

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

Interim Final

Date of Report June 26, 2021

Auditor Information

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Telephone: 330-618-7456	Date of Facility Visit: October 5-7, 2020

Agency Information

Name of Agency: Plymouth County Sheriff's Department		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 26 Long Pond Road		City, State, Zip: Plymouth, Massachusetts 02360	
Mailing Address: 26 Long Pond Road		City, State, Zip: Plymouth, Massachusetts 02360	
Telephone: 936-295-9126		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency 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

Agency mission:
The primary mission of the Plymouth County Sheriff's Department is dedication to strengthening public safety through corrections and specialized support services for all criminal justice agencies. The Department maintains a secure facility for inmates being held or sentenced for crimes as well as preparing them for reintegration back into society. The Plymouth County Correctional Facility provides a safe, humane, and orderly correctional environment which encourages inmates to seek opportunities to strengthen their character. Inmates are presented with activities to aid them in developing a work ethic, religion, education and understanding the consequences of their own choices. The Sheriff is committed to operating an accredited correctional facility which meets: Nationally recognized standards for local houses of correction, jails & detention facilities, State, and local standards, Serves the interests of taxpayers. It is the philosophy of the Sheriff's Department to hold the inmate at the lowest possible levels of security, consistent with public safety, with an appropriate range of services that recognize the individual needs of inmates. Another part of the Department mission is to protect society from criminal inmates while at the same time providing a professional and rewarding environment for staff.

Agency Website with PREA Information: www.pcsdma.org

Agency Chief Executive Officer

Name: Joseph D. McDonald	Title: Sheriff
Email: jmcdonald@pcsdma.org	Telephone: 508-830-6200

Agency-Wide PREA Coordinator/Compliance Manager

Name: Isabel Eonas	Title: PREA Coordinator / Principal and Counsel Human Resources
Email: ieonas@pcsdma.org	Telephone: 508-830-6278
PREA Coordinator/Compliance Manager Reports to: Joseph D. McDonald, Sheriff	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager 1

Facility Information

Name of Facility:	Plymouth County Correctional Facility		
Physical Address:	26 Long Pond Road Plymouth, Massachusetts 02360		
Mailing Address (if different than above):			
Telephone Number:	936-295-9126		
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 type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission:

The primary mission of the Plymouth County Sheriff's Department is dedication to strengthening public safety through corrections and specialized support services for all criminal justice agencies. The Department maintains a secure facility for inmates being held or sentenced for crimes as well as preparing them for reintegration back into society. The Plymouth County Correctional Facility provides a safe, humane, and orderly correctional environment which encourages inmates to seek opportunities to strengthen their character. Inmates are presented with activities to aid them in developing a work ethic, religion, education and understanding the consequences of their own choices. The Sheriff is committed to operating an accredited correctional facility which meets: Nationally recognized standards for local houses of correction, jails & detention facilities, State, and local standards, Serves the interests of taxpayers. It is the philosophy of the Sheriff's Department to hold the inmate at the lowest possible levels of security, consistent with public safety, with an appropriate range of services that recognize the individual needs of inmates. Another part of the Department mission is to protect society from criminal inmates while at the same time providing a professional and rewarding environment for staff.

Facility Website with PREA Information: www.pcsd.org

Warden/Superintendent

Name: Antone Moniz	Title: Superintendent
Email: amoniz@pcsdma.org	Telephone: 508-830-6238

Facility PREA Compliance Manager			
Name: John Tamoosh		Title: PREA Compliance Manager/ Assistant Deputy Superintendent / Investigator	
Email: jtamoosh@pcsdma.org		Telephone: 508-830-6200	
Facility Health Service Administrator			
Name: Marcia Norat		Title: Health Services Administrator	
Email: MNorat@pcsdma.org		Telephone: 508-732-1819	
Facility Characteristics			
Designated Facility Capacity: 1,140		Current Population of Facility: 624 (first day of audit)	
Number of inmates admitted to facility during the past 12 months			3,910
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1,585
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			3,910
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: 18-69	
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:			71 days
Facility security level/inmate custody levels:			Levels 1-4
Number of staff currently employed by the facility who may have contact with inmates:			430
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			45
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			4
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		17	
Number of Open Bay/Dorm Housing Units:		5	
Number of Segregation Cells (Administrative and Disciplinary):		70	

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.):

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. The facility is monitored by exterior and interior cameras, with a combination of fixed and pan tilt zoom (PTZ). There are 347 cameras that provides full coverage of the facility. From the previous audit, the facility has installed cameras in the inmate eating area of the kitchen (1); utensil room in the kitchen (1); booking cells 101, 102, and 103 (3); property room (1), housing unit G (1), and housing unit kitchenettes E3, DS3, C3, and DN3 (4). The facility also updated numerous cameras to digital and the multiplexer. Cameras are located throughout the facility including hallways, intake, kitchen, medical, commissary, laundry, program areas, special management housing, and housing areas. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time.

Medical

Type of Medical Facility:	Full-time medical services on-site through the health care department with full time- medical and mental health staff. Medical services available 24 hour/7 days a week.
Forensic sexual assault medical exams are conducted at:	Local hospital: The Beth Israel Deaconess Hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	445 volunteers 44 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	8

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, a facility under the operation of the Plymouth County Sheriff's Department (PCSD) was conducted on October 5-7, 2020, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit process began with communication between the agency's PREA Coordinator and the Auditor in October 2019. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The facility houses male inmates for the Plymouth County, local counties and cities, U.S. Marshal Service, and U.S. Immigration and Customs Enforcement agency. The facility does not house juveniles/youthful or female inmates. This was the second PREA audit for the facility. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols.

The audit notices in English and Spanish were sent to the facility through the agency's PREA Coordinator on August 29, 2020. The facility acknowledged receiving the audit notices and the postings were placed throughout the facility. The facility's Operation Specialist emailed photos of the postings for verification to the Auditor on September 9, 2020. The Auditor observed the postings throughout the facility during the tour of the facility.

On July 31, 2020, the Auditor was notified through the PREA Resource Center the PREA Pre-Audit Questionnaire (PAQ) and supporting documents was available on the PREA Online Audit System (OAS). The facility also provided the PAQ and supporting documents on a secure thumb drive during the on-site audit. The thumb drive contained a master folder of supporting documentation for all forty-three PREA standards. The documentation was well organized and highlighted providing an easy review. After the review of the PAQ and supporting documentation, the Auditor emailed the agency and facility a Pre-audit Review Note document requesting further documentation for clarification and review on various standards on September 22, 2020. The documentation was provided pre-audit and during the on-site audit visit.

The Auditor reviewed the PREA Annual Reports for 2013 through 2019 plus the PREA information on the agency's website (www.pcsdma.org) prior to the audit. The website includes general PREA information; how to report allegations of sexual abuse/harassment; the PREA policy 268 Sexual Abuse and Sexual Harassment of Inmates which outline the investigative protocols; 2013 through 2019 PREA Annual Reports; links for reporting a PREA incident. The Auditor contacted Just Detention International about any information regarding the facility; none was noted. Prior to the on-site visit, contact was made with the agency's PREA Coordinator and the facility's PREA Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit.

The department policies utilized for the policy and procedure review and documentation were:

- 268 Sexual Abuse and Sexual Harassment of Inmates
- 100 Philosophy and Goals
- 108 Americans with Disabilities Act: Access for Qualified Individuals
- 109 Program/Facility Access for Inmate's with Disabilities
- 111 Management Analysis, Surveys, and Evaluations
- 201 Selection and Hiring Procedures for the Plymouth County Correctional Facility

- 217 Contractors and Contracted Staff
- 230 Employee Discipline and Terminations
- 401 Booking and Admissions
- 402 Unit Management
- 404 Inmate Orientation
- 420 Classification Plan
- 482 Inmate Telephone System
- 491 Inmate Grievance Procedures
- 506 Facility Search Plan
- 513 Investigations and Evidence Control
- 530 Transportation Plan
- 620 Special Health Care Practices
- 650 Mental Health Services

On September 22, 2020 the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), inmate 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 inmates with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient (LEP) inmates, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance...). The facility provided the requested facility information during a meeting the day prior to the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific interviews protocols).

Prior to the on-site visit, the Auditor, PREA Compliance Manager, and the PREA Coordinator met to discuss the on-site visit and the COVID pandemic measures in place and the safety requirements to enter the facility. The discussion included the plan to interview inmates in each housing unit during the tour to reduce the inmate movement within the facility.

Before the start of the audit, an in-briefing was held. In attendance were the Superintendent, Assistant Superintendent, PREA Coordinator/Principal and Counsel Human Resources, PREA Compliance Manager/Assistant Deputy Superintendent, Operations Specialist, and Operations Assistant Deputy Superintendent. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour and facility practices, documentation review, and conducting both staff and inmate interviews. 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 PREA Coordinator, PREA Compliance Manager, 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 inmate of prior to the audit.

Due to COVID, the Auditor and facility discussed the best way to conduct inmate interviews with minimal inmate movement. The facility was operating under restricted inmate movement. The Auditor selected to conduct inmate and random staff interviews in each housing unit as we toured the facility. There was three housing units used for quarantine, C-1, H-1, and GNW. No inmates were interviewed from these

units. The facility utilizes the quarantine housing units for inmates arriving at the facility. Inmates are quarantined for two weeks upon arrival. Other housing units were at 50% capacity to maintain social-distancing as much as possible. The inmates were provided masks for safety and must wear outside of their housing dorm/unit. The facility fogs the quarantine housing units daily and all other housing units every other day. Pump dispensers of hand sanitizer were installed in each housing unit and throughout the facility. The facility provides new masks throughout the week. Meals are eaten in the housing areas and recreation is scheduled per housing unit to limit contact from other housing unit inmates.

The facility administration provided information to the Auditor regarding the facility and the audit period. The facility administration shared there were no cross-gender pat-down searches conducted during the audit year. The facility does not house juveniles.

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.

The facility tour was completed over three days of the on-site audit. The housing units, program areas, service areas, food service, control center, medical, visitation, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA postings, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor closely reviewed video camera footage and identified potential cross-gender camera views for the strip cage 4 in segregation and for the toilets in seven cells in the intake area. Also identified two showers in the medical area that had cross-gender viewing potential. During the on-site audit, the facility corrected all the cross-gender viewing areas identified. The facility moved and positioned the monitors in the intake area, shower curtains were installed on the medical showers, and the camera view into the strip cage was pixelated to eliminate the potential for all cross-gender viewing. The inmates have privacy during the state of undress, showering and performing bodily functions. A posting in the dorms state, "If you are housed in a dormitory unit, to avoid any cross gender viewing due to the number of cameras in the unit, you are encouraged to change in the shower area." The inmates interviewed stated they had privacy to change clothes, shower, and perform bodily functions without female staff observing.

During the course of the tour the Auditor conducted several informal interviews with both staff and inmates, interviewing them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing units. The announcements were not made consistently. The facility provided refresher training to all staff through a roll call read for three days. The refresher training stated, "The Unit Officer is required to conduct an Opposite Gender Announcement whenever a member of the opposite gender enters a housing unit. This announcement will be logged into the unit log in OMS." The PREA audit notices were observed throughout the facility including in each housing unit, common areas, program areas, and administrative areas.

The housing units have PREA information posted strategically in the housing units providing inmates readily accessible PREA educational information, zero tolerance policy, emotional support services available, how to report an incident, methods for reporting sexual misconduct, PREA reporting number, and the PREA Compliance Manager's name. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English, Spanish, Portuguese. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The PREA hotline number required a pin, which would identify an inmate and not allow an anonymous call. The National Sexual Assault telephone number was restricted, and the

local rape crisis center, A New Day, number was not connecting. The facility worked with the phone vender to allow access to the National Sexual Assault organization and the emotional support service numbers. The vender also set up a PREA line that would allow the inmates to make a private, free, and anonymous call which is pin free. This was accomplished while the Auditor was on-site. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks documented that unannounced rounds were conducted by immediate line supervisors and supervision rounds by officers.

All required facility staff and inmate interviews were conducted on-site during the three-day audit. Staff interviews were held in the administrative conference room and in a private office within the housing units which afforded privacy for the staff interviews. The inmate interviews were held in an office or program room within each housing unit that afforded privacy. The Auditor utilized the PREA Auditor Handbook table for determination of the number of inmate interviews to be held at the facility based on inmate population of 501 -1,000. The inmate population of 624 on the first day of the audit required at least 30 inmate interviews with at least 15 from the target groups and 15 random interviews. Fifty-one (51) formal inmate interviews were conducted, and 28 inmate were informally interviewed during the facility tours, (13% of the 624-inmate population). The random inmate interviewees were selected by the Auditor from the housing unit rosters and designated lists of inmates provided by the facility. Random inmate interviews from different housing dorms (17), limited English proficient (4), disabled (2), transgender (1), gay/bisexual (2), reported sexual abuse (2), and who disclosed sexual victimization (6) were interviewed. Five inmates refused interviews. Interviews were not conducted for inmates placed in segregation housing for risk. There were no inmates placed or housed in involuntary segregation housing for risk during the audit period. The inmates interviewed knew the numerous methods to report, they acknowledged the zero-tolerance of sexual abuse and sexual harassment and their right to be free from retaliation for reporting. The inmates indicated they felt safe at the facility.

A total of 40 formal staff interviews was conducted and an additional 32 informal staff interviews were also conducted during the facility tours (17% of 430 staff). Staff was randomly selected from the three shift rosters and different departments within the facility (11). Additionally, specialized staff were interviewed including the Superintendent, PREA Coordinator, PREA Compliance Manager, Intermediate-Higher Level staff (4), Medical and Mental Health staff (5), Human Resource Manager, contractors (3), Investigator, Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (1), First Responders (2), Intake staff (2), and Staff Who Perform Cross-gender Strip Searches (2). The Agency Head interview protocol was conducted with the Superintendent. Interviews for Program Staff for Youthful Inmates, Line Staff Who Supervise Youthful Inmates, and Contract Administrator was not held. No volunteers were interviewed, at the time of the audit, volunteers were not able to enter the facility due to COVID. The facility does not contract to house inmates with another agency or house juveniles/youthful inmates. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The random 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.

The Beth Israel Deaconess Hospital is utilized for forensic examinations by a SANE/SAFE provider and emergency medical care. The facility has an agreement with the hospital that was documented through a letter from the hospital President and CEO. An interview was conducted with a SANE nurse from the Beth Israel Deaconess Hospital Emergency Room regarding the SANE services provided at the hospital. The SANE stated the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. There was one

allegation that required a forensic examination at the local hospital. The facility has a MOU with Health Imperatives, A New Day for victim advocacy services. This MOU outlines the victim advocacy services that would be provided through the forensic medical examination process and investigatory interviews including emotional support, counseling, information, and referrals through a 24/7 hotline and one-to-one counseling at the facility. The Auditor interviewed a representative from the A New Day who confirmed the services provided to the facility. The Auditor also interviewed a case manager from Bringing People and Services Together. The Bringing People Together case manager also stated the organization also has a program called Transgender Community Outreach Resources Empowerment (TCORE) which provides services to transgenders including securing medical and mental health care; assist with changes on official documents, stress management and coping skills development, opportunities to find community, support and navigate medical and social transition, support while coming out, and guidance and advocacy while responding to discrimination. These services would be available to any transgenders, including inmates, if contacted. She stated the agency provides training to staff on transgender issues and definitions.

There were 26 allegations reported during the audit period, 7 staff-on-inmate, 18 inmate-on-inmate, and 1 unknown-on-inmate. Of the staff-on-inmate allegations, 2 were sexual abuse (1 unfounded and 1 substantiated) and 5 sexual harassment all unfounded. Of the 18 inmate-on-inmate allegations, 4 were sexual abuse (3 unfounded and 1 unsubstantiated) and 14 sexual harassment (5 unfounded, 6 unsubstantiated, and 3 substantiated). There was one allegation by an inmate with an unknown alleged abuser. The facility completed the investigation with an outcome of unfounded. All potential criminal cases are referred to the Plymouth City Police Department. Two cases were referred to the Plymouth Police Department during the audit year. The Auditor reviewed 14 investigations files.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the superintendent, Assistant Superintendent, PREA Coordinator/Principal and Counsel Human Resources, PREA Compliance Manager/Assistant Deputy Superintendent/Investigator, and Operations Specialist. The Auditor discussed observations made during the on-site portion of the audit and was able to give some preliminary findings. Within the facility, tension was nonexistent between staff and inmates, especially under the current COVID situation and restricted movement at the facility. The Auditor observed between staff and inmates constant positive interactions throughout the on-site visit. Both staff and inmates interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual abuse or harassment if needed. The inmates stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared the staff was professional and trained in their PREA knowledge and responsibilities. Key facility staff during the audit included the PREA Coordinator/Principal and Counsel Human Resources, PREA Compliance Manager/Assistant Deputy Superintendent/Investigator, and Operations Specialist.

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 one standard, 115.17. During the on-site audit, the administration building had a chemical exposure incident that did not allow some staff personnel files to be obtained for compliance review. The facility stated the files would be forwarded when possible. Recommendations were shared with the facility. The recommendations issues of these standards will be addressed under the appropriate standard in the narrative section. The Auditor thanked the Facility Administrator, PREA Compliance Manager, and the staff of the Plymouth County Correctional Facility for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

The initial forty-five days from the day of the on-site audit for the interim or final report was extended upon

mutual agreement between the agency and the Auditor, based on the Auditor's request. The Auditor had unforeseen on-going medical concerns that extended beyond the 45 days. The Auditor thanks the agency in their understanding of this situation. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

The Auditor based the decision of standard compliance on: data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and inmates; staff and inmate file reviews; review of investigative files, and the agency and facility's policy and practices review.

After the on-site audit, the facility provided information from the staff personnel files that were unable to review on site due to the chemical exposure incident. The submitted documentation demonstrated compliance for standard 115.17.

Facility Characteristics

The Plymouth County Correctional Facility is a county jail under the authority of the Plymouth County Sheriff's Department. The facility is located within the city limits of Plymouth, Massachusetts on the outskirts of downtown in an area where multiple government offices are located. Construction of the facility started in 1992 with the opening of the facility in May 1994. It is designed to hold multiple classifications of inmates and detainees to include presentenced inmates, sentenced inmates, and federal detainees. Plymouth County Correctional Facility is the largest county correctional facility under one roof in Massachusetts.

The facility has a designed facility capacity to hold 1,104 adult male inmates. The facility is a maximum/medium custody facility that houses all general population custody levels of inmate Levels 1-4. The age range of the inmate population during the audit year was 18-69 years old. The inmate population was 624 on the first day of the audit. The average daily population for the audit period was 918 inmates. The average length of stay is 71 days. The inmates housed during the audit were from 8 county/city jurisdictions, U.S. Marshals Service, and U.S. Immigration and Customs Enforcement. There were 3,910 inmates admitted to the facility during the last 12 months with 1,585 inmates whose length of stay was over 30 days. At the time of the audit, the facility population was reduced due to the COVID-19 pandemic. The facility is accredited through the American Correctional Association.

The Department's operations are within 4 buildings; the Administrative Building, Warehouse, Print Shop/Garage Building, and the Correctional Facility. The Correctional Facility operation is within one building which has 4 floors. Within the facility, there are operational support areas for administration, visiting, food service, education, inmate housing, medical, commissary, maintenance, laundry, recreation, intake/discharge, central control, and chapel. The housing unit types are general housing, special management housing, segregation, and general dorms. What inmate movement is required through the facility, it is accommodated through corridors and is monitored by correctional officers and by control desks located at the entrance to the various housing and program areas. The administrative, intake/discharge, service, and program areas are located within the front of the building and at the beginning of the main corridor with the housing units located further down the corridor. The building is about 2 football fields long.

There are 23 housing units, 22 general population and 1 special management housing unit. The facility's general population housing comprises of 17 general population housing units comprised of 5 dorms and 12 multiple cell housing units. The special management housing area is divided into 4 sections that contain single and double occupancy cells. The infirmary has limited housing in the medical area. There are also

holding cells in the intake/discharge area. The multiple cell housing units consist of 9 two-man cell housing units and 3 five-man cell housing units. There are 4 dorms that hold 60 inmates and the 1 dorm that holds 52 inmates.

All the housing units provide direct staff supervision. There is an officer's workstation located at the far end of the dorm dayroom providing visibility of the dorm and into the outside recreation area. The celled housing units, also has an officer(s) desk strategically placed in the housing unit. The dayrooms contain tables/seats, televisions, telephones, microwaves, and posters with facility and PREA information. The PREA informational posters are strategically located in the dayroom areas near the phones clearly visible for all inmates and a reporting poster is on the officer's desk. The posted information includes the emotional support services contact information, zero tolerance policy, methods for reporting sexual misconduct, and the PREA reporting hotline. The posters are in English, Spanish, and Portuguese. This is a notice to the inmates that states, "All telephones are subject to being recorded and monitored." The bathroom area has a half wall that provides privacy for the toilets and shower curtains on all showers eliminating the opportunity for cross-gender viewing. In each of the housing units, there is a camera that provides a complete view of the housing unit. A posting in the dorms state, "If you are housed in a dormitory unit, to avoid any cross gender viewing due to the number of cameras in the unit, you are encouraged to change in the shower area." The cameras are viewed at the main control center. The Auditor observed the camera monitors in the main control center and there was no cross-gender viewing; the half wall for the toilets and the shower curtains provides privacy for the bathroom from the camera view. There is an intercom in cell which contacts the housing unit officer's desk. The dayrooms have a KIOSK that provides the law library accessibility, facility information to the inmate, and allows the inmate to file a grievance. Medical boxes are within each housing unit allowing the inmate to submit sick call slips as needed.

The Special Management Unit (SHU) holds 117 inmates within 4 sections; with 2 sections holding 39, 1 section holding 24, and the other section holding 15. The multi-celled housing units are two-story. The housing units are located off a main corridor on the first and third floors. All housing units are direct supervision with an officer's post located within the housing unit. The special management housing unit is located at the end of the main corridor. Each cell contains a toilet, wash basin, and shower with a shower curtain. There are offices and programs rooms. Each cell has an intercom to contact the SHU central control. The PREA information is posted in the common area the inmates can view during movement. There is a mobile phone that is taken to each cell for calls and the PREA information is posted also on the mobile phone unit for the inmate's reference.

Areas where inmates work are the kitchen, laundry, and property. During the audit, inmate workers were at a minimum to a no work level. The kitchen has an open design and has 24 cameras that provide a cross view of the area with mirrors to assist with observation of the inmates. The kitchen coolers, freezers, and dry storage are always locked and accessed only by staff and inmates in those areas are under direct supervision. The current staff posts and the staff roving through the area provides supervision coverage. The laundry area is an open area with 2 cameras. Supervision is provided through random security rounds by staff. The kitchen and laundry room cameras are monitored within the supervisor's office and can be monitored by main control. There is PREA information posted in all the areas.

The indoor recreation area was not being utilized during COVID protocols. The area has a half wall to block views of the toilets and all PREA information was posted. All other areas within the facility had open visibility and PREA information posted throughout the areas. All program and service areas have staff supervision through post assignments or roving and supplemental supervision through cameras.

The visitation area has open visibility for supervision of inmates and visitors. The visiting area provides

contact visiting and the visiting area has PREA information posters posted in the area for inmates and visitors. The facility's administrative lobby has PREA posters and information posted.

The main control center is manned by staff 24 hours a day 7 days a week with two officers. The main control center controls the entry into the facility and doors within the facility. The control center monitors the cameras, all radio traffic, and intercom system. The Auditor observed the camera monitors and there was no cross-gender viewing.

The facility has 430 staff positions who may have contact with inmates. The security section consists of Assistant Deputy Superintendent of Security, captains, lieutenants, sergeants, and correctional officers. There are shift supervisors on all shifts with a Captain as the Shift Commander on each shift. The facility operates three shifts. The housing unit and CERT officers are assigned per shift with first shift of 7:00 am – 3:00 pm with 53 officer posts, second shift of 3:00 pm to 11:00 pm with 51 officer posts, and third shift 11:00 pm – 7:00 am with 34 officer posts. There are additional officer positions for housing assignment, kitchen, mail room, booking and release, property, central control, transportation, classification, and medical. Staff make random security rounds in all the general housing units every hour or 30 minutes in special management units. The rounds are documented in the housing unit control logbook. Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are to be documented in the housing unit control logbooks (Activity Log Search) by the officers. The logs were reviewed during the tour and the housing correctional officer housing rounds and the unannounced rounds by intermediate-level and higher-level supervisors demonstrated compliance. Supervision is also provided through unit case workers.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. The facility is monitored by exterior and interior cameras, with a combination of fixed and pan tilt zoom (PTZ). There are 347 cameras that provides full coverage of the facility. From the previous audit, the facility has installed cameras in the inmate eating area of the kitchen (1); utensil room in the kitchen (1); booking cells 101, 102, and 103 (3); property room (1), housing unit G (1), and housing unit kitchenettes E3, DS3, C3, and DN3 (4). The facility also updated numerous cameras to digital and the multiplexer. Cameras are located throughout the facility including hallways, intake, kitchen, medical, commissary, laundry, program areas, special management housing, and housing areas. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time.

The primary mission of the Plymouth County Sheriff's Department is dedication to strengthening public safety through corrections and specialized support services for all criminal justice agencies. The Department maintains a secure facility for inmates held or sentenced for crimes as well as preparing them for reintegration back into society. Another part of the Department's mission is to protect society from criminal inmates while at the same time providing a professional and rewarding environment for staff. It is also the philosophy of the Sheriff's Department to hold the inmate at the lowest possible levels of security, consistent with public safety, with an appropriate range of services that recognize the individual needs of inmates.

The facility is managed by a Superintendent, Assistant Superintendents, and various department heads.

Summary of Audit Findings

The PREA Audit of the Plymouth County Correctional Facility found thirty-three (33) standards in compliance with twelve (12) of those standards exceeding the requirement of the standard. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Exceeds Standards: 12

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.13 Supervision and Monitoring
- 115.17 Hiring and Promotion Decisions
- 115.31 Staff Training
- 115.32 Volunteer and Contractor Training
- 115.35 Specialized Training: Medical and Mental Health
- 115.43 Protective Custody
- 115.67 Agency Protection Against Retaliation
- 115.71 Criminal and Administrative Agency Investigations
- 115.73 Reporting to Inmates
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse
- 115.86 Sexual Abuse Incident Reviews

Number of Standards Met: 33

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations for Investigation
- 115.33 Inmate Training
- 115.34 Specialized Training: Investigations
- 115.35 Specialized Training: Medical and Mental Health
- 115.41 Screening for Risk of Victimization and Abusiveness
- 115.42 Use of Screening Information
- 115.51 Inmate Reporting
- 115.52 Exhaustion of Administrative Remedies
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Staff First Responder Duties
- 115.66 Preservation of Ability to Protect of Inmates from Contact with Alleged Abusers
- 115.68 Post-Allegation Protective Custody
- 115.72 Evidentiary Standard for Administrative Investigations
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Offenders

115.82 Access to Emergency Medical and Mental Health Services
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
115.65 Coordinated Response
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction
115.401 Frequency and Scope of Audits
115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.15 Limits to Cross-Gender Viewing and Searches

- The Auditor identified that cross-gender announcements were not made consistently. The facility provided refresher training to all staff through a roll call read for three days. The refresher training stated, "The Unit Officer is required to conduct an Opposite Gender Announcement whenever a member of the opposite gender enters a housing unit. This announcement will be logged into the unit log in OMS."
- The Auditor during the tour identified potential cross-gender viewing areas. The Auditor closely reviewed video camera footage and identified potential cross-gender camera views for the strip cage 4 in segregation and for the toilets in seven cells in the intake area. Also identified two showers in the medical area that had cross-gender viewing potential. During the on-site audit, the facility corrected all the cross-gender viewing areas identified. The facility moved and positioned the monitors in the intake area, shower curtains were installed on the medical showers, and the camera view into the strip cage was pixelated to eliminate the potential for all cross-gender viewing.

115.33 Inmate Education

- Comprehensive education was not provided to inmates. The Auditor was told pre-COVID a video was shown to the inmates for comprehensive education. When discussed with the PREA Coordinator and PREA Manager, the Auditor was told pre-COVID a video was shown to the inmates for comprehensive education, and it appears the practice was stopped during the COVID protocols. The facility corrected the issue by changing the comprehensive training protocol for the management team to play the PREA video in the orientation unit and document the training through the signature of inmates. The facility corrected the practice during the on-site visit and provided documentation of comprehensive training with inmates that occurred during the audit.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

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/Compliance Manager? Yes No
- Is the PREA Coordinator/Compliance Manager position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator/Compliance Manager 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 Department's policies 100 Philosophy and Goals and 268 Sexual Abuse and Sexual Harassment of Inmates mandates zero tolerance towards all forms of sexual abuse and sexual harassment. Policy 100 states, "It is the policy of the Plymouth County Sheriff's Department that Sexual Misconduct with and/or Sexual Abuse or harassment of inmates of any kind occurring at the facility or in any other work-related

setting, will not be tolerated.” Policy 268 states, “It is the policy of the Plymouth County Sheriff’s Department to have zero tolerance towards all forms of sexual abuse and sexual harassment.” Policy 268 outlines the facility’s approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. The policy also provides procedural direction for the facility standards; evidence protocols and investigations; training and inmate education; screening and special housing assignments; inmate reporting; exhaustion of remedies; staff reporting and department duties; disciplinary sanctions; medical and mental health; incident review; and data collection and audits. Through observation of posters, educational handouts, review of the Plymouth County Sheriff’s Department PREA Informational Booklet, the Visitor’s Information Booklet and Inmate Orientation Handbook, and interviews with staff and inmates it was apparent that the department is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries an informational card that outlines the first responder requirements, zero tolerance, reference to Policy 268, and general PREA information. The zero-tolerance policy is publicly posted on the Department’s website.

The Department has appointed a PREA Coordinator that oversees the Department’s PREA compliance. Policy #103 Delegation of Authority states, “The PREA Coordinator is the manager appointed by the Sheriff to oversee that policies and procedures relative to the Prison Rape Elimination Act are adhered to and followed.” The Principal and Counsel Human Resources is the Department’s PREA Coordinator. She reports directly to the Assistant Superintendent and has direct access to the facility’s Superintendent and Sheriff. The Superintendent and PREA Coordinator indicated in their interviews that the PREA Coordinator has the authority to manage the facility’s PREA Program. The facility’s PREA program is managed by the PREA Compliance Manager with assistance from the Operations Specialist under the supervision of the PREA Coordinator. The PREA Coordinator has weekly interaction with staff along with formal monthly meetings. Monthly meeting, memos, updates, and policy reviews are provided for direction through the PREA Coordinator’s office. The PREA Coordinator was present during the audit and very active in the pre-audit process and the on-site audit visit. She indicated in her interview that her responsibilities include receiving notification alerts, reviewing all investigations, developing the annual report, conducting PREA audit tours and self-audits, conducting monthly PREA meetings, troubleshoot and identifying problems, and informing the Superintendent and Sheriff of issues and recommendations.

Policy 268 states, “The facility will designate a PREA Manager with sufficient time and authority to coordinate compliance efforts. The PREA Manager conducts investigations, conducts rounds in the housing unit, interviews any inmates/detainees/safe keeps with PREA related concerns, monitors for any instance of retaliation, and reviews PREA Risk Assessments.” At the facility level, the PREA Compliance Manager is responsible to oversee that policies and procedures relative to PREA and ensure facility compliance with the PREA standards and department policies. The current PREA Compliance Manager was appointed on January 22, 2020. The PREA Compliance Manager also is an Assistant Deputy Superintendent and a PREA Investigator. The position reports to the PREA Coordinator. The PREA Compliance Manager stated his responsibilities include PREA policy compliance, investigations, provide training for staff, the contact for other facilities, conducts walkthroughs of the facility for compliance review, interact with staff and inmates, observe practices for compliance within the facility to include searches and other PREA protocols, monitoring for retaliation, and the audit process. The PREA Compliance Manager stated he has enough time to manage all the PREA responsibilities. He stated he conducts facility rounds to ensure the PREA information and services are available to the inmate population. Inmates were able to identify the PREA Manager by name during the facility tour and during the interview process which demonstrates the active role and accessibility the staff have created at the facility. Staff and inmates both shared the positive impact the PREA Office has had on the facility and the availability and responsiveness of the PREA Manager. During the interview with the PREA Manager, he was knowledgeable of the facility’s PREA policies and procedures and his responsibilities for coordinating the facility’s efforts to comply with the PREA standards. He indicated he coordinates the facility’s efforts by his availability 24-hours a day, conducting staff and inmate training, conducting investigations,

attending monthly PREA meetings, attending inter-departmental meetings to share PREA updates and provide training, and identifying and discussing any concerns. The PREA Compliance Manager stated if a PREA standard compliance concern is identified, he would take action to correct the issue, inform the PREA Coordinator and Superintendent of the issue, develop a corrective action plan with appropriate staff, and follow-up to ensure the corrective action was completed. During the interview with the PREA Compliance Manager, he was familiar with the facility's PREA policies and procedures and the responsibilities for coordinating the facility's efforts to comply with the PREA standards and department policies. The PREA Compliance Manager was very knowledgeable and active in the audit process.

Through observation of bulletin boards, posters, review of inmate and staff handouts, and interviews with staff and inmates it was apparent the department is committed to zero tolerance of sexual abuse and sexual harassment. PREA informational posters are posted throughout the facility that indicates the zero tolerance of sexual abuse and sexual harassment, as well as, providing the methods to report. The Auditor determined compliance through the interview with the PREA Compliance Manager, review of department's policies, and review of the facility's organizational chart indicating the PREA Compliance Manager's position, and the and PREA Compliance Manager.

The agency's level of commitment exceeds the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. The agency has appointed both a PREA Coordinator and PREA Manager, as well as a PREA Committee who meets monthly to review and PREA concerns and conduct incident reviews. The facility also conducts internal PREA audits annually.

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*)

Policy 268 states, "In accordance with Policy 132, contractual agreements for the confinement of its inmates with private agencies or other entities, including other governmental agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." The agency does not contract for the confinement of inmates with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator and the facility's Superintendent.

Standard 115.13: Supervision and monitoring

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/Compliance Manager, 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/Compliance Manager, 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/Compliance Manager, 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 Department's Policy 268 outlines the requirement of a staffing plan. The policy states, "the facility will develop and document a staffing plan, taking into account a set of specific factors, that provide for adequate levels of staffing, and, where video monitoring, to protect inmates against sexual abuse. In circumstances where the staffing plan is not compiled with, the facility shall document and justify all deviations from the plan." The Staffing Analysis and the Annual Supervision and Monitoring Plan is conducted annually and the assessment 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 offender 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. This review is also outlined in the PREA Annual Report and Policy 111 Management Analysis Surveys and Evaluations. The staffing plan was based on the designed facility capacity of 1,140. The inmate population during the audit was 624 inmates and the average population for the audit period was 988. The PREA Manager stated the Annual Supervision and Monitoring Plan is developed with the PREA Coordinator, Superintendent, Assistant Superintendent, Assistant Deputy Superintendent of Operations, Assistant Deputy Superintendent of Maintenance, and input from department heads. The staffing plan is a written document that is maintained by the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Manager and is available for executive staff review.

The last annual review of the Staffing Analysis and the Annual Supervision and Monitoring Plan occurred on September 16, 2020. The Annual Supervision and Monitoring Plan outlined that additional posts were added due to the passing of the Criminal Justice Reform Bill and "PREA locks" were installed to further ensure safety by having doors lock open and CERT officers provide security in those areas when classes are conducted. There are no findings of inadequacy of judicial findings, Federal investigations, and/or internal or external oversight bodies. The PREA Team also completes an internal PREA pre-audit that includes an inspection of the facility's physical areas to assess the adequacy of video monitoring and any detrimental physical barriers. The PREA Team determined the physical inspection did not reveal any inadequacies and the video monitoring was excellent and physical barriers were negligible. The PREA Team did make recommendations to explore adding additional cameras in the booking area, garage, medical, and warehouse. The information from the internal audit is provided within the Annual Supervision and Monitoring Plan also. The PREA Manager noted there were no issues identified during the annual review or trends other than there has been a reduction of false PREA allegations.

The staffing positions at the Plymouth County Correctional Facility are allocated using methods recommended by National Institute of Corrections and approved by the American Correctional Association. The staffing levels are determined by the physical layout, daily operational needs, as well

as a minimum staffing level agreement negotiated by the administration and the union. It is the responsibility of the Shift Commander to ensure that a sufficient number of staff will be present throughout the facility on each shift. The Superintendent stated in his interview that the staffing analysis is based on good security practices and contractual obligations. By the contractual agreement, the facility is required to have a post for every 70 inmates and 2 posts for up to 139 inmates. The post assignments rotate every six months except for the special management housing which rotates annually. The facility complies with and maintains the staffing levels required. The Superintendent stated the minimum staffing is always maintained through overtime and if needed mandatory overtime. Policy 268 states, "The staffing plan is reviewed on a daily basis to ensure the safety of staff and offenders is maintained. This is accomplished by maintaining minimum staffing agreements and by utilizing overtime when necessary to ensure those levels are maintained." The staffing is reviewed daily by the Shift Commander of each shift and monthly reviewed by the PREA Team. The Auditor reviewed watch reports for various days that demonstrated compliance of adequate staffing and the use of overtime, if needed.

The facility operates three shifts. There are shift supervisors on all shifts with a Captain as the Shift Commander on each shift. Shift supervisors are assigned to each zone and department per shift. The housing unit and CERT officers are assigned per shift with first shift of 7:00 am – 3:00 pm with 53 officer posts, second shift of 3:00 pm to 11:00 pm with 51 officer posts, and third shift 11:00 pm – 7:00 am with 34 officer posts. There are additional officer positions for housing assignment, kitchen, mail room, booking and release, property, central control, transportation, classification, and medical. Supervision guidelines are provided through policy and post orders. The officers are required to read the post orders and acknowledge their understanding through a signature on the Acknowledgement Form. Supervision is also provided through unit case workers. The Auditor observed correctional officers and unit case workers making rounds and interacting with inmates during the on-site tour.

Staff make random security rounds in all the general housing units every hour or 30 minutes in special management units. The rounds are documented in the housing unit logbook. Policy 268 states, "Supervisors will conduct and document unannounced rounds to identify and deter staff from sexual abuse and sexual harassment. These rounds are documented in the unit logs." Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are to be documented in the housing unit control logbooks (Activity Log Search) by the officers and on the daily watch reports. The Shift supervisors interviewed for the intermediate or higher-level facility staff interviews stated they conduct unannounced rounds on each shift by changing the times and vary the pattern of rounds to every area that houses inmates and program and service areas. They stated unannounced rounds are documented in the housing unit logbook in the OMS system and on the shift watch report. Housing unit officers and inmates noted that supervisors make rounds each shift in the housing units. The logs were reviewed during the tour and the correctional officer rounds and the unannounced rounds by intermediate-level and higher-level supervisors demonstrated consistent rounds.

The Department's Policy 268 prohibit staff from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The policy states, "Staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. This is communicated to staff through policy and training." The supervisors stated that staff are trained not to alert staff that unannounced rounds are being conducted through annual in-service, musters, and policy. The supervisors indicated if a staff member was identified alerting other staff, training would be conducted immediately with the staff member and progressive discipline action could be started on the employee.

The agency exceeds the standard in the numerous ways the staffing plan is monitored and the monthly internal reviews and inspections for staffing compliance completed by the PREA Team. The administration active involvement in the staffing plan development and review, and actively making staffing adjustments as needed.

Standard 115.14: Youthful offenders

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*)

The facility does not house juvenile/youthful offenders under the age of 18. This was confirmed through interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager. A memo to file from the Superintendent stated, "The facility does not house juvenile inmates." The facility only

houses adult male inmates. This was verified by the Auditor through the review of the inmate roster.

Standard 115.15: Limits to cross-gender viewing and searches

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*)

The Department's policies 268 Sexual Abuse and Sexual Harassment of Inmates, 530 Transportation Plan, and 506 Facility Search Plan address inmate pat-down searches, strip searches, body cavity searches, and the limits of cross-gender viewing and searches. The department's policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy 268 states, "the facility shall not conduct any cross-gender strip searches or cross-gender body cavity searches absent exigent circumstances." Policy 530 outlines in the event of an emergency, cross gender searches are allowed. In the event of a cross-gender search, the Supervisor will be immediately notified, and all officers involved will forward a complete Incident Report via the Supervisor to the Superintendent or designee. Policy 268 also outlines that if an inmate search requires to remove all clothing or includes visual inspection of the anal cavity or genitals that the officer's gender identity shall be consistent with the inmates and provided further that such search shall not be conducted for the sole purpose of determining the genital status. Strip-searches must be conducted in relative privacy by the officers (two security personnel) of the same sex as the inmate, except in exigent circumstances. Policy 506 states, "It is the Department's policy that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners." If a cross-gender strip search or body cavity search occurs, the staff must document the search on an Incident Report via the Shift Command and Superintendent to the Sheriff no later than the end of shift. Although the facility had no cross-gender strip searches, two staff members were interviewed for the non-medical staff involved in cross-gender strip or visual search questions for procedure. Both staff stated a cross-gender search or visual search would only occur in an emergency situation and would have to be approved and directed by the Shift Commander. The PAQ and the PREA Manager stated there were no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during this audit period. The procedures were verified through the review of the department's policies and interviews with staff and inmates. Inmates interviewed stated they were not searched by staff of the opposite gender.

The Department's policies, #268 Sexual Abuse and Sexual Harassment of Inmates and #402 Unit Management, and practices observed allows all inmates the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Policy 268

states, “inmates shall be allowed 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.” The facility has also developed gender specific posts for the viewing of cameras in the control centers and observation cells to prevent cross gender viewing. The housing areas all provide a barrier or curtain designated for inmate privacy during clothing changes, showering, or performing bodily functions. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor closely reviewed video camera footage and identified potential cross-gender camera views for the strip cage 4 in segregation and for the toilets in seven cells in the intake area. Also identified two showers in the medical area that had cross-gender viewing potential. During the on-site audit, the facility corrected all the cross-gender viewing areas identified. The facility moved and positioned the monitors in the intake area, shower curtains were installed on the medical showers, and the camera view into the strip cage was pixelated to eliminate the potential for all cross-gender viewing. The inmates have privacy during the state of undress, showering and performing bodily functions. A posting in the dorms state, “If you are housed in a dormitory unit, to avoid any cross gender viewing due to the number of cameras in the unit, you are encouraged to change in the shower area.” The Inmate Orientation Handbook also informs inmates, the handbook states, “If you are housed in a dormitory unit, to avoid any cross gender viewing due to the number of cameras in the unit, you are encouraged to change in the shower area.” The Post Orders also state, “Relief will be utilized to ensure that inmates on suicide watch are able to use the toilet without security staff of the opposite gender being able to view them.” The Auditor was told that the inmates are informed to notify the officer, if opposite gender, when they need to use the toilet so a relief officer of the same gender will provide supervision. The inmates interviewed stated they had privacy to change clothes, shower, and perform bodily functions without female staff observing.

The Department Policy 268 states, “staff of the opposite gender shall announce their presence when entering an inmate housing unit. This announcement is documented in the unit log.” The Auditor reviewed the housing logbooks for announcements, which were documented in the logbooks. Staff indicated they announce female in the housing unit through the intercom when a female enters the housing unit. The Auditor observed opposite gender staff announcing their presence when entering the housing units. The announcements were not made consistently. The Auditor recommended a refresher directive to be shared with staff requiring cross-gender announcements per policy. The facility provided refresher training to all staff through a roll call read for three days. The refresher training stated, “The Unit Officer is required to conduct an Opposite Gender Announcement whenever a member of the opposite gender enters a housing unit. This announcement will be logged into the unit log in OMS.” During the random inmate interviews, the inmates stated that announcements are made over the intercom that a female is entering the housing unit. The inmates also acknowledged they were never fully naked in front of a female staff member.

The Department policy 268 states, “the facility shall not search or physically exam a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during a conversation 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.” Interviews with staff confirmed these practices and their knowledge of the policy language. The review of the policy and training lesson plans demonstrated the reinforcement of these policies during the annual training. The facility noted there were no searches of this manner during the audit period.

The Department’s Policy 268 states, “security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs.” When staff were interviewed on how a transgender pat-down search would be completed, the majority of the staff indicated the transgender/intersex inmate could request the gender of the staff they are most comfortable with to

conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. Staff acknowledged this training was conducted during orientation, annual in-service, and musters. Interviews with staff confirmed these practices, as well as the review of the PREA Training lesson plan reinforcing these policies for the annual in-service training, Field Training, Orientation PREA Training, and PREA Response for Supervisors. All staff received training in conducting pat-down searches, cross-gender pat-down searches, searches of transgender and intersex offenders in a professional and respectful manner. The training is documented through training roster reports.

The facility does not house female inmates. However, the department may transport female inmates. Policy 530 states, "Under normal circumstances male officers will search, and apply or remove restraint equipment from male inmates, and female officers will search, and apply or remove restraint equipment from female inmates."

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

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 facility takes appropriate steps to ensure that inmates that are limited English proficient (LEP) and inmates with disabilities (deaf, hard of hearing, blind, have low vision, limited reading skills and/or cognitive disabilities) have the opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 268, Policy 401 Booking

and Admission, and Policy 109 Program/Facility Access for Inmate's with Disabilities state, "The Plymouth County Sheriff's Department shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, limited reading skills, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, and limited reading skills, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, The Plymouth County Sheriff's Department shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164." The Superintendent stated the facility practices comply to ensure all inmates have the opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment through staff interpreters and the language interpretation services. The facility has a contract with Language Line Solutions and Sign Language Interpreting Services for interpretation services. Copies of invoices documenting the use of the interpretation services were provided for verification of practice and services.

The PREA information is communicated orally and in written format in a manner that is clearly understood by the inmate, including those who are LEP, deaf, visually impaired, or otherwise disabled as well as inmates who have limited reading skills. This is accomplished through the facility's Inmate Orientation Handbook in English, Spanish and Portuguese and the Reporting Posters in English, Spanish, Portuguese, and Braille. All the offender telephones have volume control. The facility utilizes telephonic TTY services to aid staff in communicating important information to each deaf or hard of hearing inmate or through written materials, lip reading, exchange written notes, and use of sign language interpreters. For inmates with low vision or blind, staff is trained to assist the inmate by reading the PREA information to them and using enlarged fonts to assist their comprehensive of policies and procedures. The facility also has PREA information in Braille on the Reporting Poster. Staff indicated they would read information to the inmate if needed. Inmates that may have intellectual, psychiatric, or speech disabilities would be provided education and services as any other inmate and if needed, would be referred to the American Disabilities Coordinator and medical services for assistance. Two inmates that were visually impaired were interviewed, one inmate stated he was provided a magnifier reader to use, and the staff read information to him, and the other inmate stated the staff read paperwork to him. Both acknowledged that staff accommodate them as needed. Both inmates knew how to report an allegation through the phone, to a staff member, and submitting a request slip.

The facility utilizes bilingual staff to provide instructions and assistance based on the preferred language of the inmate and interpretation services. The facility maintains a Bilingual Staff List that covers all shifts. Inmates requiring assistance in other languages or when a staff interpreter is not available will be provided services through telephone interpretation services. Policy 268 states, "it is the policy of the Plymouth County Sheriff's Department to provide access to Interpreter Services when a language barrier exists between inmates and staff. These instances will be documented in OMS. Pursuant to PCCF 482, the facility will utilize bilingual staff to interview inmates if the situation does not lend itself to the use of telephonic interpreter service during the course of an investigation." Four LEP inmates were interviewed with an interpreter in which Spanish was their main language. The inmates stated they received papers and the handbook in Spanish. Two inmates acknowledged information was provided through a translator over the phone and the other two acknowledged a staff interpreter provided the information. All stated that staff assist when needed or they are taken to medical to utilize the phone for interpretation services.

All the LEP inmates knew how to report an allegation through the phone number, telling a staff member, or submitting a request slip. All use of interpretation services is documented in the OMS.

Policy 268 states, "the facility will not rely on inmate interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, or an investigation. These instances will be documented in OMS." The Superintendent stated the facility would use interpretation services or staff interpreters and would not use inmate interpreters. The facility noted there were no instances where inmate interpreters or readers were utilized during the audit period. This directive is provided to staff through orientation and annual in-service training.

The staff interviews indicated that staff were aware how to provide meaningful access to inmates on all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in a manner they could understand. Staff also stated they would communicate with inmates through a staff interpreter and /or the language line services if there was a language barrier. They would not use an inmate and to the best of their knowledge they do not know of an instance when an inmate was utilized.

Standard 115.17: Hiring and promotion decisions

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 review of the Department's policies 201 Selection and Hiring Procedures for the Plymouth County Correctional Facility, 217 Contractors and Contracted Staff, and 268 Sexual Abuse and Sexual Harassment of Inmates, it was determined that the agency has established a system for conducting criminal background checks for new employees, contractors, and volunteers 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 settings; 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 such sexual activity. Policy 268 states, "The Plymouth County Sheriff's Department shall consider any incidents of sexual harassment or sexual assault in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Upon hire, employees acknowledge their obligations to disclose current and past sexual abuse and misconduct. Through the application and / or interview process, employees must also confirm the statements 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." The PDSO Employee Handbook states, "Pursuant to the Prison Rape Elimination Act, applicants for positions that may have contact with inmates who have 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; have been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to give consent or refused; or, have been civilly or administratively adjudicated to have engaged in such activity are ineligible for employment." The facility's Policy 201 Selection and Hiring Procedure for the Plymouth County Correctional Facility states, "The Plymouth County Sheriff's Department shall 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." The employment application form, Plymouth County Sheriff's Department Application and Personal History Statement, requires the employee 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. Policy 268 also states, "Policy and the employee rulebook governs that an applicant or employee who provides false or inaccurate information or documentation in the application process shall be grounds for termination." The Auditor reviewed nine staff and two contractor personnel files, the files demonstrated staff and the contractors were asked the three administrative questions as part of the application process. The Human Resource Administrative staff stated an individual would not be hired if there was an affirmative answer to any of the administrative adjudication questions. It was also stated through the interview that the Department would consider any incidents of sexual harassment in determining whether to hire or promote

anyone or to enlist the services of any contract who may have contact with the inmates.

The facility's Policy 201 Selection and Hiring Procedure for the Plymouth County Correctional Facility states, "Personnel background checks investigations will be conducted, as a minimum, vis CJIS, NCIC, Board of Probation, previous employers, and references. When the Sheriff or designee deems necessary, further investigation may be conducted. Candidates successfully completing the foregoing process will be referred for further interviews, as required by the Sheriff or designee." Policy 268 states, "The Plymouth County Sheriff's Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates." The Department completed background checks on all current employees in 2013 for compliance with the new PREA regulations and conducts background checks on all new applicants, contractors, volunteers, staff promotions, and five-year background checks for staff. The Human Resource Administrative staff stated in his interview that all individuals considered for employment receive a background check as part of the application process as well as any contractor and volunteer and these background checks are conducted prior to selection for interviews. The staff information is provided to the Warrant Apprehensive Unit who conducts the initial background check for applicants. The Warrant Apprehensive Unit also conducts background checks for staff considered for promotions and the five-year staff background checks. The Communications Center completes the contractors and volunteers initial and annual background checks. The background checks are conducted through the Massachusetts Board of Probation, Massachusetts State Warrant Management System (WMS), National Criminal Information (NCIC) and other national databases. There were 45 criminal background checks completed for applicants and staff promotions and 445 completed contractor and volunteer background checks for the audit period. The personnel files reviewed documented the initial background check for staff, contractors, and volunteers. Of the nine personnel files reviewed, six employees were employed longer than five years and had their five-year background checks completed. The facility exceeds the standard with the annual background checks for the contractors and volunteers.

Policy 268 requires "All staff also have a duty to report any contact with law enforcement by reporting it to their direct supervisor. The information will be submitted to the internal affairs department for investigation." Policy 217 Contractors and Contracted Staff states, "The Plymouth County Sheriff's Department shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (F) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. These employees are under a continuing affirmative duty to disclose any such misconduct." The employees annually complete the Employee Acknowledgement of Receipt Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements 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. Policy and the Employee Rulebook governs that an applicant or employee who provides false or inaccurate information or documentation in the application process shall be grounds for termination. The Human Resource Administrative staff stated that all employees and contractors are required to report any previous misconduct by policy to their supervisor or administration. Once reported the Department would investigate all violations. The Human Resource Administrative staff also stated there were no occurrences during this audit period where a disclosure was made for a PREA related issue.

Policy 268 states, "The agency shall 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 consistent with Massachusetts General Law." The Human Resource Administrative staff stated the Department would absolutely provide information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee. However, the Department only provides copies of these confidential documents contained in an active or former employee's file when a waiver allowing the release of information is provided by the employee. The waiver authorization must be signed and dated by the active or former employee prior to the request. The Human Resource Administrative staff stated there were no instances during this audit period.

The Department exceeds the standard for the extensive background process completed.

Standard 115.18: Upgrades to facilities and technologies

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*)

Policy 268 states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, or upgrading any video monitoring system, electronic surveillance system or other monitoring technology, the facility shall consider the effect of the design, acquisition, modification upon the facility's ability to protect inmates from sexual abuse. Camera needs are identified through investigation reviews, recommendations from staff and considerations of how to implement security supervision." The Superintendent stated that the Department considers when installing or upgrading the electronic monitoring security system or any modifications to the facility, if needed, how it would enhance the inmate population protection from sexual abuse. The PREA Team also completes an internal PREA pre-audit that includes an inspection of the facility's physical areas to assess the adequacy of video monitoring. The PREA Team determined the physical inspection did not reveal any inadequacies and the video monitoring was excellent. The PREA Team did make

recommendations to explore adding additional cameras in the booking area, garage, medical, and warehouse.

The Plymouth County Correctional Facility has not made any substantial expansions or modifications of the existing facility. The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and outside of the buildings. The facility is monitored by exterior and interior cameras, with a combination of fixed and pan tilt zoom (PTZ). There are 347 cameras that provides full coverage of the facility. From the previous audit, the facility has installed cameras in the inmate eating area of the kitchen (1); utensil room in the kitchen (1); booking cells 101, 102, and 103 (3); property room (1), housing unit G (1), and housing unit kitchenettes E3, DS3, C3, and DN3 (4). The facility also updated numerous cameras to digital and the multiplexer. Cameras are located throughout the facility including hallways, intake, kitchen, medical, commissary, laundry, program areas, special management housing, and housing areas. The outside perimeter and administrative building are also observed through cameras. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time.

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 evidentiary 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 agency's Policy 513 Investigations and Evidence Control states, "To the extent The Plymouth County Sheriff's Department is responsible for investigating allegations of sexual abuse, The Plymouth County Sheriff's Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Plymouth County Sheriff's Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The Department utilizes and follows the PCSD's PREA Uniform Evidence Protocol on evidence protocol. The policy and procedures, Policy 513, and PREA Uniform Evidence Control and the PREA Uniform Evidence Protocol, outlines evidence protocols for basic stages of crime scene management, overview of crime scene management, crime scene elements, role as investigator, survey of the scene, detailed search, record and collect physical evidence, crime scene documentation, evidence packaging, and the release of the crime scene. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition.

The policy and the PREA Uniform Evidence Protocol provide an extensive guideline for staff to follow for investigations including preserving and obtaining usable physical evidence and referring an allegation for investigation. Random staff interviewed understood the protocols for obtaining usable physical evidence. They stated the area where the allegation occurred would be secured until an investigator arrived on scene, the inmates would be separated, and the involved inmates would be asked not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes. Evidence protocols are also outlined in the PCCF Facility PREA Coordinated Response Plan. The Auditor interviewed the facility's Investigator/PREA Manager who oversees the investigation process and conducts inmate-on-inmate and staff-on-inmate administrative investigations. The Sheriff's Office and/or the Plymouth Police Department conducts the criminal investigations. The Investigator's interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol.

The agency's Policy 620 Special Health Care Practices states, "The Plymouth County Sheriff's Department shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Plymouth County Sheriff's Department shall document its efforts to provide SAFEs or SANEs." All alleged victims of sexual assault who require a forensic exam are taken to Beth Israel Deaconess Hospital in Plymouth for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. The hospital has a twenty-four (24) hour emergency department with a SANE nurse on call. The facility has an agreement with the hospital for SANE services and agrees to comply with the provisions set forth in the Prison Rape Elimination Act of 2003 dated January 29, 2014. The agreement notes the Emergency Department is

staffed around the clock with trained emergency room physicians, nursing personnel and other ancillary staff. Other medical specialties including Sexual Assault Nurse Examiners (SANE) are on call and are available to the hospital on very short notice. An interview was conducted with a SANE from the Beth Israel Deaconess Hospital Emergency Room regarding the SANE services provided at the hospital. The nurse noted the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. There was one (1) alleged victim of sexual assault who required a forensic exam that was conducted at the hospital by a SANE. The inmate was no longer housed at the facility for interview. The PREA Manager and healthcare staff confirmed the forensic exams are conducted at an outside hospital.

Policy 620 states, "The Plymouth County Sheriff's Department shall attempt to make available a victim advocate from a rape crisis center. The facility has an MOA agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate reference providing telephone numbers for various crisis centers and hotlines." The facility has a MOU agreement with Health Imperatives – A New Day, a certified rape crisis center. This agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one-to-one counseling at the facility. The agreement is dated July 3, 2013. This rape crisis center information is posted in the housing areas for inmate reference. The posting also provides telephone numbers for various rape crisis centers in Massachusetts and the National Sexual Assault Telephone Hotline. The Auditor interviewed a representative from the rape crisis center, and she confirmed trained advocates provide emotional support, crisis intervention, information, and referrals. The interview with the PREA Manager indicated that advocacy services are provided through the MOU and the facility also has trained staff victim advocates if needed. The PREA Manager also indicated all inmates would receive the information on how to obtain victim advocacy services once an allegation is reported and the information is available on housing unit postings.

Policy 268 states, "the facility will attempt to make available a victim advocate from a rape crisis center. The facility has an MOA agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate reference providing telephone numbers for various crisis centers and hotlines." Policy 620 also states, "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general." The facility utilizes facility trained PREA Victim Advocates to support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. The Superintendent has appointed a Case Worker and Sergeant as PREA Victim Advocates. The staff received training through Health Imperatives – A New Day, the training was Violence Intervention and Prevention Sexual Assault Counselor/Advocate Training as documented through certificates.

The facility's Investigator conducts the administrative investigations and the Sheriff's Office can conduct the criminal investigations. However, the facility refers all sexual abuse investigations to the Plymouth Police Department for investigation also. The PREA Manager will notify the Plymouth Police Department of any allegation for investigation and further action. The facility made a request to the Plymouth Police Department on October 17, 2013, to follow the standard requirements for investigations. The

correspondence also states the PREA Manager will refer all allegations of sexual assault to the Plymouth Police Department for any consideration and action deemed appropriate. The Investigator stated the facility has a good working relationship with the Plymouth Police Department and confirmed all sexual abuse allegations are referred.

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's Policy 513 Investigations and Evidence Control states, "The Plymouth County Sheriff's Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The policy also states, "The Plymouth County Sheriff's Department shall have in place a policy 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. The Plymouth County Sheriff's Department shall publish such policy on its website or, if it does not have one, make the policy available through other means. The Plymouth County Sheriff's Department shall document all such referrals." The facility's Investigator conducts the administrative investigations and the Sheriff's Office and/or the Plymouth Police Department conducts the criminal investigations. The PREA Manager will notify the Plymouth Police Department of any sexual abuse allegation for investigation and further action. The facility is to begin an administrative investigation immediately following a reported allegation. Once an allegation is reported and the supervisor is notified, an investigation would be started immediately. The Investigator stated the investigation would be started immediately after notification following a report of sexual abuse or harassment. If after work hours, the Investigator would be called-in for the investigation.

All allegations are investigated and reported with outcome findings through written investigative reports. Documentation of the administrative investigations is maintained in the PREA Investigators/PREA Manager's office. The interviews with the Investigator who conducts the inmate-on-inmate and staff-on-inmate administrative investigations demonstrated the knowledge of facility's investigation responsibilities and the investigation partnership with the Plymouth Police Department. The Investigator stated the facility has a good working relationship with the Plymouth Police Department and confirmed all sexual abuse allegations are referred. The roles and responsibilities of each investigative agency was clearly defined and understood.

The agency's policy is available on the Department's website <http://www.pcsdma.org/prea.html>. The website information states, "Referrals to investigatory agencies pursuant to PCSD policy, allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior." The PCDS PREA informational booklet for the public states, "PREA incidents reported will be fully investigated by the Plymouth County Sheriff's Department and when determine necessary forwarded to an outside Law Enforcement Agency for further investigation."

There were 26 allegations reported during the audit period, 7 staff-on-inmate, 18 inmate-on-inmate, and 1 unknown-on-inmate. Of the staff-on-inmate allegations, 2 were sexual abuse (1 unfounded and 1 substantiated) and 5 sexual harassment all unfounded. Of the 18 inmate-on-inmate allegations, 4 were sexual abuse (3 unfounded and 1 unsubstantiated) and 14 sexual harassment (5 unfounded, 6 unsubstantiated, and 3 substantiated). There was one allegation by an inmate with an unknown alleged abuser. The facility completed the investigation with an outcome of unfounded. All potential criminal cases are referred to the Plymouth City Police Department. Two cases were referred to the Plymouth City Police Department during the audit year. The referrals to the Plymouth Police Department were documented by emails within the investigative file. The Auditor reviewed 14 investigations files, and all had completed investigations documented by written investigative reports.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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 Department's Policy 268 and training curriculums PREA Training and PREA Supervisor Training address all the PREA requirements and outlines the training requirements. Policy 268 states, "The Plymouth County Sheriff's Department shall train all employees who may have contact with inmates on: its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." Policy 216 Training and Staff Development states, "A training plan and curriculum will be developed, evaluated, and updated based on annual needs assessments that identify current job-related training needs and provides for on-going formal evaluation of all pre-service, in-service, and specialized training programs. Such assessments take into account the gender of the inmate population. A written report is prepared annually." Training records, staff interviews, policies, and the training curriculums reviewed indicated the training includes all training elements of the standard.

The initial training occurs at pre-service/orientation, each staff member attends this training prior to being assigned to the facility. PREA training is also provided annually through the annual in-service training for all staff. Each employee is required to attend annual in-service. Additional training occurs during staff muster briefing with different topics and electronic field training competency for PREA updates and general information refreshers. The orientation training is 160 hours with 40 hours completed prior to assignment which includes the PREA training. The annual in-service is 40 hours with PREA as part of the curriculum. Staff during interviews acknowledged the numerous methods they received training. Gender specific information is provided through the lesson plan and is also documented on the training roster. The Pre-Audit Questionnaire indicated all staff had completed training as well as documented through training rosters. After interviews with the PREA Manager, the Superintendent, and the PREA Coordinator and review of the training rosters, it was determined all facility staff have received training.

A review of nine staff training files demonstrated all staff had completed the orientation and annual in-service training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, coordinated responses to an incident of sexual abuse, and references policy #268 Sexual Abuse and Sexual Harassment of Inmates. The facility exceeds the standard with the requirement of staff to complete training annually as a refresher instead of every two years as required by the standard and the issuance of the PREA Informational card to all staff.

Policy 268 states, "The agency shall document, through employee signature or electronic verification that employees understand the training they have received." New employees receive the training as part of the pre-service/orientation training. Training is documented through the signature of the employee on Training Roster Form and a written test, the Field Training Competency Form PREA. All training is maintained in the facility's training database for each employee. A selection of nine staff training files was reviewed, all staff had completed the pre-service/orientation training and annual in-service which includes PREA.

Interviews of random staff and general questions asked of staff during the tour clearly indicate staff is knowledgeable on how to perform their responsibilities in prevention, 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 trainings and facility updates.

Standard 115.32: Volunteer and contractor training

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 inmates receive PREA training prior to assuming their responsibilities. Policy 268 states, "The agency shall ensure 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. 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received."

During the facility's orientation volunteers and contractors receive PREA training prior to the individual providing services to the inmates. The medical/mental health, commissary, and food service staff are contractors within the facility. These contractors have annual in-service training with the facility staff. Two contractor's training records were reviewed, and the files demonstrated the contractors received training and documented they understood the training through a signature on the Employee Acknowledgement of Receipt Form. They acknowledge they have received training and a copy of the Plymouth County's Sheriff's Department regulations governing the prohibition of Sexual Abuse and Sexual Harassment of Inmates (Policy #268) and they understand the training received. The three contractors interviewed (food service, mental health, and commissary) noted completing annual PREA training with facility staff. The food service and commissary contractors also acknowledged completing PREA training through their companies, Keefe and Trinity Food Service. The contractors were knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated if they were informed of an incident, they are to separate the inmates, preserve the crime scene, and report immediately to the shift supervisor and/or the PREA Manager.

Volunteers receive PREA education through the Volunteer Training Plan and the PREA Handout for Volunteers and Contractors. This training is completed prior to the individual providing services to the inmates. The training covers zero-tolerance, responsibilities surrounding PREA, that all our mandatory reporters and will be held liable is failure to make a report, how allegations can be reported, reporting requirements, first responder protocols, definitions of sexual acts and abuse, opposite gender announcements, prohibitions on sexual misconduct with inmates, and retaliation. The training ensures that volunteers have a full understanding of the PREA requirements, the zero-tolerance policy, and informed of how to report such incidents. The training is documented through Facility Acknowledgement of Receipt for the Volunteer Orientation Guide and PREA Acknowledgement for Contractors/Volunteers with Limited Contact with Inmates and Limited Time spent in the Correctional Facility. The individual signs and dates the form and it is witnessed by the staff member conducting the training. Three volunteer files were reviewed, and all complied with the training requirements. There were no volunteers available during the on-site audit to interview due to the COVID pandemic protocols.

The facility exceeds the standard by providing annual training and refresher training as needed to all volunteers and contractors.

Standard 115.33: Inmate education

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 Plymouth County Correctional Facility provides a comprehensive offender PREA education to the inmate population beginning at intake into the facility. The Department policies, 268 and 404 Intake Orientation and the Inmate Orientation Handbook, address the PREA education for inmates. at intake. Policy 268, states “Inmates must understand the facility’s policies and procedures in order to know that they will be kept safe and that the facility will not tolerate their committing sexual abuse. Pursuant to Policy 404 inmates will be informed of the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and education on how to report any such incidents. At intake into the facility, staff provide offenders with information through a PREA pamphlet, offender handbook (available in English, Portuguese, and Spanish) that explains the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During the intake process, an informational video is playing that includes PREA information. The PREA information is provided again to the offender by staff during the Inmate Orientation Program either by video or in person. The offender acknowledges the training by signing the PREA Statement Receipt which is also signed by the staff member.” Policy 404 states, “During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.” At intake into the facility, staff provide inmates information through a PREA pamphlet, the Inmate Orientation Handbook (available in English, Portuguese, and Spanish) that explains the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During the intake process, an informational PREA video is playing, Speaking UP, on a constant loop. The intake staff interviewed stated the PREA educational information is provided at intake through the Inmate Orientation Handbook, video, and PREA posters in the area. They indicated they explain the information to the inmate and point out the posters on the walls with information and the reporting hotline number. They stated the inmate receives the Inmate Orientation Handbook that provides PREA information and the rules and regulations. The staff interviewed stated the inmate received the PREA information usually within an hour of arrival and in most cases within 5 minutes. The intake staff stated the intake process is the same for all new intakes and transferred inmates. The inmate signs the Standard Issue Property Form acknowledging receiving the Inmate Orientation Handbook. The Inmate Orientation Handbook, section PREA Information covers zero tolerance, the right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse, prevention, self-protection, how to report sexual abuse, how to receive treatment and/or counseling, methods of reporting, avoiding sexual assault, what happens when you report an incident of sexual abuse, PREA definitions, common reactions of sexual abuse victims, reporting of sexual assaults, the PREA hotline, calls are confidential and your name or BOP number is not required; methods of reporting, availability of third-party reporting, access to outside confidential services for emotional support, PREA definitions, prohibitions on sexual misconduct with inmates, disciplinary action, medical and mental health care, assistance, grievances, and investigation. The Auditor confirmed this process during an observation of the intake process for a new intake. During the audit period, 3,910 inmates were admitted to the facility. The Pre-Audit Questionnaire indicated all inmates received educational information at intake. Based on the process the Auditor

observed, all inmates receive the information during the intake process. The random inmates interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls.

Policy 404 states, "The Plymouth County Sheriff's Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." The intake staff explained during intake a staff member will ask the inmate what language they understand. They shared the most common language is English with Spanish and Portuguese the other common languages. The facility has bilingual staff that can provide the PREA education in Spanish, Portuguese, and a few other languages. If the inmate communicates in another, the staff will utilize the Language Line to communicate with the inmate. The inmates interviewed acknowledged receiving the handbook during intake in a language they understood, and the information was explained to them by staff. The LEP inmates interviewed stated they received the handbook in Spanish, and it was explained to them by bilingual staff or through a language line interpreter. The Auditor reviewed 13 inmate files and 11 of the files demonstrated PREA intake information was provided on the day of intake and documented through the inmate signature on the Standard Issue Property Form Intake Screening Form. The facility utilizes telephonic TTY services to aid staff in communicating important information to each deaf or hard of hearing inmate or through written materials, lip reading, exchange written notes, and use of sign language interpreters. For inmates with low vision or blind, staff is trained to assist the inmate by reading the PREA information to them and using enlarged fonts to assist their comprehensive of policies and procedures. The facility also has PREA information in Braille on the Reporting Poster. Staff indicated they would read information to the inmate if needed. Inmates that may have intellectual, psychiatric, or speech disabilities would be provided education and services as any other inmate and if needed, would be referred to the American Disabilities Coordinator and medical services for assistance.

Policy 404 states, "Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." The zone Unit Manager or Case Worker is responsible for conducting the comprehensive education through showing and discussing the Orientation Video within 30 days to the housing unit inmate population. The inmate acknowledges the comprehensive training through a signature on the PREA Statement Receipt which states "I have received a copy of the Plymouth County Sheriff's Department's PREA Statement and have been advised of my rights and responsibilities in accordance with the Prison Rape Elimination Act". The facility reported 1,585 offenders' length of stay was over 30 days and the PAQ stated all inmates received comprehensive education within 30 days of intake. Random inmates interviewed stated they received education through the handbook and staff discussing PREA with them. During the interviews with inmate and staff, the inmates acknowledged not seeing a video and staff indicated a video was not shown to inmates. Auditor reviewed 13 inmate files, only 7 files demonstrated comprehensive PREA education within thirty days. When discussed with the PREA Coordinator and PREA Manager, the Auditor was told pre-COVID a video was shown to the inmates for comprehensive education, and it appears the practice was stopped during the COVID protocols. The facility corrected the issue by changing the comprehensive training protocol for the management team to play the PREA video in the orientation unit and document the training through the signature of inmates. The facility corrected the practice during the on-site visit and provided documentation of comprehensive training with inmates that occurred during the audit.

Policy 268 states, "In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates/ detainees/ safe keeps through posters, inmate handbooks, or other written formats." The inmates have continuous and readily available PREA education through posters and the Inmate Orientation Handbook. The PREA informational posters are posted in English, Spanish, and Portuguese throughout the facility. Through random inmate interviews and

discussions with inmates on the facility tour, inmates acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, the handbook, and through information posted in the housing units. Informational PREA Posters were posted in the housing units, dayrooms, program areas, and work areas. Inmates were able to explain how to report an incident and were aware of the zero-tolerance policy.

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 Department's Policy 216 Training and Staff Development states, "Staff assigned to conduct investigations involving sexual assault/ harassment shall receive additional training that shall include: Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings (where appropriate), sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Plymouth County Sheriff's Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The specialized training lesson plan Massachusetts Department of Corrections Sexual Assault Investigators Training includes sections on Sexual Assault Timeline, Sexual Assault Evidence Gathering, Sexual Assault Interviewing Tactics, and Investigation Outcomes – Prosecution Overview. The training includes 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 training is a three-day course.

The facility has 8 trained investigators who have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the Investigator's interview and review of the training records including training certificates of all investigators.

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 Department's Policy 216 Training and Staff Development states, "The agency shall 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; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees in accordance with Policy 217 or for contractors and volunteers in accordance with Policy and PCCF 485, depending upon the practitioner's status at the agency."

The healthcare staff receive specialized training for sexual abuse and sexual assault, through lesson plan Inmates as S.A.N.E. Patients. The training was conducted through the Massachusetts Sexual Assault Nurse Examiner Program. The training includes detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; proper reporting of allegations or suspicions of sexual abuse and assault, forensic exam process, model of care, responding appropriately, evidence collection and documentation, and prophylaxis and testing. The healthcare specialized training was documented through a training roster signed by the healthcare staff verifying all healthcare staff trained. The healthcare staff attend orientation training prior to assignments and annual in-service training with the facility staff to receive annual PREA refresher training as documented through training rosters.

The five-healthcare staff interviewed (2 medical and 3 mental health) stated they received specialized training for medical and mental health staff annually through a powerpoint presentation conducted by a SANE nurse. The healthcare staff interviewed were able to explain how to detect signs of sexual abuse and assault; how to preserve physical evidence of sexual abuse; and how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The healthcare staff were able to explain the reporting requirements for allegations of sexual abuse and sexual harassment.

The healthcare staff do not conduct forensic exams, per interviews with healthcare staff, policy, and the PAQ. Through the healthcare staff interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the exam.

The facility exceeds the standard with the annual specialized training for healthcare staff, as well as, annual PREA refresher training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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 nonconforming 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*)

in the policies #268 Sexual Abuse and Sexual Harassment of Inmates, #401 Booking and Admissions, and #420 Classification Plan. Policy 268 states, "Inmates will be screened for risk of being sexually abused or sexually abusive and that screening information will be used to inform housing, bed, work, education, and program assignments. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive." Policy 401 states, "All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument."

The intake officers are trained to complete the intake risk screenings forms. The staff interviewed indicated that the risk screening is completed upon arrival and always within twenty-four hours of the inmate's arrival. The staff stated the inmate does not leave the booking area until the intake screening is completed. The facility had 3,910 inmate intakes during the audit period, the PAQ indicated that a risk screening was completed on all inmates. During random inmate interviews, the majority of the inmates indicated they remember being asked the risk assessment questions on the day of their arrival. Of the 13 inmate files reviewed, all files had completed intake risk screening. Nine of the risk assessments were completed the day of arrival, the other four did not have a date of completion. This information was shared with the PREA Coordinator and PREA Manager. The facility conducted training with the intake officers and classification staff on the requirement of properly filling out of the PREA intake and assessment forms. Documentation of the training was provided to the Auditor prior to the end of the on-site audit. The Case Workers interviewed stated the screening for risk is conducted within 24 hours, usually within minutes of arrival. This process was adjusted under COVID operations, the risk screening was completed within the quarantine unit instead of the intake area. In the beginning of the COVID protocols, some risk screenings were not completed until the inmate completed quarantine. This process has adjusted back to the normal practice.

This risk screening is completed on the Initial PREA Risk Assessment Form. The risk assessment forms conform to the elements of the standard and ask further defining information. The vulnerability identifiers questions include: have you previously experienced sexual victimization; are you or have you ever been a victim of a sexual assault or rape while incarcerated; have you ever been placed in protective custody for sexual acts against you while incarcerated; are you currently under psychiatric care, a patient of the DMH or the DMR; do you have any mental health limitations; do you have any physical disabilities; do you have any developmental disabilities; are the inmate's crimes exclusively non-violent; do you claim to be gay or bi-sexual; are you a member of the LGBTIQ community or gender non-conforming; have you ever been sexually abused or victimized outside the correctional setting; have you ever been placed in protective custody for violent acts against you while incarcerated; have you ever been involved in or been victimized by the sex industry; do you perceive yourself as vulnerable or easily taken advantage of; is the inmate being detained for Civil Immigration status only; is the inmate small in stature; is this a first time incarceration; what is your current age; and is the inmate under 18 years of age or over 65 years of age. The predatory identifiers are: is the inmate a predator or have a history of predatory sexual behavior while incarcerated; have you ever touched someone sexually, against their will or forced anyone into sexual activity; do you have any STG / Gang affiliation; have you ever physically assaulted anyone; have you ever physically assaulted anyone while incarcerated; do you have a history of strong-arming while

incarcerated; do you have an institutional history of violence; have you ever been administratively segregated for violent acts while incarcerated; do you have a history of counseling or treatment for assaultive behavior while incarcerated; do you have any anger management problems; have you ever received counseling or treatment for assaultive behavior; are you a registered sex offender; do you have any prior convictions for rape or child abuse; have you ever been charged with rape or child abuse; do you have any prior convictions for domestic violence; do you have any documented violations of a 209A order; do you have a history of sexual activity while incarcerated; and have you ever been administratively segregated for sexual acts while incarcerated. The risk screening tool is scored based on the number of "yes" responses. In section one for Vulnerability Identifiers, if an inmate has five or more "yes" responses the inmate is designated a potential victim and if "yes" to predetermined questions then the inmate is designated a known victim. An affirmative answer to specific questions also requires an automatic referral to mental health. In section two for Predatory Identifiers, if an inmate has five or more "yes" responses then the inmate is designated as a potential predator and if "yes" to predetermined questions then the inmate is designated as known predator. Again, an affirmative answer to specific questions also requires an automatic referral to mental health. If there is no scored designation, then the inmate is coded no designation. The inmate signs the Initial PREA Risk Assessment form acknowledging the answers are correct. During the random inmate interviews, most inmates indicated they remember being asked these questions on the day of their arrival and usually within an hour of arrival to the facility. The Auditor observed a risk screening of a new intake. The inmate stated he had been at the facility before and was already asked these questions. The officer explained during each intake the PREA risk screening questions had to be asked. The inmate scored as a predator and a referral to mental health was made. The practice observed by the Auditor conformed to policy and procedures and the standard requirement. Of the 13 inmate files reviewed, 4 inmates scored as a known victim and 4 inmates scored as a potential predator.

Policy 420 states, "Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to this section." The Case Workers interviewed stated they reassess the inmate's risks of victimization and abusiveness about 3 days from the date of the initial assessment, during COVID it averages about between 7-14 days. The reassessment is documented on the Classification: PREA Risk Assessment form. A Case Worker interviewed also stated they review the inmate's classification at 60 days, 90 days, and every 30 days thereafter. During this process, they also consider any PREA concerns that may change the risk assessment of the inmate. The average length of stay in custody is 71 days. The PAQ indicated that 1,585 inmates had reassessments completed which were all the inmates with stays longer than 30 days. Of the 13 inmate files reviewed, 11 inmates had a reassessment completed within 30 days. The majority of inmates interviewed acknowledged being asked the PREA questions again and stated they were asked by classification.

Policy 420 states, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The Case Workers interviewed stated a reassessment warranted to a referral, request, incident of sexual abuse, or receipt of additional information is completed by the PREA Manager. Upon review of the inmate files that reported sexual abuse, reassessments were completed.

Through review of the facility's policies and confirmed through staff interviews, disciplining inmates for refusing to answer or not providing complete information in response to certain screening questions is prohibited. Policy 420 states, "Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to this section." The Case Workers

interviewed stated the inmate does not have to answer questions and can refuse. They will try to obtain the information through reviewing the inmate's information and they will encourage the inmate to answer by explaining it assists in the determination of housing placement to protect them. The information may also be obtained during the reassessment.

Policy 420 states, "The Plymouth County Sheriff's Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." The Case Workers stated only the housing placement officer, classification staff, booking officers, support staff in booking, unit management staff, investigators, and other staff that need to know have access to the inmates' risk assessments. The PREA Coordinator stated the information is protected by password with restrictions based on the staff's computer permission levels.

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 facility's policies 420 Classification Plan and 268 Sexual Abuse and Sexual Harassment of Inmates address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy 268 states, "Housing and bed assignments will be reviewed during the classification process (In accordance with PCCF 420); assigned by the Housing Officer after a PREA assessment and a PREA designation is completed during the classification process and be the cause for recommendations to the housing officer for such assignment.

If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification officer, housing placement officer, and security supervisor to determine housing assignment. The PREA Manager is informed of the offender's risk level. If there is a housing placement concern, a PREA Risk Assessment Housing Conflict email is shared with all appropriate staff. Work, education, and program assignments will be made by utilizing classification information from the facility computer. Assignment information utilized will include, but not be limited to classification levels, PREA designations, and incarceration history (current and previous).” During the initial risk assessment process, inmates are assigned numeric designations of “1” for known or potential victim, “2” for known or potential predator, and “0” for no designation. The inmates are first assigned to the Orientation Unit to complete the classification process prior to further housing, work, and program assignments. Within the Orientation Unit, the facility utilizes the risk assessment and the scored designations to make bed assignments to ensure inmates deemed high risk for sexual victimization are separated from those likely to be sexually abusive. With the Orientation Unit being a dormitory setting, the designated “1” and “2” inmates are housed on opposite sides of the unit and limiting the inmate stay in the orientation unit to 72 hours. The inmates are under direct supervision and supplemental supervision also through camera monitoring. Policy 420 states, “Upon arrival at the Orientation Unit, or when necessary, another housing unit, each newly admitted inmate is assigned the Caseworker responsible for that unit. When an inmate is moved to another housing unit, his Caseworker will be the one who is assigned to that new housing unit. Classification Officers are responsible to ensure that appropriate intake and admission procedures have been completed, chair an Intake Classification hearing, and will assist the inmate with initial classification activities, as follows: complete an Intake Classification Report, used to determine the individual's classification plan, by interviewing the inmate to determine personal information and history, mental attitude and adjustment, needs and aspirations, concerns, etc; explaining the purpose and process of classification; and discussing housing and programming options that may be available.” Policy 420 also states, “The Plymouth County Sheriff's Department shall make individualized determinations about how to ensure the safety of each inmate.” The facility utilizes the “1” and “2” designations throughout the inmate's incarceration for any housing, work, program, and bed assignments. During the interviews with the PREA Manager and the Case Workers, they stated it is the responsibility of the Unit Team Management to run a housing roster list daily to review housing to ensure no designated “1” and “2” inmates are housed together. It is also the responsibility of the housing placement officers and the unit staff to review the designations when moving the inmate to another housing placement to ensure the inmate is separated from the opposite designated inmates, if required.

During the on-site visit, the Auditor observed the classification process. The Case Worker reviewed the initial risk screening and then completed the Classification PREA Risk Assessment along with other classifications forms by asking and discussion with the inmate. During COVID, all inmates are initially housed in the quarantine unit in single cells for 14 days. After the 14 days of quarantine, a review of the classification assessment is completed, and appropriate housing/bed placement is made. Pre-COVID the inmate was housed in the Orientation Unit during this classification process. The housing/bed and program assignments are made on a case-by-case basis. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification officer, housing placement officer, and security supervisor to determine housing assignment. Through inmate and staff interviews and the classification observation, it was determined that the facility addresses the needs of the inmate consistent with the security and safety of the individual inmate.

The agency's policy 268 states, “Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis. They will be reassessed at least twice each year to review any threats of safety experienced by the offender.” Policy 420 states, “In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, The Plymouth County Sheriff's Department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments

for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration." Policy 420 also states, "Transgender inmates shall be housed in a correctional facility with inmates with the same gender identity; provided, that the placement shall be consistent with the prisoner's request, unless the sheriff or a designee of the sheriff certifies in writing that the particular placement would not ensure the prisoner's health or safety or that the placement would present management or security problems." The Case Workers interviewed confirmed that a transgender or intersex inmate housing and program assignment would be made on an individual basis and consideration of the inmate's own views would be considered. They noted this is completed by the PREA Manager. The PREA Manager stated that he meets and talks with the transgender or intersex inmate before the inmate leaves the booking area. He also stated it is important to involve the inmate's views within the housing placement and program assignment process as much as possible. The discussion with the inmate will include assessing any problems or issues the inmate may identify and the inmate's own views for housing based on security and safety. The PREA Manager also stated for the reassessment every six months, there would be risk reassessment completed, a review of all housing assignments, review of any disciplinary tickets, and any other factors that are identified. The classification review would be conducted as a classification meeting with the classification officer and the PREA Manager. He added this occurs throughout a transgender and intersex confinement and not just every six months. A reassessment would also be conducted if there was any incident. The PREA Manager noted there has not been any transgender or intersex inmate that has been housed longer than six months. The Auditor interviewed a transgender inmate who stated during booking PREA was discussed with him. He stated the classification officer and PREA Management met with him and discussed housing placement and if there were any concerns for his safety within the unit. He was asked if he felt safe in general housing, was told to report to staff any concerns, and was given information specific for transgenders. The inmate stated he felt safe at this facility, not like other facilities he has been housed. Notes in the file demonstrated the PREA Manager met with the transgender inmate. The inmate shared he was comfortable being called by male identifies such as him, he, or sir and had no special requests regarding the search or shower protocols. The PREA Manager's PREA Climate Report also noted the transgender inmate was monitored for five months. The review consisted of but was not limited to monitoring housing and program changes, disciplinary reports, negative performance reviews, and any other conflicts. The transgender inmate had no issues and appeared to have acclimate well to institutional living. During the audit period, there was one inmate reported feeling at imminent risk of sexual abuse. The inmate stated this fear during the intake process as a transgender who identifies as a female. The facility took this into consideration during the housing placement and placed the inmate in medical housing.

Policy 420 states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." During the interview with the transgender inmate, he stated he was offered to shower in another area, however, he was okay in the unit with the single shower with curtains. He said he felt safe showering within the housing unit. The Case Workers and the PREA Manager stated in the housing units there are single stalls with shower curtains to provide privacy and in the dorms; the transgender inmate would shower during off hours when the unit is locked down or in another location.

The agency's policy 420 states, "The Plymouth County Sheriff's Department shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates." Of the eleven identified LGBTI inmates, interviews were conducted with one gay, one bi-sexual, and one transgender inmate. These inmates indicated they were not housed in dedicated housing, and all felt safe at the facility. The Auditor reviewed the housing assignments of the inmates, and it demonstrated the inmates are housed throughout the facility. The PREA Manager stated LGTBI inmates are not housed in dedicated units and the facility has no consent decree, legal settlement, or legal

judgement requiring the agency to develop a dedicated housing unit.

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 268 Sexual Assault and Sexual Harassment of Inmates and the facility's policies 401 Booking and Admissions, 402 Special Management Inmates, and 420 Classification Plan outlines inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available housing alternatives has shown that there are no means of protecting the inmate. Policies 401, 402, and 420 state, "Inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment." Policy 268 states, "Pursuant to Policy 420 and Policy 421, victims of sexual abuse or sexual harassment will not be kept in segregated housing against their will unless a determination is made that there is no available alternative means of separation, and even then only under specified conditions outline in Policy 420." Policy 421 also states, "The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged." The Superintendent stated the facility would not use administrative segregation for housing of inmates at high risk of sexual victimization. If other housing is needed than general population, the facility would utilize housing in the medical area. He stated the goal is to keep the inmate in general housing under direct supervision. The Superintendent also stated if an inmate is placed in administrative segregation, which does not occur, the inmate would be housed for a minimum time until another housing option could be determined. Through other staff interviews, staff indicated that other housing placements would be considered prior to involuntary segregation housing including using medical and booking cells for safe

zone housing. If an inmate is placed in involuntary segregation housing, an Administrative Segregation Order form is completed which states the reason for segregation, location of housing assignment, and any comments. The Medical Officer is notified, and the inmate's chart is reviewed to identify if there were any medical issues that would preclude the placement. Then the Shift Commander approves the placement in administrative segregation and signs and dates the form. If the inmate requests protective custody, the Request for Protective Custody is completed with an explanation why the request was made. This form is forwarded to the Superintendent who approves the placement. The Captain who supervises inmates in segregated housing stated inmates are not typically placed in administrative segregation and usually housed in medical if needed and that administrative segregation would be the last resort. There were no inmates housed in involuntary segregation housing during the audit period per the PAQ and interviews with the Superintendent, Captain, and other staff.

Policy 421 states, "Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." The Captain stated inmates would have access to programs, privileges, education, and work opportunities. The inmates would receive packets to allow continued access to anger management, substance abuse, and therapy programming as well as access to staff for assistance and questions. The inmates would receive privileges the same as the general population other than television, including visitation, phone calls, canteen, recreation, and library books, and law library materials as requested. For education, the inmates would receive educational packets and have opportunity to GED classwork and testing. The work opportunities would be limited to unit workers for the inmate's safety. The Captain stated that programming, privileges, work opportunities, and education would only be restricted through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction.

Policy 421 states, "Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population." If an inmate would be placed in involuntary administrative segregation housing, the inmate would have a daily review conducted by the Captain and a weekly review every Tuesday by the Classification Review Team. The team consists of the Captain, the protective custody zone Case Manager, mental health, housing officer, Assistant Deputy Superintendent and/or the Major. The Captain also stated he talks to the inmate daily to access any needs or concerns. This procedure and practice exceed the standard requirement of reviews every thirty (30) days. Although the facility has not held an offender in involuntary segregated housing, the Auditor reviewed the process by the team documentation of other offenders housed in segregation.

REPORTING

Standard 115.51: Inmate reporting

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 Plymouth County Correctional Facility has established procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. Policy 268 Sexual Abuse and Sexual Harassment of Inmates states, "The agency provides multiple ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The Plymouth Police Department,

County District Attorney, and the Rape Crisis Center information are all provided to inmates as a method for private reporting to an outside agency. This information is provided either in the inmate handbook and/or on poster in housing unit.” PREA reporting methods are shared with inmates at intake, during orientation, in the Inmate Orientation Handbook, pamphlets, and on posters throughout the facility. Inmates can report verbally and in writing to staff, write the Plymouth Police Department, report through the grievance system, utilize third party reporting, call the confidential hotline #9060, call the rape crisis hotline, or send an anonymous through a request slip. Inmates may also report allegations in writing to the Plymouth Police Department as an outside agency or call the rape crisis center hotline. The Inmate Orientation Handbook outlines the reporting methods available to the inmate population. The housing units have PREA information posted strategically in the housing units providing inmates readily accessible on how to report an incident, methods for reporting sexual misconduct, and PREA reporting numbers. reporting sexual misconduct, PREA reporting number, and the PREA Compliance Manager’s name. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English, Spanish, Portuguese.

Reports to the confidential hotline, rape crisis center hotline, and the Plymouth Police Department may be made confidentially and remain anonymous upon request. The Plymouth Police Department immediately forwards any reports of sexual abuse and sexual harassment to facility officials for investigation including any information regarding the allegation and the victim(s) name unless the victim has requested to stay anonymous. There were no allegations during this audit period reported to any outside agency. During the formal and informal inmate interviews, most inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to a staff member. They also were able to identify other options available to them for reporting including telling a staff member, calling the hotline, submitting a request slip, writing a grievance, writing the police department, and contacting their family or friend. The 26 allegations were reported, through the PREA hotline (1), verbally to security staff (14), grievance (3), verbally to non-security staff (4), letter to the Assistant Deputy Superintendent (1), request slip (1), sick call slip (1), and reported during an investigation (1). These reporting methods were demonstrated through review of policies and procedures, the Inmate Orientation Handbook, posters throughout the facility, review of investigative files, and interviews with inmates and staff.

The facility does hold ICE detainees. The detainees are provided the same reporting information as all inmates. They also have postings and information in the ICE Detainee Handbook that provides a toll-free number to the Department of Homeland Security Inspector General and address for Homeland Security for writing to report an allegation.

The Auditor tested the reporting numbers posted in the housing unit. The PREA hotline number required a pin, which would identify an inmate and not allow an anonymous call. The National Sexual Assault telephone number was restricted, and the local rape crisis center, A New Day, number was not connecting. The facility worked with the phone vender to allow access to the National Sexual Assault organization and the emotional support service numbers. The vender also set up a PREA line that would allow the inmates to make a private, free, and anonymous call which is pin free. This was accomplished while the Auditor was on-site.

Policy 268 states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports of sexual abuse or sexual harassment.” Staff interviewed indicated they were aware of the reporting methods available to inmates to report sexual abuse and sexual harassment. Staff were also knowledgeable on the ways inmates could report to any staff member and their responsibility in the reporting process. Staff acknowledged through interviews that they would report immediately any allegation to a supervisor and/or PREA Manager and document it through a written report immediately. Staff also shared that the information would not be shared with other staff unless there was a need to know. Through the review of the investigative files, allegations reported to staff were reported immediately and an incident report was written.

Policy #268 also states, "Staff shall be allowed to privately report sexual abuse and sexual harassment of inmates in the following ways: calling the PREA hotline, mailing / submitting a report to the PREA Manager, utilize the department website (www.pcsdma.org/PREA), and when necessitated, notify an outside Law Enforcement Agency (normally the Plymouth Police)." Staff interviewed were knowledgeable on the methods they could report privately sexual abuse or harassment of an inmate. They stated they could report privately through a confidential report in the computer, call the PREA hotline, call the Plymouth Police Department or State Police, contact the in-house Intelligence office, and directly to the PREA Manger or PREA Investigator. The reporting requirements and informational process is provided to staff through training, employee policies, and employee handbook.

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 policy 268 Sexual Abuse and Sexual Harassment of Inmates, the facility's policy 491 Inmate Grievance Procedure, and the Inmate Orientation Handbook outlines the administrative procedure for inmate grievances regarding sexual abuse and harassment. The facility provides the grievance procedures to inmates at intake with the issuance of the Inmate Orientation Handbook. Policy 491 states, "The Plymouth County Sheriff's Department shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The Plymouth County Sheriff's Department shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The Plymouth County Sheriff's Department shall 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, and such grievance is not referred to a staff member who is the subject of the complaint." Policy 268 states, "Pursuant to Policy 491, the facility will not impose a time limit on when an inmate may submit a grievance regarding allegations of sexual abuse. Pursuant to Policy 491, the facility shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Pursuant to Policy 491, an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint." During the random interview process, inmates indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them for reporting including filing a grievance. An inmate may file a grievance through the electronic mail on the KIOSK or by written form. Grievance boxes are posted within each housing area. The Grievance Coordinator stated in an interview that any PREA related grievances received are reported immediately to the PREA Manager/Investigator to start an investigation. There were three allegations reported through the grievance process during the audit period. The three reported grievances were all sexual harassment, two regarding another inmate and one regarding staff. All were determined unfounded. The

Grievance Coordinator stated the allegations made were inmates trying to change cells as determined through the investigations.

Policy 491 states, "The Plymouth County Sheriff's Department shall 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 shall not include time consumed by inmates in preparing any administrative appeal. The Plymouth County Sheriff's Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Plymouth County Sheriff's Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level." Through a review of the grievances, it was demonstrated the grievances were handled in a timely and proper manner. All allegations were forwarded to the PREA Manager for investigation. The investigations were completed immediately, and responses provided to the inmates within the appropriate time frame. This was also documented through the review of the timeframes in the investigation files. There were no extensions required.

Policies 268 and 491 state, "Third parties including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such request on behalf of inmates." Policy 491 states, "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. If the inmate declines to have the request processed on his or her behalf, The Plymouth County Sheriff's Department shall document the inmate's decision." There were no third-party grievances filed on behalf of an inmate.

Policies 491 and 268 state, "The Plymouth County Sheriff's Department shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, The Plymouth County Sheriff's Department shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document The Plymouth County Sheriff's Department's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance." There were no emergency grievances filed during this audit period per the Grievance Coordinator and the PAQ.

Policy 491 states, "Inmates who file legitimate written complaints under the provisions of this procedure will not be subject to reprisal or punitive actions because of such filing." The Inmate Orientation Handbook states, "Guarantee Against Reprisal: Inmates who file legitimate written complaints under the provisions of this procedure will not be subject to reprisal or punitive actions of such filing." The facility had no disciplinary actions against an offender for having filed 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's policy 268 Sexual Abuse and Sexual Harassment of Inmates and the facility's policy 620 Special Health Care Practices state, "The Plymouth County Sheriff's Department shall attempt to make available a victim advocate from a rape crisis center. The facility has an MOA agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate reference providing telephone numbers for various crisis centers and hotlines." The emotional support information is provided to the inmates upon intake to the facility through the Inmate Orientation Handbook and posted throughout the facility on the PREA posters which provide contact information for the rape crisis center.

The facility's Policy 482 Inmate Telephone System states, "Attorney telephone calls are neither monitored nor recorded except as specifically permitted by law. All other calls are subject to being recorded and/or monitored at any time. Calls made to the Rape Crisis Center Hotline are not recorded to allow for confidentiality per PREA Standard 115.53." The Inmate Orientation Handbook informs the inmates that all telephone calls at the facility are subject to being recorded. The Auditor shared the conflicting information with the PREA Coordinator and PREA Manager who assured the Inmate Orientation Handbook would be updated. The posters in the housing also note that calls to the rape crisis center are

confidential.

Policy 620 states, "The Plymouth County Sheriff's Department shall attempt to make available a victim advocate from a rape crisis center. The facility has an MOA agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate reference providing telephone numbers for various crisis centers and hotlines." The facility has a MOU agreement with Health Imperatives – A New Day, a certified rape crisis center. This agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one-to-one counseling at the facility. The agreement is dated July 3, 2013. This rape crisis center information is posted in the housing areas for inmate reference. The posting also provides telephones numbers for various rape crisis centers in Massachusetts and the National Sexual Assault Telephone Hotline. The Auditor interviewed a representative from the rape crisis center, and she confirmed trained advocates provide emotional support, crisis intervention, information, and referrals. The interview with the PREA Manager indicated that advocacy services are provided through the MOU and the facility also has trained staff victim advocates if needed. The PREA Manager also indicated all inmates would receive the information on how to obtain victim advocacy services once an allegation is reported and the information is available on housing unit postings. The two inmates interviewed that reported sexual harassment stated they were given a sheet of information with services available to them and that it was also posted on the walls.

The inmates interviewed were not aware of services available outside of the facility for dealing with sexual abuse and emotional support services. However, the facility provides the information with contact numbers and addresses to the inmates in numerous methods as demonstrated through the Inmate Orientation Handbook and posters in the housing areas.

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 policy 268 Sexual Abuse and Sexual Harassment of Inmates states, "The facility will establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. This information is provided to inmates in the Orientation Handbook. Third Party Reporting

methods include: the PREA Hotline, Plymouth PD, the department website, etc.” The third-party reporting information is available on the facility’s website and through information posted in the facility lobby for the public. The information is also available through the Visitors Information Booklet which states, “The Plymouth County Correctional Facility provides the opportunity for third party reporting of incidents or claims. You may report an incident that you may have become aware of by calling The Plymouth County Sheriff’s Department Confidential Reporting Line 1-508-732-1817. You may leave a recorded message reporting an incident and leave your name and telephone number so we can follow up on your report.” The facility’s website provides links (File PREA Report and File Anonymous PREA Report) as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault and sexual harassment. The website states, “File a PREA incident report by clicking below. If you do not wish to submit your name or to be contacted by Law Enforcement personnel, please use the anonymous form.” Third party reporting can also be accomplished through contacting the hotline, PREA Coordinator, and PREA Manager. During interviews with staff and inmates, all were aware that allegations can be reported through a third-party. The inmates stated their family, friends, or another inmate could report for them. There were no third-party reports during the audit period.

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 268 Sexual Abuse and Sexual Harassment of Inmates and the PCSD Employee Handbook outlines the reporting requirements for staff. Policy 268 and the Employee Handbook state, "All staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against an inmate or staff who reported such an incident, and any staff negligence or violation of responsibilities that may have contributed to an incident or retaliation. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions." Policy 268 also states, "Staff shall be allowed to report sexual abuse and sexual harassment of inmates in the following ways: calling the PREA hotline, mailing / submitting a report to the PREA Manager, notifying a supervisor, and when necessitated, notify an outside Law Enforcement Agency (normally the Plymouth Police Department)." This is covered with staff in the annual in-service training, pre-service training, and muster briefings. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their immediate supervisor, Shift Commander, and/or PREA Manager. They also indicated they would document the report through an informational report. Staff interviewed also stated information would only be shared with the supervisor and other staff on a need-to-know basis. Through the review of the investigative files, staff reported any reported allegation to their shift supervisor or Shift Commander who reported it to the PREA Manager/Investigator. The reporting requirement is the same for volunteers and contractors. The Superintendent stated all allegations are reported immediately to an investigator and if after hours the investigator would be called back to the facility for the investigation.

Policies 268 Sexual Abuse and Sexual Harassment of Inmates and 620 Special Health Care Practices address the medical and mental health staff reporting requirements for sexual abuse. Policy 268 states, "Medical and Mental health practitioners shall report sexual abuse pursuant to Policy 620 and Policy 650 and shall inform the inmate of their duty to report and the limitations of confidentiality at the initiation of service. Medical and Mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report after the offender provides consent." Policy 620 states, "Medical and mental health practitioners shall 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." Five healthcare staff interviewed stated they disclose the limitations of confidentiality and duty to report to the inmate during the initial medical intake assessment and at the beginning of each visit; indicating confidential will be maintained as much as possible. Confidentiality and the duty to report would be discussed again with a sexual abuse victim when the inmate is brought to medical. They stated they would report any allegations or information to a shift supervisor, Shift Commander, and/or the PREA Manager immediately. Three allegations during the audit period were reported to mental health staff. All staff reported the allegation immediately as documented in the investigative files. A mental health staff member interviewed acknowledged reporting an allegation reported to her. She indicated she reported immediately to the zone shift supervisor. This was documented in the investigative file reviewed by the Auditor.

Policy 268 states, "If the inmate is considered a vulnerable adult, the Plymouth County Sheriff's Department will report the allegation to the appropriate state agency." The Superintendent stated there are no state requirements for reporting, however, if so, the facility would follow all reporting state mandates to the appropriate state agency to investigate. The PREA Coordinator stated the facility houses no inmates under the age of 18 and would report to an outside agency if applicable. There were no allegations from vulnerable adults reported for the audit period per the interviews with the Superintendent and PREA Coordinator. The facility does not house juveniles/youthful offenders.

The agency's Policy 513 Investigations and Evidence Control states, "The Plymouth County Sheriff's Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The Superintendent and the PREA Manager/Investigator stated that all allegations are reported are investigated. All allegations reported were investigated based on the review of the investigative files.

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 268 states, "When an agency learns that an inmate is at substantial risk of sexual abuse, the PCCF will take immediate action to protect the inmate by activating one of the following procedures: change the inmates housing assignment (when necessary), make an immediate medical referral, make a mental health referral, other referrals, as appropriate, and remove the offender to segregation." These staff responsibilities are covered for all staff in the annual in-service training, pre-service training, and muster briefings. The Superintendent stated the inmate would be separated from the area for protections and housed in alternative housing, although not administrative housing. Staff would look at an alternative housing unit for safety and care of the offender, start an investigation, and provide mental health counseling to the inmate. All staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse; to immediately separate the inmate from the area, to keep the inmate safe and separate from other inmates; notify the supervisor; and write an informational report.

During the audit period, there was one inmate reported feeling at imminent risk of sexual abuse. The inmate stated this fear during the intake process as a transgender who identifies as a female. The facility took this into consideration during the housing placement and placed the inmate in medical housing.

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 268 states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility the Superintendent of the Plymouth County Correctional Facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification should take place as soon as possible, but no later than 72 hours after receiving notification. Such notification will be documented." In the audit period, there were five allegations reported at the facility that an inmate was abused while confined at another facility. The facilities were notified by the facility through email with an attached letter from the Superintendent usually within twenty-four (24) hours of the notification and always within the required 72 hours. Three of the allegations were reported the same day as the report, one the next day of the report, and the one within 48 hours. The notifications include how and when the allegation was made, the date of the incident, the alleged perpetrator(s), and summary of the incident. The email also includes a copy of the informational report. The facility requests from the other facility any relevant information in order that the facility may inform the inmate as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded. The Superintendent stated the allegation is reported to the other facility's Superintendent/Facility Administrator. This process was confirmed through the interviews with the Superintendent, PREA Manager/ Investigator, and the documentation of the notifications.

The agency's policy 268 also states, "When an allegation is received from another agency or facility that an inmate was sexually abused while in the custody of the Plymouth County Sheriff's Department the employee receiving the allegation will immediately report the allegation to their immediate supervisor, verbally and in writing. The Supervisor will ensure that the PREA Team is contacted. The PREA Manager will ensure that the allegation is investigated in accordance with these standards, (When necessary utilizing IPS Officers who are trained in sexual assault investigations)." The Superintendent stated if another facility reported an allegation occurred at PCCF, an investigation would be started as with an allegation, and he would request the other facility to collect any information for the investigation. Once the investigation was completed, he would inform the other facility of the investigative outcome in order for the facility to inform the inmate of the outcome. The PAQ and the Superintendent noted there were no reported allegations from another facility during the audit period. The facility provided documentation of a reported incident from the previous year to document the process. Once the facility received the reported allegation from another facility, the investigation was assigned and completed by the Investigator.

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 policy 268 Sexual Abuse and Sexual Harassment of Inmates and facility's policies 402 Unit Management and 513 Investigations and Evidence Control requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. Policy 402 states, "Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." Policy 268 states, "Pursuant to Policy 402, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged abuser from the alleged victim; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and, if the abuse occurred within a time period that still allows for the collection of physical evidence, 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, drinking or eating. In all instances, the alleged abuser and the alleged victim should be considered physical evidence and should be treated as such. Security staff are provided with PREA Information cards outlining this process. If the first responder is not a security staff member, the first

responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

Through random interviews with staff, it was demonstrated that staff were knowledgeable in the steps as a first responder: 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; and contact a supervisor. The first responder responsibilities are covered in pre-service training, annual in-service training, and during muster briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and the reporting requirements. The random non-security staff members interviewed indicated they would contact a shift supervisor immediately and request the inmate not to destroy any evidence. The Shift Commander will make further notifications to the Superintendent, medical, mental health, PREA Manager, and PREA Investigator.

Of the 26 reported allegations, seven were alleged sexual abuse and the first security staff member to respond separated the alleged victim and abuser. Only one allegation was reported within a time frame that still allowed for the collection of physical evidence. In this case, the area was protected and preserved for the collection of evidence and the inmates were requested to take no action to destroy evidence, and the supervisor was notified. The two first responders interviewed outlined the first responder responsibilities that was taken to ensure the safety of the inmate including separating the alleged victim from the abuser, place the inmates in a safe secure area, secure the area as a crime scene, preserve the evidence, notify the shift supervisor, notify medical, and document the allegation. The one security staff first responder was notified of the allegation by health care staff. He stated he removed the inmate from the situation and took to an officer to interview. The other inmate was moved to a booking cell for separation. Notification was made to the shift supervisor and the Investigator. The physical evidence collected were linens and the inmates’ articles of clothing. The officer requested the victim and the alleged abuser not to destroy evidence. The victim was taken to medical for assessment and mental health for an evaluation. The Investigator started the investigation. The other staff member stated the allegation involved a staff member. The staff member was not in the area and the inmate was housed in a single cell. The first responder protocols were followed. The inmate refused medical attention. The Investigator started the investigation immediately.

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 agency’s Policy 268 Sexual Abuse and Sexual Harassment of Inmates outlines the coordinated effort

between security staff, investigator, medical and mental health services, outside hospital, and victim advocate. Policy 268 states, "The facility shall maintain a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse." The plan, PREA Coordinated Response Plan, provides a systemic notification and response following a reported sexual abuse incident. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. The coordinated actions are recorded on the Sexual Assault Investigation Timeline. Interviews with the Superintendent, PREA Coordinator, and the PREA Manager acknowledged a commitment by the facility leadership for handling a coordinated response. The PREA Coordinator and the PREA Manager stated the PREA Team meets every month to discuss and evaluate the process of investigations and response process. The coordinated response was also documented within each investigative file reviewed. The Superintendent stated the PREA Coordinated Response Plan outlines responsibilities of all individuals involved in the process by providing step-by-step procedures for staff to follow during an incident and all staff are trained in their responsibilities for a PREA incident. He stated the point of contact to oversee the process is the PREA Coordinator and the PREA Manager. The Coordinated Response Plan is covered at pre-service and annual in-service for staff. During staff interviews with the multidisciplinary team, staff detailed their responsibilities in their coordinated efforts during an incident.

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 agency's Policy 268 states, "The Plymouth County Sheriff's Department shall not enter into or renew any agreement that limits its ability to remove alleged staff abusers from contact with inmates pending an investigation or disciplinary proceeding." The policy also states, "Collective Bargaining Agreements governing facility staff state that the Sheriff or his designee shall have the right to discipline or discharge an employee for just cause." Policy 230 Employee Discipline and Terminations states, "For certain employees, under state law and/or an applicable Collective Bargaining Agreement, there must be "just cause" for disciplinary action to be imposed. Generally, there is "just cause" when the employee had

forewarning or foreknowledge (actual or constructive) that the conduct or action was improper or prohibited or the employee may properly have been expected to have known that such conduct or action was not permitted; the rule, order, regulation or standard of conduct violated was reasonable; and the Department made an effort to determine whether the employee committed the offense before it took disciplinary action.” The policy also states, “Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.” The Plymouth County Sheriff's Department and Correctional Facility has three collective bargaining agreements, the Association of County Employees, National Correctional Employees Union, and National Correctional Employees. The effective dates of the agreements are July 1, 2017, through June 30, 2020. The agreements have language under the Article of Discharge and Discipline that states, “Sheriff or his designee shall have the right to discipline or discharge an employee for just cause.” Policy #230 Employee Discipline and Terminations supports the standard language also. Although, the contracts had expired prior to the on-site audit, the PREA Coordinator provided that pursuant to the Duration Clause of each Collective Bargaining Agreement, the agreement remains in full force and effect after its expiration and during negotiations for a subsequent agreement. Tentative Agreements were negotiated and are waiting the approval by the Governor's Office. The Superintendent stated an employee has the right to due process through the disciplinary process and would be terminated for cause if determined substantiated.

There were seven allegations reported regarding staff during the audit period, two were staff-on- inmate sexual abuse and five staff-on-inmate sexual harassment. All the sexual harassment investigation outcomes were unfounded, one sexual abuse was determined unfounded, and one investigation was substantiated. For the case substantiated, a no physical contact order was activated during the investigation and then staff member was terminated through the disciplinary process once substantiated.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?

Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policies 268 Sexual Abuse and Sexual Harassment of Inmates outlines protection of all inmates and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or inmates. Policy 268 states, "Retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with investigations is prohibited. The PREA Manager shall monitor retaliation as follows: for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. The facility will review items such as inmate disciplinary reports, housing, or program changes, or negative performance evaluations or reassignment of staff in monitoring for retaliation. The Plymouth County Sheriff's Department shall continue such monitoring beyond the 90 days if the initial monitoring indicates a continuing need. The PREA Manager shall document information on why any housing, job, or program change was made to ensure the changes were not made for retaliatory reasons." The agency's Policy 240 Employee Assistance Program states, "The Plymouth County Sheriff's Department shall provide emotional support services for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations."

The Superintendent appointed the PREA Manager as the PREA Retaliation Monitor on January 22, 2020. The PREA Manager monitors for retaliation for at least 90 days following a report of sexual abuse with the monitoring occurring at least every 30 days and the monitoring is documented through a weekly PREA Climate Report and the PREA 90 Day Monitoring Form. The PREA Manager stated he monitors the inmates and/or staff on a weekly basis, although the facility's protocol only requires monthly checks, and documents the weekly contact on the weekly PREA Climate Report. Additional contacts are made with inmates during housing rounds or when contacted by the inmate or staff member. As part of the monitoring the inmate's file is reviewed for changes that may reflect retaliation concerns including grievances, hotline calls, discipline, housing changes, programs changes, change in the inmate behavior, monitoring of phone calls and mail, program participation, and input from staff. The inmate may have a housing unit change, informed how to contact the PREA Manager, and discuss different options for preventing retaliation. For staff monitoring, he reviews sick time, discipline, and information from other staff members. If retaliation may be occurring, an investigation is started. The PREA 90 Day Monitoring Form documents the day monitoring started and ended, the outcome of the investigation (substantiated, unsubstantiated), reason for monitoring (victim, witness, other), monitoring criteria (housing changes, disciplinary reports, program changes), whether any changes reflect retaliation, if there is a need for monitoring and explanation, and any other relevant notes. The PREA Manager stated there is a 90-day monitoring time period for retaliation, however the time frame can be extended if warranted. All alleged inmate victims were monitored by the PREA Manager for the appropriate length of time or until the offender was transferred. The PREA Manager was very knowledgeable of the monitoring responsibilities. The Superintendent stated if retaliation is suspected an investigation would be started and the individual would be held accountable through staff or inmate discipline and staff could be terminated. During the on-site audit, there were three inmates being monitored. During this audit time period, there were no staff monitored for instances of retaliation. There were no monitoring cases that extended beyond the 90 days for the audit period. There were no reported incidents of retaliation at the facility.

The retaliation monitoring process was confirmed through interviews with the Superintendent, PREA Manager, and review of the PREA Climate Reports and PREA 90 Day Monitoring forms. The weekly monitoring demonstrated exceeds the standard.

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 268 states, "Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of Policy 420 and Policy 421." Policies 401, 402, and 420 state, "Inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment." Policy 268 states, "Victims of sexual abuse or sexual harassment will not be kept in segregated housing against their will unless a determination is made that there is no available alternative means of separation, and even then only under specified conditions outline in Policy 420." Policy 421 also states, "The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged." The Superintendent stated the facility would not use administrative segregation for housing of inmates that alleged to have suffered sexual abuse. If other housing is needed than general population, the facility would utilize housing in the medical area. He stated the goal is to keep the inmate in general housing under direct supervision. The Superintendent also stated if an inmate is placed in administrative segregation, which does not occur, the inmate would be housed for a minimum time until another housing option could be determined. Through other staff interviews, staff indicated that other housing placements would be considered prior to involuntary segregation housing including using medical and booking cells for safe zone housing. If an inmate is placed in involuntary segregation housing, an Administrative Segregation Order form is completed which states the reason for segregation, location of housing assignment, and any comments. The Medical Officer is notified, and the inmate's chart is reviewed to identify if there were any medical issues that would preclude the placement. Then the Shift Commander approves the placement in administrative segregation and signs and dates the form. If the inmate requests protective custody, the Request for Protective Custody is completed with an explanation why the request was made. This form is forwarded to the Superintendent who approves the placement. The Captain who supervises inmates in segregated

housing stated inmates are not typically placed in administrative segregation and usually housed in medical if needed and that administrative segregation would be the last resort. The PREA Manager/Investigator stated inmates may be placed in single cell housing in the segregation housing area during an investigation for less than twenty-four (24) hours when a determination has been made that no other alternative means of separation from likely abusers is available. There were no inmates who alleged sexual abuse housed in segregation housing during the audit period per the PAQ and interviews with the Superintendent and the Captain.

Policy 421 states, "Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." The Captain stated inmates would have access to programs, privileges, education, and work opportunities. The inmates would receive packets to allow continued access to anger management, substance abuse, and therapy programming as well as access to staff for assistance and questions. The inmates would receive privileges the same as the general population other than television, including visitation, phone calls, canteen, recreation, and library books, and law library materials as requested. For education, the inmates would receive educational packets and have opportunity to GED classwork and testing. The work opportunities would be limited to unit workers for the inmate's safety. The Captain stated that programming, privileges, work opportunities, and education would only be restricted through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction.

Policy 421 states, "Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population." If an inmate would be placed in involuntary administrative segregation housing, the inmate would have a daily review conducted by the Captain and a weekly review every Tuesday by the Classification Review Team. The team consists of the Captain, the protective custody zone Case Manager, mental health, housing officer, Assistant Deputy Superintendent and/or the Major. The Captain also stated he talks to the inmate daily to access any needs or concerns.

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's Policy 513 Investigations and Evidence Control outlines the investigation process for allegations of sexual abuse. Policy 513 states, "When the Plymouth County Sheriff's Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, The Plymouth County Sheriff's Department shall use investigators who have received special training in sexual abuse investigations." The policy also states, "The Plymouth County Sheriff's Department shall have in place a policy 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. The Plymouth County Sheriff's Department shall publish such policy on its website or, if it does not have one, make the policy available through other means. The Plymouth County Sheriff's Department shall document all such referrals." The facility's Investigator conducts the administrative investigations and the Sheriff's Office and/or the Plymouth Police Department conducts the criminal investigations. The PREA Manager will notify the Plymouth Police Department of any sexual abuse allegation for investigation and further action.

The facility is to begin an administrative investigation immediately following a reported allegation. The Investigator stated an investigation is started immediately once contacted, if after hours he stated he would provide guidance to the Shift Commander until an Investigator arrives on-site. Through the review of investigation reports, the investigations were initiated immediately by a specialty trained PREA Investigator. If the investigation is determined criminal, the Plymouth Police Department is notified for the investigation. The Investigator's interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol.

Policy 513 states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." The Investigator indicated the first steps in initiating an investigation would be to separate and ensure the inmates are protected, secure the crime scene, preserve and protect the evidence, ensure the inmate is taken to medical and transported to outside hospital if needed, start initial inquiries, and collect reports from staff. Once an investigation is initiated, notifications are made through email and verbally to the Superintendent, PREA Coordinator, Director of Classification, and other department heads as needed. The investigative process would continue with interviewing the victim first for their own perspective, conduct other interviews with staff and inmates, interview the alleged perpetrator last, gather evidence, review the past histories and behaviors of the victim and perpetrator, review phone calls, and review video and other documentation available.

Policy 513 states, "When the quality of evidence appears to support criminal prosecution, The Plymouth County Sheriff's Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The Investigator stated the facility has a point of contact in the District Attorney's Office who is a liaison for corrections. He will review the case with the District Attorney who will advise on proceeding with the investigation.

Policy 513 states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The Plymouth County Sheriff's Department shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation." The Investigator stated all testimony is at face value and he follows the facts to determine credibility. All individuals are considered reliable until proven not. The two inmates interviewed that reported sexual harassment stated they were not required to take a polygraph test or other truth telling device.

Policy 513 further states, "Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution." The Investigator stated when determining whether staff action or failures to act contributed to the sexual abuse, he reviews if staff followed policies and post orders, the training of staff or lack of training, and if staff rounds were made appropriately. 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; administrative review and summary; and the investigation outcome. The criminal investigation reports would contain the same information as well as the referral to the District Attorney's Office and if charges were filed.

There were 26 allegations reported during the audit period, 7 staff-on-inmate, 18 inmate-on-inmate, and 1 unknown-on-inmate. Of the staff-on-inmate allegations, 2 were sexual abuse (1 unfounded and 1 substantiated) and 5 sexual harassment all unfounded. Of the 18 inmate-on-inmate allegations, 4 were sexual abuse (3 unfounded and 1 unsubstantiated) and 14 sexual harassment (5 unfounded, 6 unsubstantiated, and 3 substantiated). There was one allegation by an inmate with an unknown alleged abuser. The facility completed the investigation with an outcome of unfounded. All potential criminal cases are referred to the Plymouth City Police Department. Two cases were referred to the Plymouth City Police Department during the audit year. The referrals to the Plymouth Police Department were documented by emails within the investigative file. There was one case that was referred to the District Attorney's Office by the Plymouth Police Department. The Auditor reviewed 14 investigations files, and all had completed investigations documented by written investigative reports. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings

Policy 513 states, "The Plymouth County Sheriff's Department shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by The Plymouth County Sheriff's Department, plus five years." The investigative files are maintained in the PREA Manager/PREA Investigator's office as observed by the Auditor.

Policy 513 states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The Investigator stated all administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the facility. The Investigator shared that the investigation would continue until completion with an outcome, it would follow the same process as any investigation. This practice was demonstrated in the review of the investigative files that all investigations were completed with an outcome finding.

Policy 513 states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The Investigator and the Superintendent acknowledged the outstanding cooperation and working relationship between the facility and Plymouth Police Department during the investigation process. The Plymouth Police Department investigators share information that can be shared giving consideration to the integrity of the case. The Investigator stated he is the point of contact for the facility and would facilitate any information or documentation the Plymouth Police Department requested. The facility's Investigators would assist in the investigative process and cooperate with the Plymouth Police Department as requested. He would also stay informed of the case progress. The Superintendent, PREA Coordinator, PREA Manager/Investigator noted during their interviews the positive communication and information sharing regarding updates and outcomes of the case with the Plymouth Police Department. This communication was documented in the investigative files.

The Auditor determined the facility exceeds this standard through the working partnership with the Plymouth Police Department demonstrated in the investigation process and communication and the investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

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's Policy 268 states, "The Plymouth County Sheriff's Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." This is also documented through the Investigation Training lesson plan. The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The Investigator's interview and review of the investigation reports 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the

inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's Policy 268 Sexual Abuse and Sexual Harassment of Inmates states, "Following an investigation into an inmate's allegation that he suffered sexual abuse in the facility, the facility shall inform the inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following an inmate's allegation that he or she has been sexually abused by another inmate, the Plymouth County Sheriff's Department shall subsequently inform the alleged victim whenever the Plymouth County Sheriff's Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Plymouth County Sheriff's Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that a staff member has committed sexual abuse against the

inmate, the Plymouth County Sheriff's Department shall subsequently inform the inmate (unless the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the Plymouth County Sheriff's Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and the Plymouth County Sheriff's Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The process directs the PREA Manager to notify the inmate of the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The investigation outcomes to inmates are documented by a written letter to the inmate or through the PREA Inmate Notification form and noted on the PREA Investigation File Sheet. The PREA Manager stated it is his responsibility to make the notification. This was documented through the notification letters signed by the PREA Manager. The Superintendent also stated all notifications are made in writing to the inmate. If an inmate is transferred or released prior to the notification, the facility makes every attempt to notify the inmate by mail. The Plymouth Police Department provides updates to the facility on the criminal investigations. This was supported through interviews with the PREA Manager/Investigator and the Superintendent and emails within the investigative files. The inmate is informed of the progress of the investigation by the PREA Manager. The two inmates interviewed that reported sexual harassment stated they were provided the investigative outcome in writing by the PREA Manager and the PREA Manager explained the outcome. They stated they signed a paper acknowledging receipt of the outcome. This process was confirmed through the review of the outcome notifications in the investigative files. Inmate notifications were made for all the 26 investigations per the PAQ and the PREA Manager. The Auditor reviewed 14 investigative files and found notifications in all the files.

The facility exceeds the standard by providing all notifications in writing to the inmate in person, the PREA Manager explains the outcome to the inmate to ensure understanding, and if an inmate is transferred or released prior to the notification, the facility makes every attempt to notify the inmate by mail.

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 policies 268 Sexual Abuse and Sexual Harassment of Inmates and Policy 230 Employee Discipline and Terminations outlines the discipline process for staff that violating sexual abuse or sexual harassment policies. Policy 230 states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.” Policy 268 states, “Pursuant to Policy 230, staff will be subject to discipline for violating agency policies regarding sexual abuse, with termination the presumptive discipline for actually engaging in sexual abuse. Terminations or resignations linked to violating such policies are to be reported to law enforcement (unless conduct was clearly not criminal) and to relevant licensing bodies.” The collective bargaining agreements have language under the Article of Discharge and Discipline that states, “Sheriff or his designee shall have the right to discipline or discharge an employee for just case.”

The Superintendent stated that a staff member suspected of sexual abuse would be moved to a non-contact inmate post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated through the disciplinary process. There were seven allegations reported regarding staff during the audit period, two were staff-on- inmate sexual abuse and five staff-on-inmate sexual harassment. All the sexual harassment investigation outcomes were unfounded, one sexual abuse was determined unfounded, and one investigation was substantiated. For the case substantiated, a no physical contact order was activated during the investigation and then staff member was terminated through the disciplinary process once substantiated.

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 268 Sexual Abuse and Sexual Harassment of Inmates and the facility's Policy 217 Contractors and Contracted outline the corrective action for volunteers and contractors. Policy 217 states, "The Department may terminate the permission of a contractor or contracted staff to enter the Plymouth County Correctional Facility for violation of PCCF Rules and Regulations. All claims of violation will be fully investigated, suspension of entrance privileges may be placed on any individual being investigated." Policy 268 states, "Contractors and Volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates." The Superintendent stated any volunteer or contractor that violates the facility's sexual abuse and sexual harassment policy would be removed from accessibility to the facility and if the action is criminal would be prosecuted. 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 inmates. All claims of violations will be fully investigated; suspension of entrance privilege may be placed on any individual being investigated.

Interviews with three contractors confirmed knowledge of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of inmates. The disciplinary sanctions are contained in the volunteer and contractor PREA training and orientation training provided prior to assignment. There were no volunteers available to interview due to COVID.

The Superintendent and the PAQ noted there were no PREA incidents involving volunteers and/or contractors during the audit period. The facility provided an investigation from the previous year of a contractor-on-inmate sexual misconduct which was unsubstantiated to demonstrate process. The contractor was terminated for violating other facility's policies, not the sexual abuse or sexual harassment policies.

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 facility's Policy 430 Inmate Disciplinary and agency's Policy 268 Sexual Abuse and Sexual Harassment of Inmates outline the disciplinary sanctions for inmates. Policy 430 states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be 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." The Superintendent stated that disciplinary sanctions are based on the sanction guidelines and would be 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. The sanction could be housing in disciplinary segregation up to 30 days and security classification level increased. Other sanctions may include restrictions, internal discipline sanctions, increase security measures, and prosecution if warranted. There were three substantiated administrative investigations of inmate-on inmate sexual harassment during the audit period. The inmates were referred to the facility's disciplinary process for sanctioning.

Policy 430 states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The Superintendent noted that mental health staff are involved in the disciplinary process and the mental health staff would consider if an inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed and mental health needs are always considered in any disciplinary process. The facility also has mental health staff assigned within the segregation unit to provide services and monitor inmates housed in segregation. The mental health staff stated the inmate is seen daily by mental health staff. The healthcare staff stated a mental health referral would be made for any inmates that may need therapy, counseling, or other intervention services. Mental health staff stated services provided by the facility include counseling, support groups, and individual sessions surrounding the incident. The inmate's participation would be voluntary if they were willing to participate and not required or mandatory. The inmate has a right to refuse, and staff stated if the inmate refuses, they tell him if he changes his mind to contact mental health.

Policy 268 states, "Inmates will be subject to disciplinary action for committing sexual abuse. Where an inmate is found to have engaged in sexual contact with a staff member, the inmate may be disciplined only where the staff member did not consent. Where two inmates have engaged in sexual contact, they will be disciplined for violating rules against sexual contact, however, discipline for sexual abuse will only take place if a determination was made that the activity was not consensual."

The Inmate Orientation Handbook informs inmates that "Inmates will be subject to disciplinary action for committing sexual abuse. Where an inmate is found to have engaged in sexual contact with a staff member, the inmate may be disciplined only where the staff member did not consent. Where two inmates have engaged in sexual contact, they will be disciplined for violating rules against sexual contact, however, discipline for sexual abuse will only take place if a determination was made that the activity was not consensual. All sexual conduct, including sexual contact, is against the Department's rules. All allegations of sexual abuse or of retaliation in connection with an incident of sexual abuse will be thoroughly investigated, and any sexual predator will be disciplined and/or prosecuted. Inmates may also receive discipline for false reporting, harassment, or misuse of the reporting system. Staff will be subject to discipline for violating agency policies regarding sexual abuse, with termination the presumptive discipline for actually engaging in sexual abuse. Terminations or resignations linked to violating such

policies are to be reported to law enforcement (unless conduct was clearly not criminal) and to relevant licensing bodies. Contractors and Volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates.”

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 Policy 268 Sexual Abuse and Sexual Harassment of Inmates and facility's policies 401 Booking and Admissions, and 650 Mental Health Services outline the referral and follow-up process for inmates that disclosed prior sexual victimization or abusiveness. Policies 268, 401, and 650 state, "If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." The PAQ indicated that all inmates that disclosed prior victimization or abusiveness was referred to mental health for a follow-up meeting. At intake screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the inmate is referred for medical and mental health services. If deemed as an emergency or a serious nature, the inmate is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within 14 days. Referrals are made on the Mental Health Referral Form which notes the rationale for the referral. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. The Auditor reviewed the files of 9 randomly selected inmates who disclosed prior victimization (6) and previously perpetrated sexual abuse (3). All the inmates were seen by medical health for a follow-up meeting within 14 days as documented through mental health notes. The Auditor interviewed six inmates that disclosed prior victimization, three indicated they were offered a referral, two stated no referral was offered, and one inmate could not recall. The Auditor reviewed these inmate files and found referrals made and the inmates were seen by mental health for the PREA referral within the appropriate timeframe. The inmates that acknowledged the referral stated they were seen by mental health the same day to a few days after the referral.

Policy 650 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law." Information is shared with appropriate staff including the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Manager, Investigator, housing placement officer, classification staff, and as needed the PREA Team. Healthcare staff interviewed indicated healthcare information is securely maintained in the healthcare area and information is only shared with staff that have a legitimate reason for the information for security and management decisions. The Auditor observed the healthcare files securely stored within the medical area.

Policy 650 states, "Medical and mental health practitioners shall 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." The healthcare staff interviewed were aware of the requirement that informed consent must be obtained from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting per the policy. The facility does not house juvenile/youthful offenders.

The facility exceeds the standard by referring inmates that disclosed prior sexual victimization and/or previously perpetrated sexual abuse to mental health services for a follow-up meeting and services, if warranted. This is not a requirement for jails and the facility exceeds by performing these standard protocols.

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*)

The agency's Policy 268 Sexual Abuse and Sexual Harassment of Inmates and the facility's policies 620 Special Health Care Practices and 650 Procedure Mental health Services outline the inmate's access to

emergency medical and mental health services. Policy 268 states, "The facility will provide timely, unimpeded access to emergency medical treatment and crisis intervention services, whose nature and scope are determined by practitioners according to their professional judgment. Health care services are provided twenty-four (24) hours a day, seven (7) days a week at the facility. Also, emergency medical services are provided by the local hospital if needed. Medical and mental health staff are also on call as needed for emergencies." Policy 420 states, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim in accordance with Policy and PCCF 420 and shall immediately notify the appropriate medical and mental health practitioners." The healthcare staff stated the inmate is seen immediately upon arrival in the medical area, the staff complete an assessment, and if necessary, the inmate is transported to an outside hospital for emergency medical treatment and/or forensic exam. Mental health will see the inmate during normal business hours or the next day if after hours. The healthcare staff also stated the nature and scope of services are determined by their professional judgement, the provider's directive, and through policies and protocols.

The agency's Policy 620 Special Health Care Practices states, "The Plymouth County Sheriff's Department shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Plymouth County Sheriff's Department shall document its efforts to provide SAFEs or SANEs." All alleged victims of sexual assault who require a forensic exam are taken to Beth Israel Deaconess Hospital in Plymouth for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. The hospital has a 24-hour emergency department with a SANE nurse on call. The facility has an agreement with the hospital for SANE services and agrees to comply with the provisions set forth in the Prison Rape Elimination Act of 2003 dated January 29, 2014. The agreement notes the Emergency Department is staffed around the clock with trained emergency room physicians, nursing personnel and other ancillary staff. Other medical specialties including Sexual Assault Nurse Examiners (SANE) are on call and are available to the hospital on very short notice. An interview was conducted with a SANE from the Beth Israel Deaconess Hospital Emergency Room regarding the SANE services provided at the hospital. The nurse noted the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list, or a trained emergency department provider could complete the sexual abuse examinations and evidence collection. There was one alleged victim of sexual assault who required a forensic exam that was conducted at the hospital by a SANE. The inmate was no longer housed at the facility for interview. The PREA Manager and healthcare staff confirmed the forensic exams are conducted at an outside hospital.

Policy 620 states, "Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The healthcare staff stated the hospital would complete initial testing, bloodwork for a baseline, and start prophylaxis. The facility would continue any treatment as part of the discharge papers and orders provided by the doctor and followed by the infectious nurse. Further testing would be completed, as appropriate. Additional education, follow-up treatment, counseling, and testing are also provided as needed by the infectious disease nurse. Treatment services are provided to every victim without any financial costs per policy. Mental health stated they would complete a mental health assessment, create a treatment plan with the inmate, and offer emotional support services. The inmate would be scheduled for follow-up appointments with the physician, medical, and mental health services, as needed. There were no inmates that reported sexual abuse to interview, only inmates that reported sexual harassment.

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 facility's policies 620 Special Health Care Practices and 650 Procedure Mental Health Services outline the ongoing medical and mental health care for sexual abuse victims and abusers. Policy 620 and 650 state, "The facility shall 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." The medical staff stated the medical assessment would include a head-to-toe evaluation, take vital signs, would respond to any trauma or bleeding before transport to the local hospital, and based on the type of assault would determine the treatment needed. The mental health staff stated a comprehensive mental health evaluation would be completed to assess the mental health status to look for acute symptoms and suicidal thoughts. This evaluation would be completed when the inmate was comfortable to answer questions and participate in the evaluation. The staff said it is important to validate the victim's feelings and provide support through the process. Of the seven investigative files where the inmate reported sexual abuse, all the inmates were seen by medical the day of the reported allegation.

Policies 620 and 650 state, "The facility shall provide such victims with medical and mental health services consistent with the community level of care." The healthcare staff interviewed stated the healthcare services provided are consistent with the level of care in the community. Two staff members expanded to state the health care services exceed the community services since the inmate has more access to services, the services are available immediately, easier to access, and the inmate is provided constant monitoring.

Policy 620 states, "Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The healthcare staff stated the hospital would complete initial testing, bloodwork for a baseline, and start prophylaxis. The facility would continue any treatment as part of the discharge papers and orders provided by the doctor and followed by the infectious nurse. Further testing would be completed, as appropriate. Additional education, follow-up treatment, counseling, and testing are also provided as needed by the infectious disease nurse. Treatment services are provided to every victim without any financial costs per policy. Mental health stated they would complete a mental health assessment, create a treatment plan with the inmate, and offer emotional support services. The inmate would be scheduled for follow-up appointments with the physician, medical, and mental health services, as needed. There were no inmates that reported sexual abuse to interview, only inmates that reported sexual harassment.

Policies 620 and 650 state, "The facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners.” Although the facility, as a jail, is not required to conduct a mental health evaluation of all known inmate-on-inmate abusers, the facility complies with the standard protocol. The mental health staff stated the Case Workers and medical complete assessments first and make a referral to mental health, also the PREA Manger sends an email to initiate the process. The inmate is seen within 24-48 hours and a mental health evaluation and status review is completed. The inmate would be offered therapy, counseling, or other services if appropriate. The Auditor reviewed two inmate-on-inmate abuser referrals with the mental health notes to verify the process.

Interviews with medical and medical health staff and review of healthcare files verified and documented the ongoing medical and mental health care provided to sexual abuse victims and abusers. The facility does not house female inmates.

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's policy 268 Sexual Abuse and Sexual Harassment of Inmates states, "The facility shall 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. The reviews will be conducted within thirty (30) days. The PREA Coordinator holds monthly meetings with the PREA team to review investigations, review any PREA concerns / issues, identify and recommend changes that will make the facility a safer environment. The monthly PREA team meeting is documented through meeting minutes. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management Officials, with input from line Supervisors, Investigators, and Medical or Mental Health Practitioners. The review team is appointed by the Superintendent. The review process includes a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; 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 prevent, 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; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff." The review team consists of Principal and Counsel HR/PREA Coordinator, PREA Manager/PREA Investigator, Assistant Deputy Superintendent of Operations, Health Services Director, Medical Captain, Director of Program Services, Assistant Deputy Superintendent of Programs, Unit Manager, Major Transportation/Booking, Assistant Deputy Superintendent of Booking, Captain, Housing Officer, Shift Commander, Corrections Officer/Victim Advocate, and Operations Assistant. The team is appointed by the Superintendent with the last appointment letter dated January 15, 2020. The review process includes:

a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; 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 allegedly 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; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the Superintendent for improvements based on the above assessments. In three cases the PREA Team felt the victim's sexual orientation/preference was a motivating factor. No other trends were noted. Incident Reviews were conducted on all sex abuse investigative cases within the 30-day timeframe. The unfounded cases were not formally reviewed but discussed at the team meetings. The facility exceeds the standard by also completing incident reviews for all substantiated and unsubstantiated sexual harassment cases as documented through the investigative files.

Policy 268 states, "The PREA Coordinator prepares a report of the findings, including but not necessarily limited to determinations made pursuant to the above criteria, and any recommendations for improvement and submit such report to the Superintendent. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so." The incident review is documented through the PREA Review Committee meeting notes and a PREA Compliant 30-Day Review report to the Superintendent. Of the PREA Review Committee meeting notes and PREA Compliant 30-Day Review reports reviewed, there were no recommendations made. The PREA Manager stated his responsibility is to follow-up with departments to ensure any recommendations are achieved when a recommendation is made by the PREA Team. The Superintendent stated the PREA Team meets weekly to review all allegations and completed investigations, at this time the PREA Team will conduct the incident review on all closed investigations. The PREA Team will submit a report to the Superintendent with any recommendations as necessary. The approved recommendations will be forwarded to the PREA Manager/Assistant Deputy Superintendent to ensure actions are completed.

The Incident Review Team members and the Superintendent interviewed identified all the elements that would be considered during the incident review. They indicated they review the incident in detail, including a whole picture of the incident of what happened before and after the incident. Under motivation they review the cause of the incident, statue of the inmate, race, age, previous victim, previous predator, peer pressure, first time inmate, gender identity, gang related, inmates' history, and does the inmate have disabilities. In reviewing the location of the incident, they consider if the area is isolated, adequate lighting, has blind spots, any physical barriers, did the inmate create a physical barrier, and lack of supervision line of sight. When assessing staffing, review of the staffing levels at the time and date of the incident, all posts filled, was staff trained, was staff overworked (on overtime), were staff following policies and procedures, length of time between rounds, and was supervisory staff present. Under monitoring technology, the team reviews camera location, adequate mirrors, sufficient cameras, intercoms working, is DVR working, camera views, and whether cameras need to be adjusted. The team members interviewed stated that has been no trends identified.

The facility exceeds the standard with completing an incident review and written report on all sexual abuse and sexual harassment investigations, discussing all the unfounded investigations as part of the monthly PREA Tram meeting, the PREA Team meeting monthly to discuss any PREA concerns or issues, and the extensive multi-discipline PREA Team representing all areas of the facility.

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 policies 268 Sexual Abuse and Sexual Harassment of Inmates and 111 Management Analysis, Surveys, and Evaluations address the data collection of sexual abuse. The policies state, "The

Plymouth County Sheriff's Department shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The Plymouth County Sheriff's Department shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. The Plymouth County Sheriff's Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews." The facility collects accurate information and data regarding every allegation of sexual abuse through a facility developed database. The PREA Coordinator oversees the reporting of sexual abuse and sexual harassment information for the agency. The PREA Coordinator stated all alleged sexual abuse and sexual harassment incidents are reviewed and information collected during the monthly PREA Team meetings. The data collected and compiled on sexual abuse incidents includes the number and type of cases and the outcome of investigations. The information is collected using a uniform data standardized instrument format, PREA Spreadsheet, based on the Survey of Sexual Violence. The PREA Coordinator and PREA Manager with assistance from the Operations Assistant oversee the data collection for the facility. The PREA Coordinator with assistance from the Operations Assistant aggregates the sexual abuse data at least annually. The Annual Report provides a breakdown of the allegations, the dispositions of the investigations, the accused (staff, inmate, unknown key operational changes, audits and certifications, analysis, program enhancements, staff training, and yearly comparisons (2015 through 2019). The 2013 through 2019 Annual Reports are available for review on the agency's website. The Annual Reports were reviewed as part of the audit process. The PREA Coordinator stated data is securely retained on the OMS controlled through password permissions, on the Operations Specialist computer which is secure through passwords, and hard copies in the PREA Manager/Investigator's office secured in locking file cabinets behind a locked door. The data in the PREA Compliance Manager's office is secured in a locked file cabinet as observed by the Auditor. The established retention schedule is 10 years for these files. The Department of Justice has requested data from the facility which was provided for 2019. The agency does not contract with private facility for the confinement of its inmates.

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 268 Sexual Abuse and Sexual Harassment of Inmates states, "The Plymouth County Sheriff's Department shall review data collected and aggregated 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; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Plymouth County Sheriff's Department's progress in addressing sexual abuse. The Plymouth County Sheriff's Department's report shall be approved by the Sheriff and made readily available to the public through its website or, if it does not have one, through other means. The Plymouth County Sheriff's Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted." The agency's PREA Team reviews all data collected in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training. This review also includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, if necessary. The PREA Manager stated he reviews the facility's PREA stats on a quarterly basis including the investigative outcomes, location of reported incidents, and court proceedings and submits a quarterly report. The PREA Coordinator reviews the data collected in preparing the PREA Annual Report and the PREA Team conducts an internal audit to identify any problem areas and determine corrective actions, if necessary. The PREA Coordinator stated corrective actions would be developed for any identified issues, this may be a change in policy and procedures, identified staff training needs, and physical plant improvements. The PREA Coordinator stated she develops the Annual Report and submits to the Superintendent who approves the report for publish. The Annual Report provides a breakdown of the allegations, the dispositions of

the investigations, the accused (staff, inmate, unknown key operational changes, audits and certifications, analysis, program enhancements, staff training, and yearly comparisons (2015 through 2019). The PREA Coordinator stated the Annual Report does not include any personal identifiers such as names of victims, perpetrators, or staff or any other type of personal identifiable information would be omitted for confidentiality purposes. The Annual Report is published on the Plymouth County Sheriff's Department website. The 2013 through 2019 Annual Reports are available for review on the agency's website. The Annual Reports were reviewed as part of the audit process.

Standard 115.89: Data storage, publication, and destruction

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 268 Sexual Abuse and Sexual Harassment and Sexual of Inmates states, "The Plymouth County Sheriff's Department shall ensure that data collected is securely retained. All aggregated sexual abuse data shall be made readily available to the public at least annually through the Plymouth County Sheriff's Department website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. Sexual

abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The PREA Coordinator stated data is securely retained on the OMS controlled through password permissions, on the Operations Specialist computer which is secure through passwords, and hard copies in the PREA Manager/Investigator’s office secured in locking file cabinets behind a locked door. The data in the PREA Compliance Manager’s office is secured in a locked file cabinet as observed by the Auditor. The PREA Coordinator stated she develops the Annual Report and submits to the Superintendent who approves the report for publish. The Annual Report provides a breakdown of the allegations, the dispositions of the investigations, the accused (staff, inmate, unknown key operational changes, audits and certifications, analysis, program enhancements, staff training, and yearly comparisons (2015 through 2019). The PREA Coordinator stated the Annual Report does not include any personal identifiers such as names of victims, perpetrators, or staff or any other type of personal identifiable information would be omitted for confidentiality purposes. The Annual Report is published on the Plymouth County Sheriff’s Department website readily available to the public. The 2013 through 2019 Annual Reports are available for review on the agency’s website. The Annual Reports were reviewed as part of the audit process. The established retention schedule is 10 years for sexual abuse files.

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, inmates, and offenders?
 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 agency's Policy 269 Sexual Abuse and Sexual Harassment of Inmates states, "The facility will be audited once every three years for compliance with the Prison Rape Elimination Act (PREA) Standards." The facility ensures that a PREA audit is conducted This is the third PREA audit for this facility. The initial audit was in July 2014 and the second audit was July 2017.

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 inmate interviews. Inmate interviews were conducted in a private office or program space within each housing unit. Staff interviews were held in an office within each housing area or in the administrative conference room. Posted notices advised inmates and staff they could send confidential information or correspondence to the Auditor. The Auditor received no correspondence from staff or inmates.

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.pcsdma.org under the Corrections page and PREA tab confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the agency's website the last PREA audit final report completed in 2017. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the third PREA audit for this facility.

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

June 26, 2021

Auditor Signature

Date