

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: September 7, 2017

Auditor Information			
Auditor name: Barbara King			
Address: 1145 Eastland Ave Akron, Ohio 44305			
Email: Barbannkam@aol.com			
Telephone number: 330 733-3047 / 330 618-7456			
Date of facility visit: July 17 – 19, 2017			
Facility Information			
Facility name: Plymouth County Correctional Facility			
Facility physical address: 26 Long Pond Road Plymouth, Massachusetts 02360			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 936-295-9126			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Antone Moniz, Superintendent			
Number of staff assigned to the facility in the last 12 months: 851			
Designed facility capacity: 1,600			
Current population of facility: 967			
Facility security levels/inmate custody levels: Levels 1-4 (maximum/medium)			
Age range of the population: 18-83			
Name of PREA Compliance Manager: Michael Duggan		Title: Assistant Deputy Superintendent	
Email address: mduggan@pcsdma.org		Telephone number: 508-830-6275	
Agency Information			
Name of agency: Plymouth County Sheriff's Department			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 26 Long Pond Road Plymouth, Massachusetts 02360			
Mailing address: <i>(if different from above)</i>			
Telephone number: 508-830-6200			
Agency Chief Executive Officer			
Name: Joseph D. McDonald		Title: Sheriff	
Email address: jmcDonald@pcsdma.org		Telephone number: 508-830-6200	
Agency-Wide PREA Coordinator			
Name: Isabel Eonas		Title: Deputy General Counsel	
Email address: ieonas@pcsdma.org		Telephone number: 508-830-6278	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Plymouth County Correctional Facility was conducted on July 17-19, 2017 by Lead Auditor Barbara King. This was the second PREA audit for the facility; the initial audit was conducted July 2014. Six (6) weeks prior to the audit, the auditor provided the facility with the audit notice to post. A month prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the facility. The auditor communicated with the facility requesting further documentation for clarification and review. This information was provided once on site for the audit. The auditor also reviewed the Plymouth County Sheriff' Department website and local support agencies prior to the audit. A tentative daily time schedule was set with the PREA Coordinator and PREA Manager for the on-site audit.

Before the start of the audit, the auditor met with the PREA Coordinator, PREA Manager, Investigator, Assistant Superintendent, and the Assistant Deputy Superintendent Operations. A detailed schedule for the audit was discussed. The facility provided the requested information to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha and housing listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers/contractors on site during the audit.

Key facility staff during the audit included the Superintendent, PREA Coordinator, PREA Manager, Investigator, Assistant Superintendent, Security and Operations Assistant, and Assistant Deputy Superintendent Operations. All facility staff were very cooperative and informative during the audit process

The auditor began the audit process with an entry meeting with facility administrative staff in the morning. Brief introductions were made and the schedule for the audit was covered, as well as, the audit process while on site. A facility tour was completed with key staff. All housing units were toured, as well as, the program, service, food service, control center, booking/intake, and medical areas. During the tour, the auditor made visual observations of the program areas and housing units including bathrooms, officers post sight lines, and camera locations. The auditor spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books was conducted to verify immediate/ higher level staff rounds.

During the tour, the auditor identified sight line concerns in two areas of the facility, the print shop and a dorm. The print shop had blind spots in a small work room. The facility installed a mirror in the area that eliminated the blind spots immediately. Within the dorm, the television area could not be observed by the officer's post due to the arraignment of furniture. Facility staff evaluated the area and moved the furniture into another configuration that allowed visual sight lines by the officer's post into the television area. This was completed on the first day of the on-site audit and eliminated the blind spot in the dorm. All the concerns were corrected while the auditor was on site.

All required facility staff and offender interviews were conducted on-site during the three (3) day audit. Forty (40) formal offender interviews were conducted and forty (40) offenders were informally interviewed during the facility tours, (8.2% of the 967 offender population). The random interviewees were selected by the auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (24), Disabled and Limited English Speaking Ability (4), LGBTI (3), Who Reported Sexual Abuse (4), and Who Disclosed Sexual Victimization (5) were interviewed. Offenders were selected randomly from each housing unit and from the lists provided for the specialized interviews. Interviews were not conducted for youthful offenders and offenders placed in segregation housing for risk. The facility is an adult male facility only and does not house youthful offenders. There were no offenders placed or housed in segregation housing for risk during the audit period.

A total of forty-five (45) staff was formally interviewed and additional thirty-six (36) informal staff interviews were also conducted during the facility tours (9.5% of 851 staff). Staff were randomly selected from each of the three (3) shift rosters and different departments within the facility (17). Additionally, specialized staff were interviewed including the Superintendent (1), Agency Head Designee (Superintendent) (1), PREA Coordinator (1), PREA Manager (1), Intermediate-Higher Level Staff (3), Medical and Mental Health (3), Human Resources (1), Volunteers/Contractors (2), Investigator (1), Staff Who Perform Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (3), Staff Who Monitor Retaliation (2), First Responders (4), and Intake staff (2).

The auditor received two requests from offenders for interviews. One request was received by letter prior to the audit. The auditor interviewed the offender and discussed his concerns. His concerns focused on the overall audit process and authority.

The questions included what agency had authority to conduct PREA audits, how was the auditor selected, was the facility required to have a PREA audit because of facility concerns. As he noted in the letter and during the interview, he did not have a complaint or grievance, only a comprehensive inquiry of the process. The other offender submitted a request through the facility to speak with the auditor. This offender wanted to share with the auditor the attentiveness and proactive approach the facility has taken in regards to PREA especially the PREA Manager. Both offenders shared during their interviews the positive and safe environment of the facility and the PREA information and awareness given to the offenders by facility staff.

There were thirty (30) allegations reported during the audit period: twenty-one (21) allegations occurred at the facility with two (2) of those reported at another facility and seven (7) allegations that occurred at another facility and reported at the Plymouth County Correctional Facility. Of the nine (9) staff on offender allegations; there were six (6) alleged staff on offender sexual abuse and three (3) alleged staff on offender sexual harassment. The administrative findings of the staff on offender allegations of sexual abuse were five (5) unfounded and one (1) unsubstantiated. The administrative findings of the staff on offender allegations of sexual harassment all three (3) were unfounded. Of the staff on offender sexual abuse allegations, four (4) were referred to the Plymouth Police Department for investigation. Of the twenty-one (21) offender on offender allegations; there was eight (8) alleged offender on offender sexual abuse and thirteen (13) alleged offender on offender sexual harassment. The administrative findings of the eight (8) offender on offender sexual abuse allegations were two (2) substantiated, two (2) unsubstantiated, and four (4) unfounded. The administrative findings of the offender on offender allegations of sexual harassment were five (5) substantiated, four (4) unsubstantiated, and four (4) unfounded. Of the offender on offender sexual abuse allegations, seven (7) were referred to the Plymouth County Police Department for investigation. One of the cases was referred to the District Attorney for prosecution. A review of fifteen (15) administrative investigations was conducted.

An exit meeting was conducted by the auditor at the completion of the on-site audit. While the auditor could not give the facility a final finding per standard, the auditor did provide a preliminary status of their findings. There were no outstanding issues at the end of the site visit. The auditor made a recommendation that the facility continue to expand their operating policy and procedures to provide in writing and detail the outstanding procedures demonstrated throughout the audit, which would also provide further written procedural directives for staff. The policies are more policy statements of the standards than procedures. The auditor shared with the Superintendent and the facility's administration the positive feedback received from the offender population regarding the facility's operations; the positive interviews with staff, and the professionalism demonstrated by staff during the audit. Staff and offenders both shared the positive impact and accessibility the PREA Managers and the office has on the facility. The auditor thanked the Plymouth County Sheriff's Department, Superintendent Moniz, PREA Coordinator, PREA Manager, Investigator, and the Plymouth County Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

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 offenders 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 offenders 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 offender at the lowest possible levels of security, consistent with public safety, with an appropriate range of services that recognize the individual needs of offenders.

The Plymouth County Correctional Facility is a county jail under the authority of the Plymouth County Sheriff's Department. The facility has the rated capacity to house 1,600 male offenders. The facility is a maximum/medium custody facility that houses all general population custody levels of offenders Levels 1-4. The offender population was 967 on the first day of the audit. The average daily population for the audit period was 1,068 offenders. The average length of stay is one hundred eighty-five (185) days.

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 the facility in May 1994. It is designed to hold multiple classifications of offenders and detainees to include presentenced offenders, sentenced offenders, and federal detainees. Plymouth County Correctional Facility is the largest county correctional facility under one roof in Massachusetts. The offenders housed during the audit where from twenty-one (21) jurisdictions.

The Department consists of four (4) buildings; the Administrative Building, Warehouse, Print Shop/Garage Building, and the Correctional Facility. The Correctional facility has four (4) floors. Within the main facility, there are operational support areas for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, intake/discharge, central control, and chapel. The housing unit types are general housing, restricted 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 two (2) football fields long.

There are twenty-one (21) housing units. The facility's general population housing comprises of nineteen (19) general population housing units comprised of five (5) dorms and fourteen (14) multiple cell housing units. The restricted housing/segregation housing area is divided into four (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 consists of six (6) two man cell housing units that hold 139 offenders and eight (8) 4-5 man cell housing units that hold 64 offenders. There are four (4) dorms that hold sixty (60) offenders and the other dorm holds fifty-two (52) offenders. The restricted housing/segregation housing unit holds 117 offenders within four (4) sections; with two (2) sections holding thirty-nine (39), one holding twenty-four (24), and the other fifteen (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 officers post located within the housing unit. The restricted housing/segregation is located at the end of the corridor.

In 2014, the facility had 247 cameras. The facility has a video management system upgrade in progress. The project will install additional digital cameras in the facility and all analog cameras will be replaced with megapixel digital cameras. There are currently 336 cameras with the addition of cameras to the housing unit dayrooms, kitchen dry storage, property room, dorms, library, mental health and medical areas. The staff indicated that at the completion of the project all housing units and the entire facility will have enough cameras installed to have full coverage. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time.

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

SUMMARY OF AUDIT FINDINGS

On July 17-19, 2017 a site visit was completed at the Plymouth County Correctional Facility. The final report was provided on September 7, 2017. The final results of the Plymouth County Correctional Facility PREA audit are listed below:

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

The Plymouth County Correctional Facility has written policies #100 Philosophy and Goals and #268 Sexual Abuse and Sexual Harassment of Inmates mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Policy #268 states "the purpose of this document is to make clear policy concerning all forms of sexual abuse and sexual harassment of inmates and to provide guidelines to prevent, detect, and respond to sexual abuse in the facility". And the policy statement 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." The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and sexual harassment and general PREA definitions. Through observation of bulletin boards, posters, educational handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the agency and the Plymouth County Correctional Facility is committed to zero tolerance of sexual abuse 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.

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 Deputy General Counsel is the agency'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 PREA Program is managed by two (2) PREA Managers 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 audit process. She indicated in her interview that her responsibilities include receiving notification alerts, input and guide investigations, review the investigation packet, conduct monthly PREA meetings, and inform the Superintendent and Sheriff of issues and recommendations.

The agency has a PREA Facility Compliance Manager and a PREA Investigator/PREA Manager that operates the PREA office. The roles of these positions are to ensure that effective practices and procedures are in place at the facility to ensure compliance with standards. The positions report directly to the PREA Coordinator. The PREA Office's responsibilities include PREA policy compliance, investigations, staff assistance, and the audit process. The PREA Managers make rounds in the housing areas to ensure the office's services are available to the offender population. Offenders were able to identify the PREA Managers by name during the interview process which demonstrates the active role and accessibility the staff have created at the facility. Staff and offenders both shared the positive impact the PREA Office has had on the facility and the availability and responsiveness of the PREA Managers. 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 reviewing cases, investigations, monthly PREA meetings, and identifying and discussing any concerns. The PREA staff was very knowledgeable and active in the audit process.

Standard 115.12 Contracting with Other Entities for the Confinement of Inmates

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

The Plymouth County Sheriff's Department does not contract with private or other entities for the confinement of offenders.

Standard 115.13 Supervision and Monitoring

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

The Plymouth County Correctional Facility has developed a staffing plan that is based on the eleven criteria of the 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 offenders 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 process is outlined in Policy #111 Management Analysis Surveys and Evaluations. Based on the review of the staffing plan and interview with the Superintendent, PREA Coordinator, and PREA Manager, the staffing plan was developed by the leadership of the facility with input from the PREA Manager, department heads, and in coordination with the PREA Coordinator. The Superintendent indicated in his interview that the staffing plan is reviewed on a daily basis to ensure the safety and security of staff and offenders is maintained. This is accomplished through full staffing levels. The union agreement has a minimum staffing level that the facility complies with and maintains. The staffing plan is a written document that is maintained by the Superintendent, Assistant Superintendent, Captain, and is available for executive staff review. It was recommended that the staffing plan provide further written narrative to acknowledge all standard points are reviewed and noted even if not relevant to the facility at the time.

The staffing plan is based on the facility's rated capacity of 1,600. The offender population the first day of the audit was 967. The facility did not list any deviations in the Pre-Audit Questionnaire. When discussed with the PREA Coordinator and Superintendent, they indicated that deviations do not occur due to the minimum staffing requirement. If it appears the minimum staffing level will not be met, the facility utilizes overtime to cover the posts. If required, the facility will utilize forced overtime to ensure the minimum level is maintained. The Superintendent indicated that each shift has different concerns and will be adjusted as needed. The post assignments are rotated every sixty (60) days.

Policy #111 Management Analysis, Surveys, and Evaluations require the PREA Manager and Coordinator to annually analyze and document the staffing plan. In the interviews, the PREA Coordinator and Manager indicate that an informal review is also conducted at the monthly PREA meetings. The 2016 staffing plan review occurred December 2016. As a result of the meeting and review of the security staff plan it was recommended that video monitoring be added in two (2) housing units and to secure the office and classroom doors in the housing units during use. The previous staffing plan reviews occurred in December 2014 and December 2015.

Intermediate and higher level staff conduct unannounced rounds. The rounds are documented in the shift roster and housing unit logbooks in red ink. Through reviews of housing area logs and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervision staff indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, random patterns for housing units, conducting rounds in different areas on different days, rounds while units are open for discussion with offenders, and using different routes and not a routine pattern. The facility's policy #402 Unit Management and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring. This is also addressed during shift muster as a training refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, training would be conducted immediately with the staff member and progressive discipline action could be started on the employee.

Standard 115.14 Youthful Inmates

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

The Plymouth County Correctional Center does not house youthful offenders.

Standard 115.15 Limits to Cross-Gender Viewing and Searches

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

Policies #268 Sexual Abuse and Sexual Harassment of Inmates, #216 Training and Staff Development, #506 Facility Search Plan, and #530 Inmate Transportation Plan states the facility shall not conduct any cross-gender strip searches or cross-gender body cavity searches absent exigent circumstances. When exigent circumstances are present, a supervisor will be contacted prior to the search and an incident report will be filed regarding all cross-gender searches. Policies require that all strip searches be conducted by two (2) security staff members of the same sex. Interviews with staff and offenders, plus observation of actual searches conducted during the audit, the Plymouth County Correctional Facility does not conduct cross gender strip searches. 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.

All body cavity searches are completed only by medically trained professionals as directed by policies #268 Sexual Abuse and Sexual Harassment of Inmates and #620 Special Health Care Practices. Policy #268, Sexual Abuse and Sexual Harassment also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, PREA Lesson Plan. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search. No searches have occurred in the audit period.

The facility's policies, #268 Sexual Abuse and Sexual Harassment of Inmates and #402 Unit Management, and practices observed allows all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. In the housing units, there are shower curtains in front of all showers and the general restroom in the housing unit dayroom. The policies also require staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. The presence of female staff is announced over the intercom by the housing unit officer when a female staff report to post or a female enters the housing unit. Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing. Staff indicated that announcements are made upon entering the housing units. During the random offender interviews, the offenders stated that announcements are made over the intercom that a female is entering the housing unit.

The policy, #268 Sexual Abuse and Sexual Harassment of Inmates, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals. 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. Other than annual training, this training is also part of the initial pre-service training and during muster briefings. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, PREA Lesson Plan. When staff were randomly asked how a transgender pat down search would be completed, they indicated by using the back or blade of their hand.

Standard 115.16 Inmates with Disabilities and Inmates Who are Limited English Proficient

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

The facility's policies #401 Booking and Admission, #402 Unit Management, #482 Inmate Telephone System, #108 Program/Facility Access for Handicapped Persons, #109 Program/Facility Access for Inmates with Disabilities, #420 Classification Plan, and #620 Special Health Care Practices has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include when necessary to ensure effective communication with offenders who are deaf or hard of hearing by providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using any necessary specialized vocabulary. The facility also provides written materials in formats or through other methods for effective communication with offenders with intellectual disabilities, limited reading skills, or who are blind or have low vision. The offender handbook is available in English, Spanish, and Portuguese. PREA information is also available through Braille signs. The orientation video is available in multiple languages. The facility utilizes a Language Line Service and Sign Language Interpreting Services as needed. Copies of invoices documenting the use of the services were provided for verification of practice and services.

The Plymouth County Correctional Facility maintains a Bilingual Staff List of six (6) staff available over all three (3) shifts. The staff speak six (6) other languages than English (Portuguese, Spanish, Croatian, Bosnian, Creole, and French).

The PREA posters are posted in English, Spanish and Braille throughout the facility. During the audit, four (4) interviews were conducted with disabled and limited English proficient offenders. Two (2) limited English proficient offender interviews (Portuguese) were conducted with the assistance of a staff interpreter. The offenders indicated they were provided information through the offender handbook and facility postings. They also indicated they knew how to report and one indicated he would report through an officer and the other indicated he would report through his family or hotline. One (1) interview was conducted through an interpreter with a limited English Vietnamese offender. This offender indicated he received the information through the language line and handbook. He indicated he would report to an officer. The last interview was with a hearing impaired offender and he indicated he received the information through the handbook. He indicated he could get assistance through staff and would report to an officer. These offenders indicated they received PREA education through written materials in their language, they know how to report, and staff was able to assist when requested. In most cases, they would go to an officer for assistance if needed. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The facility policy, #268 Sexual Abuse and Sexual Harassment of Inmates, states the facility will not rely on inmate interpreters or readers in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responders duties, or an investigation. When exigent circumstances are present, the inmate used to interpret will be documented in an incident report, with justification for the use of an inmate noted. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. During the staff interviews, few staff were aware of the policy and indicated that an offender interpreter would not be used, only qualified staff interpreters from the certified list would be used. It was discussed with the facility administration the inconsistent answers from staff to the question. The facility held electronic field training competency training on the subject during the audit as a refresher to all staff. Copies of the training were provided to the auditor.

Standard 115.17 Hiring and Promotion Decisions

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

Through a review of policies #201 Selection and Hiring Procedures for the Plymouth County Correctional Facility, #217 Contractors and Contracted Staff, #204 Personnel Records, and Employee Rule Book: Rules and Regulations, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors/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 setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent.

The application form, Plymouth County Sheriff's Department Application and Personal History Statement, require 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. There were one hundred two (102) criminal background checks completed during this audit timeframe for new hires and one hundred fourteen (114) for contractors/volunteers.

All staff were background checked in 2013. 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. The staff information is provided to the Warrant Apprehensive Unit who conducts the background checks. The agency actually conducts background checks for all potential employees prior to selection for interviews. Backgrounds checks are also conducted on all staff during consideration for promotions. Although the policy indicates background checks are completed every five (5) years, during the interview process it was indicated by staff the background checks occur more frequently. Backgrounds checks for contractors/volunteers are conducted through the facility by the PREA Manager. It is the same process utilized as for employees. The background checks for volunteers and contractors are conducted annually.

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. All staff also have a duty to report of any contact with law enforcement by reporting to direct supervisor. The information will be submitted to the internal affairs department for investigation. 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 agency only provides copies of 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.

Personnel files and background checks were reviewed with the Human Resources and PREA Coordinator-Deputy General Counsel. The background process is conducted and maintained by the Human Resources and the Warrant Apprehensive Unit for staff and the PREA Manager for contractors/volunteers. Also through interviews with the Human Resources, PREA Coordinator, and Superintendent, it was determined that the agency's policy and PREA requirements were being followed in regards to hiring, promotional decisions, and background checks.

Standard 115.18 Upgrades to Facilities and Technologies

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

The Plymouth County Correctional Facility has not made any substantial expansions or modifications of the existing facility. In 2014, the facility had 247 cameras. The facility has a video management system upgrade in progress. The project will install additional digital cameras in the facility and all analog cameras will be replaced with megapixel digital cameras. The facility provided camera meeting notes, notes from the annual internal PREA audit, and notes from the incident reviews to show the discussion and recommendations in regards to video monitoring. The Superintendent and PREA Coordinator indicated in their interviews that as video monitoring is identified and needed, cameras are purchased and installed. The facility administration indicated they continually look at the environment to make the facility safe. They identify camera needs through investigation reviews, recommendations from staff, and considerations of how to supplement security supervision.

There are currently 336 cameras with the addition of cameras to the housing unit dayrooms, kitchen dry storage, property room, dorms, library, mental health and medical areas. The staff indicated that at the completion of the project all housing units and the entire facility will have enough cameras installed to have full coverage. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time. Policy #740 Preventive Maintenance states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations

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

The Plymouth County Correctional Facility 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. The PREA Manager will notify the Plymouth Police Department of any allegation for investigation and further action. The facility begins investigations immediately following an allegation. The policy and procedures, #513 Investigations and Evidence Control and PREA Uniform Evidence Control, 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 release 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. An interview was conducted with the facility investigator (Lieutenant) who conducts offender on offender and staff on offender administrative investigations. The interview confirmed the practices for PREA investigations and the investigator was knowledgeable of the investigation process.

All alleged victims of sexual assault who require a forensic exam are taken to Beth Israel Deaconess Hospital in Plymouth for completion of the exam and emergency medical healthcare with no cost to the offender. 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. There was one (1) alleged victim of sexual assault who required a forensic exam that was conducted at the hospital by a SANE.

The facility has a MOU agreement with Health Imperatives – A New Day, a certified rape crisis center. The agency will provide offenders 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 offender reference. The posting also provides telephones numbers for various rape crisis centers in Massachusetts and the National Sexual Assault Telephone Hotline.

Policy #620 Special Health Care Practices, states the facility shall attempt to make available to the victim a victim advocate from a rape crisis center, if the rape crisis center is not available, the facility will make available a qualified staff member. The facility also has two (2) trained PREA victim advocates; a caseworker and sergeant. The victim advocates completed the Violence Intervention and Prevention Sexual Assault Counselor/Advocate through the Health Imperatives rape crisis center. The victim advocate is available to provide emotional support services and counseling on and off the facility as needed to staff and offenders. Anytime an offender is the victim of a sexual assault, a victim advocate from the agency or facility is offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations

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

The facility 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 facility completes the administrative investigation and the Plymouth Police department completes the criminal investigation. The facility refers all sexual abuse investigations to the Plymouth Police Department for investigation. The PREA Manager will notify the Plymouth Police Department of any allegation for investigation and further action. The policy describes the investigation responsibilities of the facility. The allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the PREA Investigators/PREA Manager's office. The interviews with the PREA investigator who conducts the offender on offender and staff on offender administrative investigations demonstrated the knowledge of facility's investigation responsibilities and the investigation partnership with the Plymouth Police Department. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website <http://www.pcsdma.org/prea.html> and the PREA informational booklet.

There were thirty (30) allegations reported during the audit period: twenty-one (21) allegations occurred at the facility with two (2) of those reported at another facility and seven (7) allegations that occurred at another facility and reported at the Plymouth County Correctional Facility. Of the nine (9) staff on offender allegations; there were six (6) alleged staff on offender sexual abuse and three (3) alleged staff on offender sexual harassment. The administrative findings of the staff on offender allegations of sexual abuse were five (5) unfounded and one (1) unsubstantiated. The administrative findings of the staff on offender allegations of sexual harassment all three (3) were unfounded. Of the staff on offender sexual abuse allegations, four (4) were referred to the Plymouth Police Department for investigation. Of the twenty-one (21) offender on offender allegations; there was eight (8) alleged offender on offender sexual abuse and thirteen (13) alleged offender on offender sexual harassment. The administrative findings of the eight (8) offender on offender sexual abuse allegations were two (2) substantiated, two (2) unsubstantiated, and four (4) unfounded. The administrative findings of the offender on offender allegations of sexual harassment were five (5) substantiated, four (4) unsubstantiated, and four (4) unfounded. Of the offender on offender sexual abuse allegations, seven (7) were referred to the Plymouth County Police Department for investigation. One of the cases was referred to the District Attorney for prosecution. A review of fifteen (15) administrative investigations was conducted.

Standard 115.31 Employee Training

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

The facility's policy, #216 Training and Staff Development and PREA Training Curriculum address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; 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 offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The initial training occurs at pre-service, each staff member attends pre-service prior to being assigned to the facility. The training is also provided annually through the annual in-service training for all staff. Each employee is required to attend in-service annually. Additional training occurs during staff muster briefing with different topics and electronic field training competency for PREA updates and general information refreshers. Staff during interviews acknowledged the numerous methods they received training. The Pre-Audit Questionnaire indicated all staff had completed training. After interviews with the PREA Manager, the Superintendent, and the PREA Coordinator, it was determined all facility staff have received training. A selection of training records was checked for facility staff; all had completed the pre-service training and annual in-service.

The facility requires staff to complete training annually as a refresher instead of the every two years as required by the standard; this exceeds the requirement. New employees receive the training as part of the pre-service training. Training is documented through the signature of the employee on Training Roster Form and a written test. Gender specific information is provided through the lesson plan and documented on the training roster. All training is maintained in the facility's training database for each employee. Documentation of training is directed through facility's policies #216 Training and Staff Development and #268 Sexual Misconduct with Inmates.

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

Standard 115.32 Volunteer and Contractor Training

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

All contractors and volunteers who have contact with offenders receive PREA training prior to assuming their responsibilities. The facility has one hundred fourteen (114) volunteers and contractors. The volunteers and contractors must complete the required training prior to being approved for services. The facility's policies, #216 Training and Staff Development, #217 Contractors and Contractual Staff, and #485 Volunteers, Interns, and Volunteer Programs cover the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response; who is responsible for PREA; zero tolerance; staff responsibilities for PREA; mandatory reporting; PREA definitions; unannounced supervisory rounds; opposite gender announcements; prohibitions on sexual misconduct with offenders; and retaliation. Volunteers are provided a PREA training handout.

The medical, mental health, and food service staff are contractors within the facility. These contractors have annual in-service training with the facility staff. Training records were reviewed and the files demonstrated the contractors and volunteers 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 form is maintained by the PREA Manager. The agency exceeds the standard by providing training annually to volunteers and contractors.

Interviews were conducted with two (2) contractors. No volunteers were available for interviews during the on-site audit. The contractors interviewed indicated they had received training. They were knowledgeable on PREA, their responsibilities for PREA Audit Report

reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated they would report to a security supervisor and direct supervisor immediately.

Standard 115.33 Inmate Education

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

The Plymouth County Correctional Facility provides a comprehensive offender PREA education to the offender population beginning at intake into the facility. The facility policies, #404 Intake Orientation and the Inmate Orientation Handbook, address the PREA education for offenders at intake. At intake into the facility, staff provide offenders 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 information video is playing that includes PREA information. The auditor observed this education during the intake process. During the audit period, 4,782 offenders were received at the facility. The Pre-Audit Questionnaire indicated only 4,764 offenders (99.6%) received educational information at intake. The facility indicated the numbers were different based on the date the report was run and all offenders have received the educational information at intake. Based on the process the auditor observed, all offenders receive the information during the intake process. The random offenders interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls.

The PREA information is provided again to the offender by staff during the Inmate Orientation Program either by video or in person. Of the 4,782 offenders received through intake, 1,232 (25.8%) received comprehensive education. Those offenders were ones with a stay longer than thirty (30) days. The offender acknowledges the training by signing the PREA Statement Receipt which is also signed by the staff member. A copy is given to the offender. Policy #404 Inmate Orientation requires the orientation is completed within one month of the offender's admission and documented by a statement signed and dated by the offender and by the staff person conducting the orientation.

The facility provides inmate education in formats accessible to all inmates. The facility also provides written materials in formats or through other methods for effective communication with offenders with intellectual disabilities, limited reading skills, or who are blind or have low vision. The offender handbook is available in English, Spanish, and Portuguese. PREA information is also available through Braille signs. The orientation video is available in multiple languages verbally. The facility utilizes a Language Line Service and Sign Language Interpreting Services as needed. Copies of invoices documenting the use of the services were provided for verification of practice and services.

The facility conducted education with all offenders within the twelve (12) month period by housing unit within the twelve month period prior to the PREA standards being implemented. This was verified during the initial PREA audit. All offenders received since the initial offender training have received training through intake and the Inmate Orientation Program.

Through random offender interviews and discussions with offenders on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, and through information posted in the housing areas. Informational PREA Posters were posted in the housing areas, dayrooms, programs, and work areas. Offenders were able to explain how to report an incident and were aware of the zero tolerance policy. The intake process was observed demonstrating the sharing of the PREA information with incoming offenders. The Classification Committee also reviews PREA information with the offender during the interview including how to report, who to report to, and maintaining appropriate professional relationships with staff and other offenders. A classification committee was observed during the audit.

Standard 115.34 Specialized Training: Investigations

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

The facility's policies, #216 Training and Staff Development, Plymouth Police Department Policy 2.07 Rape Investigations, and #513 Investigations and Evidence Control reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plan Sexual Assault Investigators Training including 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 facility has nine (9) trained investigators who have completed the general PREA training and the required specialized training for investigators. The specialized training is a twenty-four (24) hour training block. The specialty training was verified through the investigator interviews and review of the training records including training certificates.

Standard 115.35 Specialized Training: Medical and Mental Health Care

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

The thirty-one (31) medical and mental health staff of Plymouth County Correctional Facility are contractors. The staff has received specialized training as well as the basic orientation contractor training. The staff also attend annual in-service with the facility staff to receive annual PREA refresher training. Policy #216 Training and Staff Development outlines the requirement of the training. This specialized PREA training and continuing education for all medical and mental health staff includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. During the on-site audit, the health care department provided verification that training was completed by all staff. The specialized training was conducted by a SANE nurse through the Department of Public Health. An employee training form, Training Roster Form, was submitted for documentation that verified training through the signatures of healthcare staff. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The general contractor training was documented through the Employee Acknowledgement of Receipt Form.

The facility's staff are not trained on the conducting forensic exams. All offenders requiring a forensic exam are transported to a local hospital.

The health care department maintains training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. These records are also maintained through the Training Roster signature sheets and electronic training logs. This practice is verified through the training records maintained by the healthcare department and facility.

Standard 115.41 Screening for Risk of Victimization and Abusiveness

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

The screening process for the risk of victimization and abusiveness are outlined in the policies #268 Sexual Abuse and Sexual Harassment of Inmates, #401 Booking and Admissions, and #420 Classification Plan. The policies state "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". This screening occurs at intake into the facility with the use of the Booking: Initial PREA Risk Assessment Form (Attachment 5) or Transfer: PREA Assessment (Attachment 3) from Policy #268 Sexual Abuse and Sexual Harassment of Inmates. The policy requires the screening to be completed within seventy-two (72) hours. This screening is conducted for all offenders during intake into the facility by the intake/receiving staff. This screening assists with determining an inmate's vulnerability or tendencies of acting out with sexually aggressive behavior. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified as known victim, potential victim, know predator, potential predator, or no designation.

The auditor observed the intake process including the intake staff completing the risk assessment form. At the arrival to the facility, the intake staff completes the Booking: Initial PREA Risk Assessment Form or Transfer: PREA Assessment as part of the intake paperwork process. The risk assessment forms conform to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; the offender's own perception of vulnerability, and whether the offender is detained solely for civil immigration purposes. The risk assessment form is usually completed on the day of arrival at the facility within hours of the offender's arrival. The policy requires the screening should occur within 72 hours of arrival. The risk screening form is scored based on the number of yes responses. Based on the score, the offender will be identified as a known victim; potential victim; know predator; potential predator; or no designation. The facility on the PRE-Audit Questionnaire indicated 2,628 offenders were screened within 72 hours of their intake; which was 100% of the offenders admitted to the facility in the past twelve (12) months whose length of stay was for 72 hours or more. All intake staff members are trained on conducting the risk assessments. During the random offender interviews, most offenders indicated they remember being asked these questions on the day of their arrival and within an hour of arrival to the facility. The auditor observed a risk screening of a new intake.

A classification officer will reassess the offender's risks of victimization and abusiveness within thirty (30) days of offender's arrival to the facility based upon any additional, relevant information received by the facility since the intake screening, policy #420 Classification Plan. In the audit period, there were 1,232 offenders (25.8% of the 4,782 offenders received) identified for reassessment for risk of victimization or abusiveness. Staff utilizes the Classification: PREA Risk Assessment Form (Attachment 4) for the reassessment process. The interviews with staff who perform screening for risk of victimization and abusiveness indicated that referrals are also made for reassessments by the PREA office and other staff.

Through review of policies #420 Classification Plan and #401 Booking and Admissions and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's facility classification file. Other than classification staff, the only other staff with access is the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Managers, housing placement officer, and as needed the PREA review team. Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments, and mental health and medical referrals. If an offender is identified with a PREA risk, the housing placement officer is notified verbally and through email prior to the housing placement is made for the offender. The protection of information is outlined in policies #420 Classification Plan and #401 Booking and Admissions.

Standard 115.42 Use of Screening Information

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

The facility's policies #420 Classification Plan, #402 Unit Management, #421 Special Management, and post orders 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 offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 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 identification 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. During the site visit, the auditor observed the classification officer completing the risk assessment process with an offender. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

The facility's policy #420 Classification Plan indicates that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. During the interview with the transgender offender it was indicated he had the opportunity to shower separately, was treated with respect, and was not housed in dedicated housing areas. He also stated the classification officer met with him and discussed housing placement and if there were any concerns for safety within the unit. He also indicated the classification officer and PREA Manager asked him whether he felt safe, had any safety concerns, and shared how to report if any concerns occurred. Of the eleven (11) identified LGBTIQ offenders interviews were conducted with three (3) gay and transgender offenders. These offenders indicated they were not housed in dedicated housing. This was verified by the auditor's review of the housing assignments of the offenders.

By policy #420 Classification Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The facility has not housed a transgender beyond six months. The transgender currently housed indicated that the PREA Managers and classification staff check on him during housing unit rounds. The PREA Manager confirmed during the interview that a classification review would be conducted with each transgender offender at least twice a year, every six months. The classification review would be conducted as a classification meeting with the classification officer and a PREA Manager.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status supported through policies #420 Classification Plan, #421 Special Management Inmates, and #402 Unit Management. The facility has single shower stalls with shower curtains which allow transgender and intersex offenders the opportunity to shower separately from other offenders or would be provided a separate shower time when the dayroom is closed.

Standard 115.43 Protective Custody

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

The facility's policies #401 Booking and Admissions, #420 Classification Plan, and #421 Special Management Inmates states "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 as assessment immediately, the facility may hold the inmate in

involuntary segregated housing for less than 24 hours while completing the assessment.” Through staff interviews, staff indicated that other housing placements would be considered prior to involuntary segregation housing including using medical and booking cells for as safe zone housing. The policy #421 Special Management Inmates direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Offenders maintain all program, privileges, and services available to the general population offenders; no restrictions unless warranted through a disciplinary case. The interview with the Captain who supervises segregated housing indicated that the offender would have access to programs by program staff visiting the offender and participating through informational packets provided; maintain privileges such as telephone, visits, commissary, library, and recreation; continue education through educational staff visiting the offender and providing material packets; and have the opportunity to work in the area where the offender could be supervised to ensure safety. If a restriction would occur, it would be based on a discipline case and would be documented through that process and an incident report.

If an offender would be placed in involuntary segregation housing (special housing), the offender would have a review conducted weekly on Monday by the review team. The team consists of the Captain, Lieutenant, correction officer, Director of Classification, housing assignment officer, mental health, case worker, and interior perimeter security officer. This procedure and practice exceeds the standard requirement of 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.

Offenders may be placed in single cell housing in the segregation housing area during an investigation. However, staff indicated this is not a common practice and if it occurred, it usually is only for a day. Offenders are usually placed in other housing options. This practice was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

Standard 115.51 Inmate Reporting

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

The Plymouth County Correctional Facility has established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the offender handbook, pamphlets, and on posters throughout the facility. Offenders 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, call the rape crisis hotline, or send an anonymous through the a request slip. Offenders may also report allegations in writing to the Plymouth Police Department as an outside agency. Policy #268 Sexual Abuse and Sexual Harassment and the Inmate Orientation Handbook outline the reporting methods available to the offender population.

Reports to the confidential hotline and Plymouth Police Department may be made confidentially and remain anonymous upon request. The Plymouth Police Department will immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. The department will forward to the facility any information regarding the allegation and the victims name unless the victim has requested to stay anonymous. There were four (4) allegations during this audit period reported outside of the facility; one (1) through the General Counsel office, one (1) through PREA hotline, and two (2) reported an another correctional facility. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, investigations, and interviews with offenders and staff.

During the formal offender interviews and informal offender interviews during the tour, most offenders 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, submitting a request slip, writing a grievance, writing the police department, and/or contacting their family or friend. Upon reviewing the reporting methods of the thirty (30) allegations reported within the facility; eighteen (18) were verbally reported to a staff member, three (3) were reported through a request slip, two (2) reported to another agency, one (1) reported through the general counsel, one (1) reported through the PREA Hotline, one (1) through an anonymous note, two (2) through sick call slip, and two (2) through a third party (another offender).

Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, a staff member, PREA Managers, or a security supervisor.

The facility does hold ICE detainees. The detainees are provided the same reporting information as all offenders. 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 of reporting for reporting.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the 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. Policy #268 Sexual Abuse and Sexual Harassment of Inmates indicate that staff shall be allowed to privately report sexual abuse and sexual harassment of offenders by calling the PREA hotline, through the PREA Manager, utilize the department website, and notifying an outside law enforcement agency. During the random interviews, there were inconsistent answers by the staff. This information was shared with the facility administration. Prior to the close of the on-site audit, all staff completed an electronic field training competency as a refresher on how they can report privately. Copies of the training forms were provided to the auditor. The reporting requirements and informational process is also provided to staff through training, employee policies, and employee handbook.

Standard 115.52 Exhaustion of Administrative Remedies

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

The agency's policies #491 Inmate Grievance Procedures, #268 Sexual Abuse and Sexual Harassment of Inmates and the Inmate Orientation Handbook addresses administrative procedure for offender grievances regarding sexual abuse and sexual harassment. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff. The policies states the facility will not impose a time limit on when an inmate may submit a grievance regarding allegations of sexual abuse and 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.

Policy #491 Inmate Grievance Procedures requires the facility issue a final decision on the merits of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. An extension may be granted up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. If an extension is granted, the offender shall be notified in writing of any such extension and provide a date by which a decision will be made. There were three (3) grievances submitted: one (1) alleged sexual misconduct, one (1) alleged sexual harassment, and one (1) third party allegation of sexual harassment by offender. All allegations were forwarded to the PREA Manager for investigation. The investigations were completed immediately and responses provided to the offenders within three (3) days. The sexual misconduct allegation was determined unsubstantiated. The sexual harassment was determined unfounded. And the third party allegation of sexual harassment was determined unsubstantiated. Through a review of the grievances and documentation provided, it was determined they were handled in a timely and proper manner. This was also documented through the review of the timeframes in the investigation files.

When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within 48 hours of receipt. The facility's policy, #491 Inmate Grievance Procedures, requires that within five (5) calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. There were no emergency grievances filed alleging that an offender was subject to a substantial risk of imminent sexual abuse.

During the formal offender interviews and informal offender interviews during the tour, most offenders 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, submitting a request slip, writing a grievance, writing the police

department, and/or contacting their family or friend. Upon reviewing the reporting methods of the thirty (30) allegations reported within the facility; eighteen (18) were verbally reported to a staff member, three (3) were reported through a request slip, two (2) reported to another agency, one (1) reported through the general counsel, one (1) reported through the PREA Hotline, one (1) through an anonymous note, two (2) through sick call slip, and two (2) through a third party (another offender). Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, a staff member, PREA Managers, or a security supervisor.

The facility's policies #491 Inmate Grievance Procedures and #268 Sexual Abuse and Sexual Harassment, address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of offenders. A third party grievance received will be processed through the grievance process. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented. There was one (1) third party grievance filed of an allegation of sexual harassment. The grievance was investigated and determined unsubstantiated.

Policy #491 Inmate Grievance Procedures states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The 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

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

The facility's policy #620 Special Health Care Practices, states the facility shall attempt to make available to the victim a victim advocate from a rape crisis center, if the rape crisis center is not available, the facility will make available a qualified staff member. The facility also has two (2) trained PREA victim advocates; a caseworker and sergeant. The victim advocates completed the Violence Intervention and Prevention Sexual Assault Counselor/Advocate through the Health Imperatives rape crisis center. The victim advocate is available to provide emotional support services and counseling on and off the facility as needed to staff and offenders. Anytime an offender is the victim of a sexual assault, a victim advocate from the agency or facility is offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

The facility has a MOU agreement with Health Imperatives – A New Day, a certified rape crisis center. The agency will provide offenders at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, and referral 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 offender reference. The posting also provides telephone numbers for various rape crisis centers in Massachusetts and the National Sexual Assault Telephone Hotline. This information is also available to the offenders through the Detainee Orientation Handbook and the Inmate Orientation Handbook.

Policy #482 Inmate Telephone System and the offender handbooks inform the offenders that all telephone calls at the facility are subject to being recorded. This information is also posted in the housing units.

The majority of offenders interviewed indicated they were not aware of the outside support services. However, the facility provides this information in multiple ways to the offenders: during the education process, in the offender handbook, and on posters within the facility. Some offenders interviewed indicated they could call the hotline for assistance.

Standard 115.54 Third-Party Reporting

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

The facility's policy #268 Sexual Abuse and Sexual Harassment of Inmates states the method to receive third party reports of sexual abuse and sexual harassment is available on the facility website and through information provided in the facility lobby. The information is also available through the Visitors Information Booklet. The facility's website provides a link 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. Third party reporting can also be accomplished through contacting the hotline, PREA Coordinator, and PREA Manager. Third party reporting information is shared through the agency's website, handbooks, brochures, and postings.

During the formal offender interviews and informal offender interviews during the tour, offenders were able to identify the hotline, writing the PREA Manager, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews also. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility. There were three (3) third party reporting incidents within the audit period; one (1) grievance third party and two (2) of offender reporting on behalf of another offender.

Standard 115.61 Staff and Agency Reporting Duties

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

The facility's policies #268 Sexual Abuse and Sexual Harassment of Inmates, #620 Special Health Care Practices, #513 Investigations and Evidence Control and the Employee Handbook requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to their immediate supervisor of the shift commander. The policies also state that staff are not to 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. This is covered in the annual in-service training, pre-service training, and muster briefings for all staff. 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 are able to report through calling the PREA hotline, contacting the PREA Manager, notifying a supervisor, and when necessitated, notify an outside law enforcement agency.

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. 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. The facility does not house juveniles.

All allegations are reported to designated investigators, per policy #513 Investigations and Evidence Control. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders including third-party. Numerous staff during the interviews were not aware they could report anonymously. This information was shared with the facility administration. Prior to the completion of the on-site audit, staff completed field training competency as a refresher on how they could report anonymously. Copies of the training were provided to the auditor. Staff identified the

PREA Manager, PREA Investigator, and security supervisors as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

Standard 115.62 Agency Protection Duties

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

The facility's policies #268 Sexual Abuse and Sexual Harassment of Inmates and #420 Classification Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The policy outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse is by immediately taking action to ensure the offender is separated from the other offender and that the offender is maintained in a safe location. Other procedures also include changing the offenders housing assignment, make an immediate medical referral, make a mental health referral, and when necessary remove the offender from area to be placed in segregation for safety. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse; to immediately separate the offender from the area to keep the offender safe and contact the supervisor. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

In the audit period, the Pre-Audit Questionnaire reported three (3) offenders were subject to substantial risk of imminent sexual abuse. These offenders were removed from the potential risk while the investigation process and outcome was determined. During the Superintendent's interview, he outlined the steps that would be taken to ensure the safety of the offender determined to be at substantial risk of imminent sexual abuse by removing the offender from the area and placing the offenders in safe housing during the investigation process.

Standard 115.63 Reporting to Other Confinement Facilities

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

The facility's policy #268 Sexual Abuse and Sexual Harassment of Inmates requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Superintendent will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification should take place as soon as possible, but no later than seventy-two (72) hours after receiving notification. The notification will also be documented. In the audit period, there were seven (7) allegations reported at the facility that an offender was abused while confined at another facility. The facilities were notified by the Plymouth Correctional Facility through email first and followed by a hard copy usually within twenty-four (24) hours of the notification and always within the required seventy-two (72) hours. The facility requests from the reporting facility any relevant information in order that the facility may inform the offender as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded. At the time of the audit, the facility had received information on two (2) of the allegations; one was determined unsubstantiated and the other unfounded. The offenders were notified of the outcomes. This process was confirmed through the interviews with the Superintendent, PREA Manager, Investigator, and the Agency Designee, as well as, documentation of the notifications.

The facility received notifications from two (2) agencies that an offender reported sexual abuse that alleged occurred while at the Plymouth County Correctional Facility. These allegations were investigated and one (1) was found unsubstantiated and one (1) unfounded. Notifications were reviewed within the investigation files and the notifications were made within the acceptable time frames. Notifications are made through a written letter to the offender.

Standard 115.64 Staff First Responder Duties

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

The facility's policies #268 Sexual Abuse and Sexual Harassment of Inmates, #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. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member. The Shift Commander will make further notifications to the Superintendent, medical, mental health, PREA Manager, and PREA Investigator.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA 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.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps 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 supervisor. The four (4) first responders interviewed outlined the process that was taken to ensure the safety of the offender including separating the alleged victim from the abuser, place the offenders in safe secure area, secure the area as a crime scene, preserve the evidence, notify shift supervisor, notify medical, and document the allegation. In the audit period, there were fourteen (14) allegations reported within the facility that an offender was sexually abused in the facility. A security staff member was the first responder in nine (9) of the allegations. A non-security staff was the first responder in five (5) of the allegations. Only one (1) allegation was within a time frame that still allowed for the collection of physical evidence. Physical evidence was collected on the allegation.

There were four (4) offenders interviewed that reported sexual abuse. The offenders all indicated that staff took the appropriate actions. They indicated the staff responded immediately to place them in a safe location, the PREA investigator interviewed them, and they were referred to medical and mental health for services. Two (2) were sexual misconduct, one (1) sexual harassment and one (1) a sexual abuse allegation with staff (consensual contact that was reported years later).

Standard 115.65 Coordinated Response

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

The facility's policy #268 Sexual Abuse and Sexual Harassment outlines the coordinated effort between security staff, investigator, medical and mental health services, outside hospital, and victim advocate. The procedures provide a systemic notification and response following a reported sexual abuse incident. The PCCF Facility PREA Coordinated Response Plan is provided to outline all steps of the process. The written facility plan, coordinates the actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with

the Superintendent and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. 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 investigation file reviewed.

Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers

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

The Plymouth County Sheriff's Department and Correctional Facility has three (3) collective bargaining agreements; Association of County Employees, National Correctional Employees Union Local 301, and National Correctional Employees Union Local 104. The effective dates of the agreements are July 1, 2014 through June 30, 2017. At the time of the audit, the agreements had just expired and were in negotiations. The agreements state the agreement will remain in full force and effect during negotiations and until the successor is signed. 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.

Standard 115.67 Agency Protection Against Retaliation

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

The facility's policies #268 Sexual Abuse and Sexual Harassment of Inmates, #240 Employee Assistance Program, #420 Classification Plan, and #650 Procedure Mental Health Services outlines protection of all offenders and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. The policy designates the PREA Manager as the staff member to monitor retaliation. Policy #268 Sexual Abuse and Sexual Harassment of Inmates outlines the PREA Manager shall monitor retaliation for at least ninety (90) days following a report of sexual abuse with the monitoring occurring at least every thirty (30) days and documented on the PREA Climate Report.

The two (2) PREA Managers were interviewed as staff who monitor retaliation. They indicated they monitor the offenders and/or staff on a weekly basis, although the policy only required monthly checks, and document the contact on the weekly Climate Report. Additional contacts is made with offenders during housing rounds or when contacted by the offender. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns are grievances, hotline calls, discipline, housing changes, programs changes, change in offender behavior, monitoring of phone calls and mail, program participation, and input from staff. The PREA Managers were very knowledgeable of their monitoring responsibilities. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. Currently, there were six (6) offenders officially being. There were no monitoring cases extended beyond the 90 days for this audit period.

As part of the review for staff retaliation, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty days. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the Superintendent will promptly be notified. The facility will take appropriate measures to protect that individual against retaliation. Protection can be through housing change, program changes, and staff assignment changes. The Superintendent will ensure remedy of the situation and advise the staff member of the availability of emotional support services also. Different measures to protect the staff may include different job position, shift, and/or work hours while the investigation of retaliation is in progress. During the interviews with the PREA Managers and the Superintendent,

the process was outlined to be taken that matched the policy and procedures. During this audit time period, there were no staff monitored for instances of retaliation.

The retaliation monitoring process was confirmed through interviews with the Superintendent, PREA Managers, and offenders that reported sexual abuse. A review of the Climate Reports was conducted to verify the monitoring. The weekly monitoring exceeds the standard. It was recommended that the documentation be extended to include detailed information including notes on all changes, including why a housing, job or program change was made to ensure the changes were not made for retaliation per offender/staff. There were no reported incidents of retaliation at the facility.

Standard 115.68 Post-Allegation Protective Custody

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

The facility's policies #401 Booking and Admissions, #420 Classification Plan, and #421 Special Management Inmates states "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. The facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment." Through staff interviews, staff indicated that other housing placements would be considered prior to involuntary segregation housing for offenders who have suffered sexual abuse including using medical and booking cells for as safe zone housing. The policy #421 Special Management Inmates direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Offenders maintain all program, privileges, and services available to the general population offenders; no restrictions unless warranted through a disciplinary case. The interview with the Captain who supervises segregated housing indicated that the offender would have access to programs by program staff visiting the offender and participating through informational packets provided; maintain privileges such as telephone, visits, commissary, library, and recreation; continue education through educational staff visiting the offender and providing material packets; and have the opportunity to work in the area where the offender could be supervised to ensure safety. If a restriction would occur, it would be based on a discipline case and would be documented through that process and an incident report.

If an offender would be placed in involuntary segregation housing (special housing), the offender would have a review conducted weekly on Monday by the review team. The team consists of the Captain, Lieutenant, correction officer, Director of Classification, housing assignment officer, mental health, case worker, and interior perimeter security officer. This procedure and practice exceeds the standard requirement of every thirty (30) days. Although the facility has not held an offender who alleged to have suffered sexual abuse in involuntary segregated housing, the auditor reviewed the process by the team documentation of other offenders housed in segregation.

Offenders 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. However, staff indicated this is not a common practice and if it occurred, it usually is only for a day. Offenders are usually placed in other housing options. This practice was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

Standard 115.71 Criminal and Administrative Agency Investigations

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

The facility's policy #513 Investigations and Evidence Control addresses conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports. The policy also 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 facility completes the administrative investigation and the Plymouth Police department completes the criminal investigation. The PREA Manager will notify the Plymouth Police Department of any allegation for investigation and further action. The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, early, and objectively including third party and anonymous reports, by investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were initiated immediately by the PREA investigator or PREA Manager. If the investigation is determined criminal, the Plymouth Police Department is notified for the investigation. This was confirmed through the interviews with the unit investigator and PREA Manager who conducts the administrative investigations. If the incident occurs after hours, the shift commander will begin the investigation process and notify the PREA Investigator and PREA Manager. Once on site, the PREA Investigator will take over the investigation and evidence collection. The investigator indicated the first steps in initiating an investigation would be to separate and ensure the offenders are safe guarded, crime scene secure, and preserving the evidence. 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 facilities policies, #216 Training and Staff Development, Plymouth Policy Department Policy 2.07 Rape Investigations, and #513 Investigations and Evidence Control reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plans Sexual Assault Investigators Training including 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 facility has nine (9) trained investigators who have completed the general PREA training and the required specialized training for investigators. The specialized training is a twenty-four (24) hour training block. The specialty training was verified through the investigator interviews and review of the training records including training certificates.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the facility nor Plymouth Police Department requires an offender 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. 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 allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the PREA Manager's office. The interviews with the PREA investigator who conducts the offender on offender and staff on offender administrative investigations demonstrated the knowledge of facility's investigation responsibilities and the investigation partnership with the Plymouth Police Department. Cases that are substantiated that appear to be criminal are referred to the district attorney by the Plymouth Police Department. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website <http://www.pcsdma.org/prea.html> and the PREA informational booklet. The investigators 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 is able to be shared giving consideration to the integrity of the case. The Superintendents, PREA Coordinator, PREA Manager, and PREA investigator noted during their interviews the positive communication and information sharing regarding updates and outcomes of the case.

The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and investigation outcome. The Investigation Folder is maintained in the PREA Managers and PREA Investigator's office.

There were thirty (30) allegations reported during the audit period: twenty-one (21) allegations occurred at the facility with two (2) of those reported at another facility and seven (7) allegations that occurred at another facility and reported at the Plymouth County Correctional Facility. Of the nine (9) staff on offender allegations; there were six (6) alleged staff on offender sexual abuse and three (3) alleged staff on offender sexual harassment. The administrative findings of the staff on offender allegations of sexual abuse were five (5) unfounded and one (1) unsubstantiated. The administrative findings of the staff on offender allegations of sexual harassment all three (3) were unfounded. Of the staff on offender sexual abuse allegations, four (4) were referred to the Plymouth Police Department for investigation. Of the twenty-one (21) offender on offender allegations; there

was eight (8) alleged offender on offender sexual abuse and thirteen (13) alleged offender on offender sexual harassment. The administrative findings of the eight (8) offender on offender sexual abuse allegations were two (2) substantiated, two (2) unsubstantiated, and four (4) unfounded. The administrative findings of the offender on offender allegations of sexual harassment were five (5) substantiated, four (4) unsubstantiated, and four (4) unfounded. Of the offender on offender sexual abuse allegations, seven (7) were referred to the Plymouth County Police Department for investigation. One of the cases was referred to the District Attorney for prosecution. A review of fifteen (15) administrative investigations was conducted. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings. Policy #513 Investigations and Evidence Control states the Plymouth County Sheriff's Department shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the Plymouth County Sheriff's Department, plus five (5) years.

The auditor determined the facility exceeds this standard through the partnership with the Plymouth Police Department demonstrated in the investigation process and communication. 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

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

The facility's policies #513 Investigations and Evidence Control and #230 Employee Discipline and Terminations 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 interviews with the investigators and review of the investigation reports confirm compliance with the policy and standard.

Standard 115.73 Reporting to Inmates

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

The facility's policies #268 Sexual Abuse and Sexual Harassment of Inmates and #513 Investigations and Evidence Control requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to offenders are documented by a written letter to the offender and noted on the PREA Investigation File Sheet (attachment 8). The process directs the PREA Manager to notify the offender the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. If an offender is transferred prior to the notification, the facility makes every attempt to notify the offender by mail. This process was confirmed during interviews with staff and offenders and reviews of the notifications in the case files.

The Plymouth Police Department provides updates to the facility through the PREA Manager and PREA Investigator on the criminal investigations. This was supported through interviews with the PREA Manager, PREA Investigator and the Superintendent. The offender is kept informed of the progress of the investigation by the PREA Managers.

If the allegation of sexual abuse was by a staff member, the policy states the facility (PREA Manager) will inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual

abuse within the facility. The facility has had no incidents to inform the offender during this audit period. If the allegation was sexual abuse by another offender, the policy requires the facility (PREA Manager) to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The facility has had no incidents that require notifications to the offender during this audit period. The investigation files reviewed all contained the offender notifications documented through letters and noted on the PREA Investigation File Sheet (attachment 8). In an interview with offenders that reported a sexual abuse, the offenders stated they received letters of notification of the investigation outcome. Two (2) of the offenders also noted that the PREA Investigator met and discussed the outcomes with them.

The facility staff indicated that outcome notifications were made in all cases except one. In that case, the offender was released at court prior to notification and his records stated his address as homeless. The outcome was unfounded. The notifications of outcome were documented in the investigation case files.

Standard 115.76 Disciplinary sanctions for staff

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

The facility's policies #230 Employee Discipline and Terminations and #268 Sexual Abuse and Sexual Harassment of Inmates state that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. 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 cause." There were no employees that violated the agency sexual abuse or sexual harassment policies. There were no employees terminated or resigned prior to termination.

Standard 115.77 Corrective Action for Contractors and Volunteers

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

The facility's policies #217 Contractors and Contracted Staff and #268 Sexual Abuse and Sexual Harassment of Inmates states the department may terminate the permission of a contractor or contracted staff to enter the Plymouth County Correctional Facility for violation of rules and regulations. All claims of violations will be fully investigated; suspension of entrance privilege may be placed on any individual being investigated. The policy states that contractors and volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates.

This was supported by the volunteer and contractor PREA training and orientation. Interviews with two (2) contractors confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Superintendent stated during the interview that the volunteer/contractor would be separated from the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be terminated and the case turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with offenders.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies. There was one investigation on a volunteer. The investigation did not find merit to the allegation, however, the volunteer was required to be retrained on PREA and facility concerns.

Standard 115.78 Disciplinary Sanctions for Inmates

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

The facility's policy #430 Inmate Disciplinary outlines that offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Superintendent indicated in the interview that disciplinary sanctions could include restrictions, internal discipline sanctions, thirty (30) day detention time, increase security measures, and prosecution if warranted. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. The Superintendent noted that special considerations are required for offenders 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.

Pursuant to Policy #430 Inmate Disciplinary Plan and #268 Sexual Abuse and Sexual Harassment of Inmates, inmates will be subject to disciplinary action for committing sexual abuse when an offender is found to have engaged in sexual contact with a staff member, the offender may be disciplined only where the staff member did not consent. The policy, #430 Inmate Disciplinary Plan indicates an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes of disciplinary action. The agency's policy prohibits all sexual activity between offenders to include consensual and will process discipline on offender-on-offenders sexual activity, but will not consider it sexual abuse.

There were two (2) administrative findings of offender-offender sexual abuse that resulted in disciplinary sanctions. There was no criminal finding of guilty for offender-on-offender sexual abuse.

Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse

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

The facility's policies #401 Booking and Admissions, #650 Procedure Mental Health Services, and #620 Special Health Care Procedures requires medical and mental health follow-up within fourteen (14) business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the offender has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the offender is referred for medical and mental health services. If deemed as an emergency or a serious nature, the offender is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within fourteen (14) days. 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. Of the five (5) offenders interviewed that disclosed victimization during screening, three (3) acknowledged they were offered medical and mental health services. However, upon reviewing records for the five (5) offenders, referrals were made for all the offenders. Four (4) of the offenders received healthcare services, one occurred immediately and others within the appropriate time frames. One (1) offender declined medical and mental health services. The auditor reviewed the medical and mental health cases, the offenders' case notes were well documented and the reason for the referral noted.

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 per policy #620 Special Health Care Practices. Information is shared with appropriate staff including the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Managers, housing placement officer, classification staff, and as needed the PREA review team.

The medical and mental health staff must obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, policies #650 Procedure Mental Health Services and #620 Special Health Care Practices. This process was confirmed through interviews with medical and mental health staff, Superintendent, and PREA Manager.

Standard 115.82 Access to Emergency Medical and Mental Health Services

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

The facility's policies #620 Special Health Care Practices, #650 Procedure Mental Health Services and the Inmate Orientation Handbook indicate that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The policies also state 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 shall immediately notify appropriate medical and mental health practitioners. 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. Interviews with medical staff indicated that offenders are offered medical and crisis intervention services immediately and if needed are sent out to the local hospital for treatment. Mental health services are provided immediately if mental health is in the facility, if not, the offender is seen within twenty-four (24) hours. The interviews with offenders who reported sexual abuse stated they were provided medical care immediately, and in most cases mental health services also or by the next day.

All alleged victims of sexual assault who require a forensic exam are taken to Beth Israel Deaconess Hospital in Plymouth for completion of the exam and emergency medical healthcare with no cost to the offender. 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. There was one (1) alleged victim of sexual assault who required a forensic exam that was conducted at the hospital by a SANE.

The offenders also receive timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, facility's policies #620 Special Health Care Practices, #650 Procedure Mental Health Services and the Inmate Orientation Handbook. The health care interviews indicated that the initial treatment would be provided by the SANE nurse at the local hospital. The treatment would continue through medical orders by the infectious disease nurse. Additional education, follow-up treatment, counseling, and testing are provided as needed by the infectious disease nurse. Treatment services are provided to every victim without any financial costs per policy.

Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

The facility's policies #620 Special Health Care Practices and #650 Procedure Mental Health Services states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual

abuse. The services and treatment is at no cost to the offenders and are consistent with the community level of care, per policy. The healthcare staff, during their interviews, indicated that the healthcare services are consistent with the community level of care and in most cases better than the community since the offender has immediate access to services. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. The health care interviews indicated that the initial treatment would be provided by the SANE nurse at the local hospital. The treatment would continue through medical orders by the infectious disease nurse. Additional education, follow-up treatment, counseling, and testing are provided as needed by the infectious disease nurse, policy #605 AIDS Supervision, Education, and Testing and Communicable Diseases.

Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process. The interviews with the offenders that reported sexual assault indicated that they were seen by medical immediately and were offered follow-up services. They also indicated mental health services were offered and provided to the offenders that wanted the services. The offenders indicated they received follow-up medical and mental health services as needed. They also indicated there were no charges for medical care.

Standard 115.86 Sexual Abuse Incident Reviews

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

The facility'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 allegations 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, and identify and recommendations that will make the facility a safer environment. The monthly PREA team meeting is documented through meeting minutes.

The review team consists of Deputy General Counsel/PREA Coordinator, PREA Manager, PREA Investigator/PREA Manager, Assistant Deputy Superintendent of Operations, Health Services Director, Director of Program Services, Assistant Deputy Superintendent of Programs, Unit Manager, Major Transportation/Booking, Assistant Deputy Superintendent of Booking, Captain, Shift Commander, and Security and Operations Assistant. The team is appointed by the Superintendent with the last appointment letter dated January 31, 2017. 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.

The PREA Manager prepares a report of findings, including but not necessary limited to the determination made pursuant to the standard criteria and any recommendations for improvement and submits the report to the Superintendent and PREA Coordinator. The PREA Coordinator will approve the report and any recommendations made by the team. The facility will implement recommendations that result from the review, or document the reasons for not doing so. The PREA Manager stated in the interview that the PREA Managers are responsible for follow-up with departments to ensure recommendations are achieved.

Sexual abuse incident reviews were completed on all sexual abuse investigations cases determined substantiated and unsubstantiated. The unfounded cases were not formally reviewed but discussed at the team meetings. The PREA review Team reports from the reviews were reviewed. The PREA team reviewed all the components listed in the standard and noted recommendations when needed. The interviews with the Incident Review Team indicated they review all five elements including

offender rosters, offender movements, area blind spots, review the incident area, adequate staffing, rounds being conducted, staff follow policy, review of shift reports, building schedule, training records of the staff in area of incident, and whether cameras would supplement supervision in the area. The Superintendent also stated the PREA team is responsible for monitoring for compliance. The review of the files and interviews with the Superintendent, Incident Review Team members, and PREA Manager demonstrates compliance with the standard.

Standard 115.87 Data Collection

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

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. All alleged sexual abuse incidents that occurred are reported to the PREA Coordinator. The information is collected using a uniform data standardized instrument format based from the Survey of Sexual Violence. The PREA Coordinator and PREA Manager with assistance from the Security and Operations Assistant oversee the data collection for the facility. The facility with the PREA Coordinator aggregates the sexual abuse data at least annually. The 2016 Annual Report is available for review on the agency's website. The annual report was reviewed as part of the audit process. The Department of Justice has not requested data from the facility.

Facility policies that outline the data collection process include: #111 Management Analysis, Surveys, and Evaluations and #268 Sexual Abuse and Sexual Harassment of Inmates.

Standard 115.88 Data Review for Corrective Action

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

Facility policies #111 Management Analysis, Surveys, and Evaluations and #268 Sexual Abuse and Sexual Harassment of Inmates outlines the data collection and utilizing for identifying problem areas, taking corrective actions on an ongoing basis, and preparing an annual report of its findings and corrective actions. The PREA Coordinator coordinates the development of the annual report. The report provides data evaluation, policies and program changes, PREA Team Reviews, recommendations made, training, and statistical information for yearly comparisons. The facility uses the monthly PREA Team meetings and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. Before publishing the annual report, all personal identifiers are removed. The annual report is approved by the Sheriff then the report is published on the Plymouth County Sheriff's Department website. The 2016 Annual Report is available on the website for review. The report was reviewed as part of the audit process. The facility also maintains a yearly comparison of data statistics that compared years 2013 through 2016. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Superintendent and review of the data collection reports, it documents the data collection process and correction actions taken by the facility. A recommendation was made to the facility to expand the annual report to outline all the processes the facility demonstrated for the effectiveness of its sexual abuse prevention, detection, and response. A review of various other agencies reports may assist in this process.

Standard 115.89 Data Storage, Publication, and Destruction

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

The facility policies #111 Management Analysis, Surveys, and Evaluations and #268 Sexual Abuse and Sexual Harassment of Inmates direct how the incident based information and aggregate data is collected, properly stored, and securely retained. The data collected is secured in locked cabinets within the PREA Coordinator and PREA Managers offices. Archived data may be stored securely in the warehouse. Information is also maintained on the computer IMATS system which is password protected allowing only approved staff access. Access to all data is controlled. The agency's aggregate data is available to the public through the facility's website (www.pcsdma.org/prea.html) and the PREA Annual Report. The 2016 Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed. The record retention schedule indicates all sexual abuse data collected (PREA data) will be retained for ten (10) years unless federal, states, or local law requires otherwise.

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
Auditor Signature

September 7, 2017
Date