducted on the agency's Dartmouth Correctional Complex in June 2015. This audit covered the Dartmouth House of Correction and two satellite buildings. It did not include the Ash Street Jail. The agency was concerned the Ash Street Jail would not pass an audit due to the age and physical structure of the facility. The agency did not ensure that each housing unit location was part of that audit. The auditor observed on the agency's website the PREA Audit form 2015. It has been posted for public information.

The agency approached this PREA audit as requiring three separate audits: two (2) adult jails and one (1) lock-up. Through numerous conversations and research through the PREA Resource Center, it was determined prior to the on-site visit that only two (2) audits were necessary for the two (2) adult jails. The auditor researched the definition of a facility and the factors indicating a single facility in the FAQs and discussion with PREA Resource Center staff. The agency's regional intake area is located at the Ash Street Jail building and is the initial booking for the Sheriff's Office and is operated through the same agency policies and under the management of the Superintendent. It is not a separate lock-up facility. During the on-site audit, the first two and half days of the audit was at the Dartmouth Correctional Complex and the remaining two and half days at the Ash Street Jail. Both were audited like single facilities. During the audit of the Ash Street Jail, the auditor recognized that this building was operated as a housing unit of the Dartmouth Correctional Complex. The Ash Street Jail is under the management of the same agency, same Superintendent, operates with the same policies and procedures, same offender population, same agency staff, same agency mission, and has the same offender reporting mechanisms. The offenders that are housed at Ash Street are transfers from the Dartmouth Correctional Complex building after being screened for housing placement at Ash Street. It is operated and utilized as a housing unit for the Dartmouth Correctional Complex. After the completion of the audit at Ash Street, the auditor and agency administration discussed the operational use of Ash Street and agreed that it is operated as a housing unit of Dartmouth Correctional Complex. It was determined a single PREA Report would be written and submitted that encompassed the full Dartmouth Correctional Complex which includes the Ash Street Jail. Therefore, there was an audit conducted in 2015, the Ash Street Jail was not included in the audit process, the agency did not ensure that each housing unit location was part of that audit.

During the audit, the facility and agency provided the auditor full access to all areas of the facility and the auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the auditor requested documents. Private interview space was provided to the auditor for conducting staff and offender interviews. Staff interviews were held in an administrative conference room in the administration section of the building and in a program room at Ash Street. The offender interviews were held in a private office in each housing unit at Dartmouth House of Correction and in a program room at the Ash Street Jail.

Posted signs advised offenders could send confidential information or correspondence to the auditor. The auditor did not receive any correspondence from offenders.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

A review of the agency's website www.bcsoma.us/PREA.htm confirms that the agency publishes PREA final reports and makes them available through the website to the public. The review of the agency's website confirms that a PREA audit was conducted on the agency's Dartmouth Correctional Complex in June 2015. The auditor observed on the agency's website the PREA Audit form 2015. It has been posted for public information. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

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.

Barbara King

July 19, 2018

Auditor Signature

Date