

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

Interim       Final

**Date of Interim Audit Report:** October 22, 2021

**Date of Final Audit Report:** December 6, 2021

## Auditor Information

**Name:** Amy J. Fairbanks

**Email:** fairbaa@comcast.net

**Company Name:** AJF, Correctional Consulting & Auditing, L.L.C.

**Mailing Address:** 3105 S. Martin Luther King, Jr.  
Blvd. #236

**City, State, Zip:** Lansing, MI 48910

**Telephone:** (517) 303-4081

**Date of Facility Visit:** September 27-28, 2021

## Agency Information

**Name of Agency:** Norfolk County Sheriff's Office

**Governing Authority or Parent Agency (If Applicable):** Commonwealth of Massachusetts

**Physical Address:** 200 West Street

**City, State, Zip:** Dedham, MA 02026

**Mailing Address:** P. O. Box 149

**City, State, Zip:** Dedham, MA 02026

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:** norfolksheriff.com/publicinfo/prea

## Agency Chief Executive Officer

**Name:** Patrick W. McDermott, Sheriff

**Email:** pmcdermott@norfolksheriffma.org

**Telephone:** (781) 329-3705

## Agency-Wide PREA Coordinator

**Name:** Danielle Frane, Assistant Superintendent

**Email:** Dboomhower@norfolksheriffma.org

**Telephone:** (781) 751-3347

**PREA Coordinator Reports to:**  
Michael Harris, Superintendent  
[Click or tap here to enter text.](#)

**Number of Compliance Managers who report to the PREA  
Coordinator:** 1

## Facility Information

**Name of Facility:** Norfolk County Sheriff's Office

**Physical Address:** 200 West Street

**City, State, Zip:** Dedham, MA 02026

**Mailing Address (if different from above):**  
P. O. Box 149

**City, State, Zip:** Dedham, MA 02026

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [norfolksheriff.com/publicinfo/prea](http://norfolksheriff.com/publicinfo/prea)

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Massachusetts Department of Correction conducts audits twice yearly.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Patrick W. McDermott, Sheriff

**Email:** [pmcdermott@norfolksheriffma.org](mailto:pmcdermott@norfolksheriffma.org)

**Telephone:** (781) 329-3705

### Facility PREA Compliance Manager

**Name:** Patrick Harris, Accreditation Manager

**Email:** [pharris@norfolksheriffma.org](mailto:pharris@norfolksheriffma.org)

**Telephone:** (781) 751-3413

### Facility Health Service Administrator N/A

**Name:** Tata Flynn, Assistant Deputy Superintendent of Health Services

**Email:** [tflynn@norfolksheriffma.org](mailto:tflynn@norfolksheriffma.org)

**Telephone:** (781) 751-3361

### Facility Characteristics

**Designated Facility Capacity:**

500

**Current Population of Facility:**

339

|   |   |
|---|---|
| Average daily population for the past 12 months:  | 351   |
| Has the facility been over capacity at any point in the past 12 months?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Which population(s) does the facility hold?   | <input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males  |
| Age range of population:  | 18 - 80   |
| Average length of stay or time under supervision:   | 102 days  |
| Facility security levels/inmate custody levels:   | Maximum, Medium, Minimum, Pre-release   |
| Number of inmates admitted to facility during the past 12 months:   | 1575  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :   | 649   |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :  | 667   |
| Does the facility hold youthful inmates?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)   | Click or tap here to enter text.<br><input checked="" type="checkbox"/> N/A   |
| Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):           | <input type="checkbox"/> Federal Bureau of Prisons<br><input checked="" type="checkbox"/> U.S. Marshals Service<br><input type="checkbox"/> U.S. Immigration and Customs Enforcement<br><input type="checkbox"/> Bureau of Indian Affairs<br><input type="checkbox"/> U.S. Military branch<br><input type="checkbox"/> State or Territorial correctional agency<br><input type="checkbox"/> County correctional or detention agency<br><input type="checkbox"/> Judicial district correctional or detention facility<br><input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail)<br><input type="checkbox"/> Private corrections or detention provider<br><input type="checkbox"/> Other - please name or describe: Click or tap here to enter text.<br><input type="checkbox"/> N/A |
| Number of staff currently employed by the facility who may have contact with inmates:   | 237   |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:  | 17  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:  | 4   |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility:   | 30  |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility:   | 0   |

## Physical Plant

|  |  |
|--|--|
| <b>Number of buildings:</b><br><br>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.  | 2  |
| <b>Number of inmate housing units:</b><br><br>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units. | 8  |
| <b>Number of single cell housing units:</b>  | 1  |
| <b>Number of multiple occupancy cell housing units:</b>  | 7  |
| <b>Number of open bay/dorm housing units:</b>  | 0  |
| <b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>  | 10   |
| <b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| <b>Medical and Mental Health Services and Forensic Medical Exams</b>   |  |
| <b>Are medical services provided on-site?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <b>Are mental health services provided on-site?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

|  |   |
|--|---|
| <p><b>Where are sexual assault forensic medical exams provided?</b><br/>Select all that apply.</p> | <input type="checkbox"/> On-site<br><input checked="" type="checkbox"/> Local hospital/clinic<br><input type="checkbox"/> Rape Crisis Center<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) |
|--|---|

**Investigations**

**Criminal Investigations**

|  |          |
|--|----------|
| <p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p> | <p>0</p> |
|--|----------|

|   |  |
|---|--|
| <p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b><br/>Select all that apply.</p> | <input type="checkbox"/> Facility investigators<br><input type="checkbox"/> Agency investigators<br><input checked="" type="checkbox"/> An external investigative entity |
|---|--|

|   |   |
|---|---|
| <p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p> | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input checked="" type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input type="checkbox"/> N/A |
|---|---|

**Administrative Investigations**

|  |          |
|--|----------|
| <p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p> | <p>6</p> |
|--|----------|

|  |  |
|--|--|
| <p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p> | <input type="checkbox"/> Facility investigators<br><input checked="" type="checkbox"/> Agency investigators<br><input type="checkbox"/> An external investigative entity |
|--|--|

|   |   |
|---|---|
| <p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p> | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input checked="" type="checkbox"/> N/A |
|---|---|

# Audit Findings

## Audit Narrative (including Audit Methodology)

On September 27-28, 2021, an audit was conducted at the Norfolk Sherriff's Office and Correctional Division to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility from 6:30am to 6:30pm Monday, and 7:30am to 4:30pm Tuesday. The facility was previously audited in September 2018 and found to be in compliance with all standards.

There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to an informal request, submitting a contract proposal, and being selected to complete the audit.

### **Audit Methodology:**

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire (PAQ), B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process.

### **Pre-audit:**

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on August 11, 2021, announcing the audit and identifying the auditor's address in English and Spanish. They were on salient green paper. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letters were received in response to the posters announcing the audit.

The PAQ and corresponding documentation was reviewed August 19, 2021 and found to be complete. Documentation was provided for each standard and subpart for the auditor which was reviewed prior to the on-site audit.

The Agency website was reviewed. PREA Audit reports, PREA Annual Reports, the previous PREA audit report from September 2018, How to Make a Third-Party Allegation were available as well as the mission statement. The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the Commonwealth of Massachusetts prior to the audit.

The auditor researched the Internet and found no Department of Justice involvement, not articles of concern regarding this agency. Contact was made with Just Detention International, Inc. (JDI), and Prison Legal Services (PLS). PLS is a not-for-profit legal services corporation, founded in 1972, that provides civil legal assistance to people who are incarcerated in Massachusetts state prisons and in the county jails and houses of correction. They engage in administrative advocacy, litigation, and public education on behalf of prisoners and their families. They keep tabs on the policies and practices affecting the over 25,000 individuals imprisoned in Massachusetts. No specific information regarding this facility was provided by either organization.

One week prior to visiting the audit, the auditor sent a list of documentation that would be required to conduct the random and targeted interviews in accordance with the Auditor Handbook as well as requests for randomly selected documentation which would demonstrate the practice of the requirements.

## **On-site audit:**

### Entrance Meeting

A brief informal meeting was held with the PREA Coordinator, Policy Compliance Coordinator and the Accreditation Manager the first day of the audit. The following items were reviewed: purpose of audit, goals, and expectations. Tentative schedules were developed regarding the tour, arrangements made for interviews and review of additional documentation. Rosters of staff and inmates were provided; a plan for random and targeted interviews was developed. Interviews were arranged to be conducted in a private setting.

### Facility Tour

A complete tour of the facility was conducted on September 27, 2021. The following areas and operations were visited and observed: administrative areas, inmate living areas including minimum custody and specialized housing, medical operations including the infirmary, library/education areas, recreation areas (indoors and outdoors), programming areas, food service area, visiting room, laundry and intake processing. All areas of the facility were visited that have inmate access. Camera monitoring operations were observed. Supervision practices, blind spots, shower/bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units. Posters announcing the audit were observed throughout the facility.

### Staff Interviews

In accordance with the requirements of the Auditor Handbook, formal staff interviews were conducted with the following:

- Sheriff
- Superintendent/Special Sheriff
- PREA Coordinator/Contract Administrator/Assistant Superintendent
- PREA Compliance Manager/Accreditation Coordinator
- Medical – Assistant Superintendent for Medical Services
- Director of Mental Health
- Human Resources staff
- Two Supervisors – Captain, Lieutenant (conducts unannounced rounds)
- Twelve corrections officers/sergeants/lieutenants from all areas of the facility and each shift
- One investigator (incident review team)
- One case manager (who conducts retaliation monitoring)
- One case manager (who completes the initial intake risk screening who completes follow-up assessments risk assessment)
- Volunteer Coordinator
- Grievance Coordinator
- One agency (contractual) staff
- One sergeant who supervises the special housing unit
- Education Supervisor (Volunteer Coordinator and Orientation Coordinator)
- One staff who has acted as a first responder
- Union representative

Informal interviews were conducted during the tour with one food service worker, the laundry supervisor, the librarian, and one afternoon shift corrections officer. They were informally asked if they knew their obligation under the PREA laws, and to whom would they report any concerns, and they confirmed they had received the training regarding PREA. Staff interviews were conducted in the administrative conference room, providing privacy. After review of documentation and informal questions throughout the on-site audit, it was concluded that no staff had conducted a cross-gender strip search, no staff has acted as a first responder.

### Inmate Interviews

A review of inmate records was conducted with the assistance of the PREA Coordinator to identify inmates as required by the Auditor Handbook. A total of twenty-seven (27) inmates were selected to be interviewed. At least one inmate was from each housing unit. None declined to be interviewed. No youthful offenders are housed at this facility. No inmate was identified as having been placed in segregation for high risk of sexual victimization. No inmates were legally blind or hard of hearing. No inmates were identified as cognitively challenged. Additionally, the auditor requested to interview the oldest inmate, youngest inmate, inmate housed at this facility the longest, and the inmate newest to arrive to the facility. Targeted inmate interviews represented the following:

- One inmate self-identified as transgender
- Three inmates with limited English (language line used)
- Three self-identified as gay/bi-sexual
- Two inmates who had initiated a sexual harassment/sexual abuse complaint
- One inmate who self-reported as having prior victimization
- Three inmate who had a physical disability (physically challenged)

Inmate interviews were held in the private interview rooms.

### PREA Investigations

Investigations are conducted by trained investigators at the facility , one who works in Internal Affairs for the agency. A list of investigations for 2020 and 2021. Investigations from May 2020 to present were reviewed, eleven total.

- Four inmate-on-inmate sexual abuse
- Four inmate-on-inmate sexual harassment
- Four staff-on-inmate sexual harassment
- One staff-on-inmate sexual abuse
- Zero retaliation allegations

One investigation was concluded to be substantiated, ten were deemed unsubstantiated, zero unfounded. Investigations were initiated based on numerous avenues: grievance, internal hotline, directly to mental health, directly and in writing to the caseworker from the inmate; during a disciplinary hearing and stated in the presence of staff.

### Exit meeting

An Exit meeting was held with the PREA Coordinator, Policy Compliance Coordinator and the Accreditation Manager to review audit experiences, observations and preliminary findings. The auditor reported that she was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see or retain any documentation requested. It was noted that a report should be expected within forty-five (45) days. Areas needing correction or changed per recommendations were reviewed and noted in the report. Corrective action was required for standard 115.41 relating to the clarifications issued in the Frequently Asked Questions (FAQ) issued by the Department of Justice (DOJ).



## Facility Characteristics

Norfolk Sheriff's Office is located in central Massachusetts. It is a jail facility that houses offenders consisting of pre-trial, pre-release, maximum, medium and minimum custody sentenced (up to 30 months) male inmates. It consists of the main facility and the Dedham Alternative Center (DAC) which serve 28 communities in Norfolk County by providing supervision and security of up to 500 offenders in its care and custody. No youthful offenders are housed here.

The main facility has the following operations: Administrative offices, housing units, food service operations, program/education areas, laundry, intake processing, visiting and recreation. Programming consists of the following: Education (HiSet prep, Adult Basic Education, Financial Literacy, Credit & Debt Recovery/Personal Finance, Special Education, Tutoring); Vocational Education (Blood Borne Pathogens, Carpet Cleaning, Computers, Culinary Art, Custodial Management, Hazmat Certification, Introduction to Contracting, and OSHA); and Self Help (RSAT Recovery Support, SUP Recovery Support, Making Time Count, Mental Health Wellness Education, Mindfulness/Meditation, AA, Al-Anon, Anger Management, Coping Skills, Domestic Relations, Men's Health, Narcotics Anonymous, Parenting, Substance Use Education, Thinking for a Change, Veterans Workshop, Yoga, 12 steps, Mental Health Awareness, and Recovery Coaching. Additionally, the facility offers Medication Assisted Treatment (MAT).

The DAC contains two stories although inmates are only housed on one wing of the first level. It houses minimum and pre-release offenders and those sentenced to supervised work crews. The focus at the DAC is work readiness. Programming and activities at the DAC include: supervised access to laptops to create resumes and other documents while becoming familiar with computers; twelve-step meetings that help participants navigate their recovery from addiction and substance use; rotating cognitive behavioral treatment groups in which offenders learn impulse control and positive decision-making skills; religious services provided by a range of faith community representatives; and a landscape/horticulture program that introduces students to the basics of grounds keeping with hands-on access to the NCSO greenhouse and gardens.

This facility is well staffed; most staff are represented by a union. Security staff work typically three shifts: 11:00pm to 7:00am, 7:00am to 3:00pm and 3:00pm to 11:00pm. Contractual staff are programming staff, agency nurses and other medical ancillary staff services. Medical staff are available 24 hours/seven days a week (24/7). Mental Health Services are on site forty (40) hours a week and available on call 24/7.

The Health Services Unit maintains a full medical/nursing staff, which includes a Medical Director, a Physician's Assistant, a Nurse Practitioner, and a full complement of licensed nurses. Nursing staff is available 24 hours per day, seven days per week. The Mental Health clinical team is comprised of a board-certified psychiatrist, licensed mental health clinicians, licensed independent clinical social workers, and a psychiatric nurse practitioner. Mental health assessment and crisis stabilization are provided by the clinical team, who works closely with the medical staff.

Inmates housed at this facility are sentenced or awaiting trial. Additionally, inmates are housed on behalf of the U.S. Marshalls. Count on the first day of the audit was 343. According to the PREA Coordinator, there are three who classify as predatory, four who are potentially predatory, three who are known victims of sexual abuse, and fifteen who are considered potentially vulnerable to victimization. Housing units are as follows:

1A 96 beds pretrial

2A 84 beds sentenced

4A 40 beds Pretrial/Sentences

SHU 48 Bed Sentenced/Pretrial

1B 94 beds, pretrial

2B 96 Beds pretrial  
4B 62 Beds Pretrial and Sentenced  
SMU 10 beds Sentenced and Pretrial  
DAC 32 Beds Sentenced – minimum  
Medical Unit 15 beds

All cells had toilets and sinks except the minimum custody unit. Showers in the other units had privacy doors that also provided sufficient visibility for security.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.11, 115.32, 115.53

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Norfolk County Sheriff's Office Prison Rape Elimination Act (PREA) Policy and Procedure 518
- Norfolk County Sheriff's Office Prison Rape Elimination Act (PREA) Policy and Procedure 239
- Organization Chart
- Interview with the PREA Coordinator

- Memo reappointing the PREA Coordinator to oversee these duties, July 2021
- Interview with the PREA Compliance Manager
- Interview with the Sheriff
- Interview with the Superintendent
- Employee Rulebook
- Observations during the audit
- FAQ

(a)

The following policy excerpts demonstrate the facility' commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

239.01 POLICY STATEMENT

*The Norfolk Sheriff's Office (NSO) shall provide a zero tolerance policy toward all forms of sexual harassment while promoting and maintaining a safe working environment which is free from sexual harassment.*

518.01 POLICY STATEMENT

*It is the policy of the Norfolk Sheriff's Office (NSO) to be in accordance with the Prison Rape Elimination Act of 2003 which prohibits staff, contractors, volunteers, or interns from sexually abusing and/or sexual harassing inmate/detainees (hereinafter referred to as offenders) and that prohibits offenders from sexually abusing other offenders while in our custody. It is a fundamental objective of the NSO and an integral part of all staff to prevent and report assaults and/or sexual harassment as they occur.*

*The NSO is committed to a Zero Tolerance policy and will continue to comply with the prevention, detection, reduction, and punishment of rape consistent with all provisions of the federally mandated Prison Rape Elimination Act, including any and all standards ultimately promulgated. The NSO will monitor developments in this legislation and direct further action by the Sheriff's Office as appropriate.*

*It is the policy of the Norfolk Sheriff's Office (NSO) to be in accordance with the Prison Rape Elimination Act of 2003 which prohibits staff, contractors, volunteers, or interns from sexually abusing and/or sexual harassing inmate/detainees (hereinafter referred to as offenders) and that prohibits offenders from sexually abusing other offenders while in our custody. It is a fundamental objective of the NSO and an integral part of all staff to prevent and report assaults and/or sexual harassment as they occur.*

*All intentional acts of sexually abusive behavior or sexual intimacy between and offender and a Sheriff's Office staff, contractors, volunteers or interns, or between an offender and another offender regardless of consensual status, are prohibited . . .*

*All intentional acts of sexually abusive behavior or sexual intimacy between and offender and a Sheriff's Office staff, contractors, volunteers or interns, or between an offender and another offender regardless of consensual status, are prohibited and the perpetrator shall be subject to administrative, criminal, and/or disciplinary sanctions. The NSO is committed to investigation, disciplining, and referring for prosecution, NSO staff, contractors, volunteers, interns, and offenders who engage in sexually abusive behavior.*

518.08 Goals:

- *To take steps to minimize the instances of sexual assault with the goal of eliminating them*

*altogether:*

- *increase the timely reporting of incidents by Sheriff's Office staff;*
- *develop a process to identify and manage offenders who are potentially at risk;*
- *provide ongoing education to Sheriff's Office staff, contractors, volunteers, and interns regarding their responsibility toward prevention, intervention, and reporting when incidents are observed or made known to them;*
- *provide effective and ongoing orientation to offenders regarding how to avoid victimization and how to report incidents of sexual abuse;*
- *provide for a thorough investigation of reported incidents and certain discipline and/or prosecution of perpetrators when appropriate;*
- *provide effective short and long term treatment for victims of sexually abusive behavior; and*
- *collect data in accordance with federal law and to better identify potential predators and victims.*

#### 518.16 Prevention

- *All NSO staff is responsible for the prevention of sexually abusive behavior perpetrated by staff on offenders or by offenders on offenders.*
- *The Command Staff, Captains, Lieutenants, and Sergeants shall conduct and document unannounced rounds to identify and deter sexual misconduct, sexual abuse, and sexual harassment on all three (3) shifts.*
- *Within twenty-four (24) hours of arrival, offenders shall receive and sign for a copy of the offender rules and regulations which contains PREA information. Offenders shall be responsible for familiarizing themselves with the rules and regulations and are also responsible for reporting any allegations to staff in a timely manner.*
- *The NSO shall be responsible for planning and implementing measures to prevent sexually abusive behavior and will strive to create an environment free from sexual harassment and sexual abuse.*
- *Offenders identified through self-reports including but not limited to the PREA Screening Tool or medical/mental health reports as having a history of sexual abuse victimization and/or at risk of being a victim of offender sexual abuse shall be referred to a mental health clinician for assessment, monitoring, and counseling. Such reports will be kept confidential and a confidential incident report shall be filed with the Special Sheriff/Superintendent.*
- *Upon learning that an offender has been identified as having been a victim or a predator or is at risk for such, the PREA Coordinator shall communicate with the classification division so that appropriate housing decisions can be made to keep the offenders safe.*
- *The Special Sheriff/Superintendent shall conduct an annual PREA assessment which will consist of staff and offender interviews to determine how operational practice can be improved upon.*
- *A vulnerability assessment of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) shall be conducted as directed by the Special Sheriff/Superintendent.*
- *The NSO shall develop, document and make its best efforts to comply on a regular basis with a staffing plan in accordance with CSD 203. Post Analysis*

#### Employee Rule Book

##### 220A.47 PREA (PRISON RAPE ELIMINATION ACT)

1. The Sheriff's Office will continue its commitment to complying with all provisions of the federally mandated Prison Rape Elimination Act (PREA), including any and all standards ultimately promulgated.
2. The Sheriff's Office will monitor developments in this legislation and direct further action by the department as appropriate (See CSD 518 - Prison Rape Elimination Act (PREA)).

Policy, as illustrated above, outlines the commitment to, goals for achievement and efforts to prevent, detect and respond to sexual abuse and sexual harassment. The complete policy is nineteen (19)

pages and documents in detail how the agency will comply with all the PREA standards and are additionally noted throughout this report. PREA is additionally reinforced in the Employee Rule Book.

(b)

518.09 GENERAL Policy states,

*The NCSO shall appoint a PREA Coordinator and a PREA Compliance Manager. PREA Coordinator - a management employee designated by the Sheriff who has sufficient time and authority to develop, implement and oversee the Norfolk County Sheriff's Office compliance with the Department of Justice's (DOJ) Rule on the National Standards to prevent, detect and respond to prison rape pursuant to the Prison Rape Elimination Act of 2003 (PREA) in all of its facilities.*

The organization chart for the Norfolk Sheriff's Office demonstrates that the Assistant Superintendent/PREA Coordinator reports directly to the Superintendent. A memo dated July 2021 from the Sheriff reappoints the Assistant Superintendent as the PREA Coordinator. During her interview, she indicated she has been actively involved in the efforts to prevent, detect and respond to sexual abuse and sexual harassment for several years at this agency as this is the second PREA audit she has been the Coordinator. She affirmed that she has the time and authority to ensure such efforts are met. The interview with the PREA Coordinator and Superintendent confirmed to the auditor that she is given authority to work directly with the Superintendent, security, medical/mental health staff and internal investigators on any PREA issues that arise in her role as the PREA Coordinator and in her role as Assistant Superintendent. This was evident to the auditor during the on-site audit. Additionally, she is a certified PREA auditor.

Under her supervision are the following departments: Jail Operations and Security, Intake and Booking, Classification, Programs and Education , Reentry, Victim Services, Accreditation, Training & Professional Development Workforce Development & Recruitment, Health Services, Mental health Services, and Support Services

(c)

The following policy excerpts support that this agency has appointed a PREA Coordinator and PREA Compliance Manager.

*518.10 GENERAL Policy states, the NCSO shall appoint a . . . PREA Compliance Manager.*

*518.11 518.09.1 DEFINITIONS PREA Compliance Manager - an employee designated by the Sheriff with sufficient time and authority to coordinate the NSO efforts to comply with the PREA standards.*

Although the Norfolk County Sheriff's office only operates one facility, the agency has appointed a PREA Compliance Manager, who also functions as the Accreditation Manger. This is supported in the policy. The interview with the PREA Compliance Manager supports that he had sufficient time and authority to address all matters regarding PREA. His role as Accreditation Manager ensures he is actively involved with all aspects of the operations to ensure the agency is meeting accreditation standards. Additionally, he ensures the PREA standards are being followed. His role as the Accreditation manager intertwines with PREA matters.

Finding of compliance is based on the following:

Interviews with the Sheriff, Superintendent, PREA Coordinator and PREA Manager all demonstrate a commitment to compliance with all PREA standards. In accordance with the FAQ clarification, issued by the DOJ, the PREA Coordinator does has access to the Sheriff/Superintendent, and Assistant Superintendents and demonstrated to the auditor his influence in managing PREA related duties as well as access to all areas of the facility. Observations made during the audit process which include the interaction with all levels of staff by the PREA Coordinator and with the inmate population showed that the PREA Coordinator is keenly involved with the overall operations of the jail. Policies clearly support

compliance with the standard as quoted earlier. The auditor finds sufficient evidence to support a finding of “exceeds” compliance.

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Norfolk County Sheriff’s Office Prison Rape Elimination Act (PREA) Policy and Procedure 518
- Contract with Gavin Foundation June, 2021
- PAQ
- Interview with the contract manager, PREA Coordinator

The PAQ indicated that there is one contract for the confinement of inmates since the last PREA audit.

518.14 Treatment and Services states, *The NSO shall include in any new contracts or contract renewals for the confinement of its offenders with private agencies or other entities, including other government agencies, the entity’s obligation to adopt and comply with the PREA standards. Any new contracts or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards.*

The facility contracts for eight (8) beds with the Gavin Foundation to provide residential services for pre-release offenders. The contract states, Vender agrees to comply with all applicable state and federal

laws with regard to the federally mandated Prison Rape Elimination Act of 2003 (PREA). Additionally, the contract states, Vendor shall provide services under the supervisions of the Director of Classifications. The interview with the PREA Coordinator confirmed that she is responsible for monitoring the contract with Gavin Foundation. She reports that due to the COVID-19 pandemic, the beds have not been occupied in over a year.

Finding of compliance is based on the following: Policy which supports all new contracts for the confinement of inmates will be required to include an obligation to comply with PREA standards. And the contract includes contract monitoring as confirmed by the interview with the PREA Coordinator.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

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



standards?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.16 Prevention
- 203.11 PREA Staffing
- Interview with the Superintendent
- Interview with the PREA Coordinator
- Staffing Plan Annual Review, 2021 and 2020
- Randomly requested Staffing Rosters
- Interviews with Supervisors (Captain and Lieutenant)
- Review of documentation of rounds and supporting video evidence
- Random staff interviews

The PAQ indicates that the average daily population since the last PREA audit is 351. The pandemic has resulted in a recent temporary reduction of the inmate population. However, the staffing plan is predicated on an inmate population of 500. With the efforts made at the agency to protect inmates from the coronavirus, the population has been reduced as reflected in the count on the day of the audit.

(a)

518.16 Prevention states, *the NSO shall develop, document and make its best efforts to comply on a regular basis with a staffing plan in accordance with CSD 203. Post Analysis.*

203.11 PREA Staffing factors states,

*The NSO shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the NSO shall take into consideration:*

- *generally accepted detention and correctional practices;*
- *any judicial findings of inadequacy;*
- *any findings of inadequacy from Federal investigative agencies;*
- *any findings of inadequacy from internal or external oversight bodies;*
- *all components of the Correctional Center's physical plant (including "blind spots" or areas where staff or offenders may be isolated);*
- *the composition of the offender population;*
- *the number and placement of supervisory staff;*
- *facility 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.*

The interview with the Superintendent and review of the staffing plan confirmed the following:

(1) The facility has been maintaining accreditation status through the American Correctional Association (ACA) and National Commission on Correctional health (NCCHC). Additionally, the PREA Coordinator reported that in 2015, the facility consulted with the National Institute of Corrections (NIC) for a review of staffing and has implemented the recommendations from that study. Finally, the Superintendent confirmed that some of his staff are certified through the American Jail Association (AJA) and plans are in place to support further certifications for staff at his facility.

(2) There are no judicial findings of inadequacy;

(3) There are no findings of inadequacy from Federal investigative agencies;

(4) There are no findings of inadequacy from internal or external oversight bodies; The auditor was informed that the Massachusetts Department of Corrections conducts audits twice yearly to analyze and assess operations. Additionally, due to holding federal inmates, the facility is subjected to audits from the federal entity to ensure standards are met. The Superintendent confirmed that no deficiencies have been noted requiring a change in operations.

(5) All components of the facility's physical plant are reviewed. Video monitoring is used; specific information regarding placement of cameras was reviewed during the audit.

(6) The composition of the inmate population has been the same for several years. However, staff indicated that the trend is towards a decrease in sentenced inmates and an increase in pre-trial offenders.

(7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly.

(8) Institution programs occurring on a particular shift has a detailed evaluation of the time and days of the programs occurring.

(9) Any applicable State or local laws, regulations, or standards are reviewed. Staff discuss with the auditor that changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for substance abusers, treatment of transgenders and other areas.

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is additionally analyzed in the Annual Report.

(11) No other relevant factors have been identified.

Review of the staffing plan for 2020 and 2021 confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this. During the audit, the auditor observed that the facility has no obvious blind spots, camera coverage is excellent. The physical plant has remained the same.

(b)

The facility indicated on the PAQ that there have been no instances of non-compliance as overtime is utilized to ensure all positions are filled. 203.11 PREA Staffing Factors states, *in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.* To further review compliance, the auditor randomly requested and received staffing rosters for all three shifts for the 6<sup>th</sup> of each month for the previous four month. Review of the rosters confirmed that use of overtime to fill positions was documented.

(c)

203.11 PREA Staffing Factors states, *whenever necessary, but no less frequently than once each year, for the NSO, in consultation with the PREA coordinator required by PREA standard 115.11, the facility shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to paragraph (1) of this section; the Correctional Center's deployment of video monitoring systems and other monitoring technologies; and the resources the NSO has available to commit to ensure adherence to the staffing plan.*

Policy, interviews with the Superintendent and the PREA Coordinator confirmed this conducted. Review of the staffing plan for 2020 and 2021 confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this.

(d)

203.11 PREA Staffing Factors states, *intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such*

policy and practice shall be implemented on all three (3) shifts. The NSO shall also implement a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

518.16 Prevention states, the Command Staff, Captains, Lieutenants, and Sergeants shall conduct and document unannounced rounds to identify and deter sexual misconduct, sexual abuse, and sexual harassment on all three (3) shifts.

Finding of compliance is based on the following: Review of the policies, staffing plan, and random selection of rosters which support compliance. Interviews with staff such as corrections officers, supervisors, Superintendent and PREA Coordinator all supported a finding of compliance. Overall observations during the audit process did not lead to any evidence that would indicate non-compliance.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

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

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Interviews with the youngest inmate
- Part I, Title XVII, Chapter 119 and Section 58

(a)(b)(c)

Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services, this is referred to as the Raise the Age Bill. During the audit, neither auditor saw nor heard anything to dispute that no youths are housed at this facility. The auditor requested to interview the youngest inmate. He indicated he was 18 yrs. Old. He indicated he was housed with the Department of Youth Services until he was 18, then transferred to this facility, awaiting trial.

Finding of compliance/non-applicability is based on the following: The law prevents the facility from housing inmates under the age of 18 yrs. Old. Observations and interview with the inmate confirm this to be true and therefore deemed not applicable.

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 506.09 Facility Search Plan
- 518.09 General Policy

- PREA Training Curriculum - Searches
- Training Curriculum Pat Searches
- Post orders
- Electronic logbook entries noting "PREA Announcement"
- Interviews with random staff
- Interviews with random inmates
- Observations
- Review of video monitoring
- PAQ
- Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ)

The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of inmates, no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. In accordance with the 2018 Crime Reform Act, a transgender/intersex inmate can request a search of the gender identification. Based on inmate interviews and reports by staff, a request for a pat search/strip search by female offices has not occurred. The auditor found this credible during the audit process.

(a)

The following policy excerpts support compliance with subpart (a)

506.09 Facility Search Plan states, *NSO Correctional Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances, including but not limited to emergency situations where a delay would mean the likely loss of contraband, or when performed by medical practitioners. When Correctional staff conducts a strip search of an offender of the opposite sex the Correctional Staff shall document the reasons for conducting the cross-gender visual body cavity search in the search log and on an incident report.*

518.09 General Policy states, *the NSO shall not conduct cross-gender strip searches, pat searches, or body cavity searches except in exigent circumstances or when performed by medical practitioners. Body cavity searches shall not be conducted without approval of the Special Sheriff/Superintendent and a valid search warrant.*

(b)

This is not applicable to this facility; only male inmates are housed at this facility.

(c)

As stated, the facility does not house female inmates. Policy excerpts below support compliance with subpart (c):

506.09 FACILITY SEARCH PLAN Pat Searches (924.06)

*Cross-gender pat searches shall only be conducted in exigent circumstances and every effort shall be made to have pat searches done by an Officer of the same gender as the offender. Cross gender pat searches of offenders shall be conducted in relative privacy with as much dignity as possible. All cross-gender pat searches of female offenders shall be documented.*

518.09 General Policy

*The NSO shall not conduct cross-gender strip searches, pat searches, or body cavity searches except in exigent circumstances or when performed by medical practitioners. Body cavity searches shall not be conducted without approval of the Special Sheriff/Superintendent and a valid search warrant.*

506.09 Facility Search Plan Strip Search

*NSO Correctional Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances, including but not limited to emergency situations where a delay would mean the likely loss of contraband, or when performed by medical practitioners. When Correctional staff conducts a strip search of an offender of the opposite sex the Correctional Staff shall document the reasons for conducting the cross-gender visual body cavity search in the search log and on an incident report.*

(d)

The following policy excerpt supports compliance with this standard.

**518.09 General Policy**

*Offenders shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell / security checks. Staff monitoring via the camera system shall also abide by this part of the policy. Gender announcements shall be made in accordance with CSD 512, Post Orders and Post Position.*

In addition, below is the excerpt from the Module Officer Post Order:

*Ensure that a gender announcement is made when a female staff member enters a housing unit that does not already have a female staff member present. This announcement shall be: "female on the unit". This announcement is required for both custody and non-custody staff and must be logged.*

The auditor was provided documentation that reflected this is documented in the electronic logbook as the "PREA Announcement". All random staff interviews and random inmate interviews confirmed that this announcement is made every time a female staff enters the unit and, that inmates are able to shower, use the toilet and change clothes without being seen in using the toilet, showering or changing clothes.

During the tour, the auditor observed the showers located in the individual housing units. As stated in the Facility Description, the showers have doors to provide privacy but maintain the ability to view sufficiently to ensure safety. Additionally, during the tour the auditor observed the area where strip searches are conducted in Intake. It provided appropriate privacy for the inmate during this process. During the tour, the auditor and escort team was announced prior to entering the unit; this did not appear to be odd based on the observations of the inmates in the unit at the time. The view of the monitoring supports that opposite gender staff cannot view buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

(e)

As stated in the policies below, transgender or intersex offenders are not searched or physically examined to determine genital status.

**506.09 FACILITY SEARCH PLAN**

*The NSO shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.*

**518.09 General Policy**

*The NSO shall not physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status unless it is done as part of a broader medical examination conducted in private by a medical practitioner.*

All staff interviews supported that they were knowledgeable regarding this requirement of the standard



and this has not occurred at this facility. The interview with the transgender inmate supported compliance with this provision.

(f)

Policy supports compliance regarding this requirement.

216.14 Correctional Officers Training states, *Corrections Officers shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.*

The auditor reviewed the training curriculum for pat searches. It addresses when searches are to be conducted, searches of transgender/intersex inmates are to be professional, respectful and in the least intrusive manner possible, consistent with security needs, techniques for conducting cross-gender searches, noting a second officer should be present, re-emphasis of not conducting cross-gender pat searches unless there is an exigent circumstance, a female officer searching a male inmate, and a male officer searching a female inmate. The Training Curriculum additionally states, *Operationally, three options are in current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) searches conducted by female staff only, especially given there is no prohibition on the pat-searches female staff can perform (except in juvenile facilities); and 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search.*

This supports compliance with the FAQ issued December 2016 which indicates clarification for searches of transgender/intersex inmates.

Training records provided demonstrate that staff have received this training in 2020. All staff interviews support attendance at the training, knowledge and compliance of the techniques provided in training.

Finding of compliance is based on the following: Policies which support compliance, staff interviews demonstrated knowledge of these requirements from training received, the training curriculum, training records, and overall observations made during the audit process. In accordance with FAQ clarifications, policy was updated to allow a transgender/intersex incarcerated individual to designate the gender of the staff to pat search in accordance with the inmates preferred gender. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches. The auditor is finding this facility is compliant with this standard.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 108.13 PREA Prevention Planning
- Observations during the tour
- Interview with the Sheriff
- Interviews Inmates LEP or disabled
- Random staff interviews
- PAQ
- Language Access Line Contract, Use of the Language Line
- Information on how to contact the Consulate Office
- Interview with the Disability Coordinator (PREA Coordinator)
- Offender handbook – English and Spanish

(a)

The following policy excerpt supports compliance with this standard:

*108.13 PREA Prevention planning: Offender with disabilities and offenders who are limited English Proficient The NSO shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the NSO's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the NSO shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The NSO is not required to take actions that it can demonstrate would result in a fundamental alteration of a service, program, or activity, or in undue financial or administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.*

The facility has an Americans with Disabilities Act (ADA) coordinator who addresses all specific needs of inmates which are identified in the intake process or subsequently thereafter. This position is held by the PREA Coordinator. She confirmed that disabilities are identified at intake and appropriate accommodations are then arranged. Information regarding any concerns with disabilities is also

addressed in the Offender Handbook, identifying her at the person to contact, including a phone number.

(b)

108.13 PREA Prevention Planning states, the *NSO shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using necessary specialized vocabulary.*

The agency has a contract with Language Line Services, Inc. (copy provided to the auditor). Directions for how to access the line was provided to the auditor. During random staff interviews, many staff, including the intake sergeant, are aware of the availability of the line if its use is needed. Additionally, the auditor used this service to interview three offenders, two Spanish, one Vietnamese. All confirmed that staff ensure that they are able to properly communicate through various means. One indicated he also speaks Portuguese and has communicated with a Portuguese staff. Information on how to contact the Consulate was in his possession. The Offender Handbook is available in Spanish.

(c)

08.13 PREA Prevention Planning: Offender with disabilities and offenders who are limited English Proficient states, *the NSO shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties under 115.64 or the investigation of the offender's allegations.*

The PAQ reports that there have been no instances where an inmate was used to interpret during a PREA investigation in the previous 12 months. The auditor found no reason to dispute this fact during the audit process. All staff interviews confirmed that another inmate would not be used to interpret for an inmate making a PREA allegation or any part of the PREA requirements (intake, investigation, etc).

Review of the policies and other documents noted above support that the facility has gone above and beyond by providing information and the video caption in seven additional languages. The documentation for the intake process indicates that language needs are assessed immediately upon arrival, as are any disability needs. The written interview with the Sheriff reiterated his support for all these processes in place. The language line is readily available for needs that arise. For these reasons, the auditor finds that the facility is in substantial compliance with this standard. A finding of exceeds standard is due to the numerous language options readily available. For educating the inmates about PREA.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 201.08 Employment Eligibility Requirements
- Observations
- Interviews Human resource staff
- Employment Application
- Documents - Personnel files of those hired or promoted in the past 12 months
- Documentation randomly requested staff confirmation of background checks
- PAQ
- Contractor personnel file

The PAQ indicates that seventeen staff have been hired who may have contact with inmates in the previous twelve months.

(a)

201.08 Employment Eligibility Requirements states, *the NSO shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the activity described in paragraph (5) (b) of this section.*

The auditor reviewed the application process. The application process specifically asks all applicants to answer these questions. The interview with the HR Manager confirmed this additionally, providing the auditor with the document used to ensure these questions are asked of candidates.

(b)

201.08 Employment Eligibility Requirements states, *the NSO shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.*

Policy supports the requirement of the standard. Interview with the Human Resource Director indicates that they had not had a candidate with a history of sexual harassment which required consideration. The auditor suggested during the audit that this question be specifically including in the application process. The agency agreed and provided the auditor with an updated copy of the application before the conclusion of the onsite audit.

(c) 201.08 Employment Eligibility Requirements states, *before hiring new employees who may have contact with offenders, the NSO shall: perform a criminal background records check; and consistent with federal, state, and local law; make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*

The auditor requested and received four examples of newly hired staff personnel records. They reflected the following: employment history, answers to the questions noted in provision (a), reference checks, security clearance request form noting that the Criminal Offender Record Information (CORI) check will be conducted, noting refusal or failure to answer all questions or to provide accurate information will result in the application being denied, evidence of the criminal background check (including driver history, firearms ownership, and suicide check), National Criminal Information check (NCIC) check.

(d)

201.08 Employment Eligibility Requirements states, *the NSO shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with offenders.* Two contractual staff personnel files were reviewed which also had evidence of the background check.

(e)

201.08 Employment Eligibility Requirements states, *the NSO shall either conduct a criminal background record check at least every five (5) years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees.*

The auditor requested background checks for all employees with the last name beginning with D, M, T



(first three). This yielded nine records which reflected background checks through NCIC, Sexual Offender Registration Investigation data base (SORI) and motor vehicles. Background check dates were within the last five years.

The interview with the Human Resources and the staff responsible for conducting these checks confirmed that the system monitors who is due, a list is generated and provided to the investigator and identification inspector for completion. The investigator and identification inspector both confirmed the process to the auditor.

(f)

201.08 Employment Eligibility Requirements states, *the NSO shall ask all applicants, employees, and contractors who may have contact with offenders directly about previous misconduct described in paragraph (5) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The NCSO shall also impose upon employees and contractors a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.*

The Employee Rulebook reinforces the continuing duty to report by stating the following: *Regardless of whether an employee is actively working, on a leave or on worker's compensation status, all employees must report in writing all interaction with law enforcement officials to the Superintendent, Assistant Superintendent, or Assistant Deputy Superintendent of Security Operations within twenty-four (24) hours or before the beginning of the next work shift, whichever is sooner.*

As stated, this is included in the application process on the applicant forms. It was confirmed to the auditor that promotional candidates complete a new application; therefore, addressing these questions again.

(g)

201.08 Employment Eligibility Requirements states, *Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.*

As stated, this is indicated on the security clearance check which is signed by the applicant.

(h)

Per the interview with the Human Resource Director, their office has not had to provide information to another agency about a prior employee. Upon receipt of a release of records, this information would be provided.

Finding of compliance is based on the following: Policy, interviews with the PREA Coordinator, Human Resource Director, Investigator, Identification Inspector, and review of documentation from personnel files supported a finding of compliance as well.

## **Standard 115.18: Upgrades to facilities and technologies**

### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A)



if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations
- Interviews Sheriff
- Interview Superintendent
- PAQ

The PAQ indicates the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit but has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

(a)

Policy states the following:

740.10 PREA Prevention Planning: Upgrades to facilities and technologies

*When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse.*

*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 offenders from sexual abuse.*

The PAQ indicates there have been no upgrades to the facility in the past 12 months. Additional cameras modifications have occurred since the last PREA audit.

Policy noted above supports that sexual abuse and sexual harassment prevention will be considered when making changes to the physical plant or upgrading the camera system. The interview with the

Superintendent supports this as well. Based on the interview with the Superintendent and the PREA Coordinator, both confirmed that elimination of sexual abuse and sexual harassment is considered for all updates.

## RESPONSIVE PLANNING

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes    No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.08 Administrative Investigative Procedures & Guidelines

- PAQ
- Interview with the Investigator
- Investigator Training curriculum
- Interview with Regional SANE Coordinator for Commonwealth of Massachusetts
- PREA Kit
- MOU with Norfolk County District Attorney
- Massachusetts State Police website

The PAQ indicates there have been no forensic medical exams, no SANE/SAFE exams nor exams performed by a qualified medical practitioner during the previous twelve months.

(a) (b)

200.08 Administrative Investigative Procedures & Guidelines PREA Investigation states, *the facility shall ensure that a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.*

To assist with ensuring that a uniform evidence protocol is used, the facility maintains a PREA Response Kit and checklist of contents. Investigators were trained in conjunction with the Massachusetts Department of Corrections Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. The MOU with Norfolk County DA confirms that Massachusetts State Police investigators will be available to conduct potentially criminal investigations involving sexual abuse.

The Massachusetts State Police addresses evidence and processes it at the State Police Crime Lab. The auditor found on the website the following: *Furthermore, the Massachusetts State Police website states, The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment. Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard.*

(c)

The policy excerpts below support compliance with this section:

200.08 Administrative Investigative Procedures & Guidelines PREA Investigation *In accordance with PREA standards, if a complaint is filed by an offender, staff member, or any other entity including an anonymous report, the following process must be adhered to;*

*The victim of sexual abuse (offender/staff) shall be offered access to forensic medical exams off site, without financial cost, where evidentiary or medically appropriate.*

*Such exams shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners SANES).*

*If a SAFEs or SANES cannot be made available, the examination shall be performed by other qualified medical practitioners and the facility shall document its efforts to provide SAFEs or SANES for the examination.*

*If a SAFEs or SANES cannot be made available, the examination shall be performed by other qualified medical practitioners and the facility shall document its efforts to provide SAFEs or SANES for the examination.*

(d)

The excerpt from policy below supports compliance with the requirements of subpart (d) indicating the facility will attempt to make available a victim advocate.

200.08 Administrative Investigative Procedures & Guidelines PREA Investigation

*In accordance with PREA standards, if a complaint is filed by an offender, staff member, or any other entity including an anonymous report, the following process must be adhered to;*

*The NSO shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the NSO shall make available to provide these services a qualified staff member from a community-based organization, or a qualified NSO staff member. All efforts to secure services from a rape crisis center shall be documented. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as service specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit so long as the center is not part of the criminal justice system, (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity the provide similar victim services.*

In addition, the facility has entered into a contract with the Boston Area Rape Crisis Center (BARCC) to provide the following:

- Appropriately trained staff available as needed 24 hours a day for crisis intervention and support following an allegation of sexual abuse, including on-site at the hospital during a SANE exam.
- The vendor must maintain confidentiality
- Vendor will possess the professional certifications/licenses commensurate to ensure quality deliver of all services to be provided.

The interview with the SANE Coordinator for the Commonwealth of Massachusetts confirmed that there are SANE certified hospitals throughout the state. All efforts will be made to include sending a SANE certified nurse to a site when needed. She indicated they have been successful with providing this level of exam for several years. Request for an advocate is automatically addressed by the hospital. The Representative from BARCC confirmed his organization would arrive to provide the advocacy services in accordance with the contract.

(f)

200.08 Administrative Investigative Procedures & Guidelines PREA Investigation states, *In accordance with PREA standards, if a complaint is filed by an offender, staff member, or any other entity including an anonymous report, the following process must be adhered to; o the extent the NSO itself is not responsible for investigating allegations of sexual abuse, the NSO shall request that the investigating agency follow the requirements outlined in paragraphs (vi) through (xi) in this section.*

In addition to the policy excerpt, there is a Memorandum of Understanding (MOU) with the Norfolk District Attorney's Office for the reporting and investigation of crimes committed within Norfolk County Correctional Center (NCCC).

Finding of compliance is based on the following: Policy excerpts, review of investigations and interviews with the investigator support compliance. A PREA kit is available to help process evidence appropriately. Staff interviews supported that staff were aware of the requirements and actions needed to preserve evidence. An interview with the BARCC Project Coordinator verified that his staffs are provided 40 hours of training before providing services to the victim and are available to respond to the hospital, when requested by the agency or the hospital. The Regional SANE Coordinator confirmed that SANE exams are available to this population.

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

### **115.22 (a)**

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations
- Interviews Sheriff
- Interviews Investigative Staff
- Documentation of investigations
- PAQ

The PAQ indicates there have been ten allegations resulting in administrative investigations and zero resulting in criminal investigations in the past 12 months.

(a)

Policy 200.08 Administrative Investigative Procedures & Guidelines PREA Investigation states, *In accordance with PREA standards, if a complaint is filed by an offender, staff member, or any other entity including an anonymous report, the following process must be adhered to; The NSO shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The NSO shall ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The NSO shall document all such referrals.*

The complete policy can be viewed on the website at <https://norfolk-sheriff.com/images/docs/2-230-Inmate-Sexual-Abuse-Harassment-PREA-rev0418.pdf>

Review of policy, investigations as well as interviews with the Sheriff and investigators support that any suspicion or knowledge of sexual abuse, sexual harassment, neglect, or retaliation will be reported to the supervisors through to the shift commander to the investigators. Review of the investigations supported this requirement.

Finding of compliance is based on the following: Policy, interviews and review of the investigations all support a finding of compliance.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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



The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 216.23 PREA Training
- 518.18 Staff Training
- Staff training records
- Signed Policy Distribution
- Observations
- Interviews Random staff
- PAQ
- FAQ

The PAQ indicates that all employees who have contact with inmates who were trained on PREA requirements as outlined in the provision.

(a)

The auditor was provided with the training curriculum (Power Point). There are 28 slides total. The training curriculum addresses the following:

- History of the law
- Definitions of PREA
- Zero tolerance
- How to fulfill responsibilities regarding sexual abuse, sexual harassment and all PREA-related incident – prevention, detection and response
- Risk screening tools
- Offender education
- Reporting procedures, including third party and anonymous
- Dynamics of abuse and harassment in confinement
- Common reactions of abuse victims listed in objectives but no slide for them
- Tools to detect and respond to abuse –
- Coordinated response Plan
- Investigations and Evidence
- Avoidance of inappropriate relationships
- Interpersonal skills with inmates including non-gender conforming inmates
- Relevant laws
- In addition, the Risk Assessment process, gender announcements and the audit process is addressed in training.

In addition, the following policies ensure the required training occurs:

216.23 PREA Training

The NSO shall train all employees;

*its zero-tolerance policy for sexual abuse and sexual harassment;*

*how to fulfill their responsibilities under NSO sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*

*offenders' right to be free from sexual abuse and sexual harassment;*

*the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*

*the dynamics of sexual abuse and sexual harassment in confinement'*

*the common reactions of sexual abuse and sexual harassment victims;*

*how to detect and response to signed of threatened and actual sexual abuse;*

*how to avoid inappropriate relationships with offenders;*

*how to communicate effectively and professionally with offenders, including gay, transgender, or gender nonconforming offenders; and*

*how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*  
And

#### 518.18 Staff Training

*All staff with offender contact shall be trained in the following:*  
*the NSO's zero tolerance policy for sexual abuse and sexual harassment;*  
*detection, prevention, reporting, and response to sexual abuse or sexual harassment;*  
*offenders' rights to be free from sexual abuse and sexual harassment;*  
*the rights of staff and offenders to be free from retaliation for reporting sexual abuse and /or sexual harassment;*  
*the dynamics of sexual abuse and sexual harassment in confinement;*  
*the common reactions of victims of sexual abuse and sexual harassment;*  
*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 including LGBT offenders; and*  
*how to comply with laws related to mandatory reporting of sexual abuse to outside authorities.*

Documentation of instruction for Signed Policy Distribution dated April 2021 from the Superintendent/Special Sheriff required all staff to review through the intranet the following policies:  
CSD 518 Prison Rape Elimination Act (PREA)  
CSD 519 Sexual Staff Misconduct with Offenders

All staff interviews confirmed that they have received the training and that it addresses the topics required.

(b)

16.23 PREA Training states, such training shall be tailored to the gender of the offenders at the NSO. This facility only houses male offenders.

(c)

*216.23 PREA Training states, the NSO shall provide each employee annual refresher training every two (2) years to ensure that they know the current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the NSO shall provide refresher information on current sexual abuse and sexual harassment policies. The NSO shall document, through employee signature or electronic verification that employees understand the training they have received.*

Refresher information occurred with an announcement regarding the revised policy CSD 518 Prison Rape Elimination Act, which was read at roll call briefings. In addition, posters are visible throughout the facility.

(d)

*518.18 Staff Training and 216.23 PREA Training both state, the NSO shall document, through employee signature or electronic verification that employees understand the training they have received. Staff take a quiz after the training to support an understanding of the training.*

Finding of compliance is based on the following:

Policies support that training will be conducted at least every two years with refresher information provided annually. The auditor requested copies of the training quiz; six copies were provided demonstrating compliance. The auditor requested documentation showing staff has been trained. A computerized document demonstrated that 172 status employees have received PREA training in 2020. Review of the training curriculum demonstrates that the required topics are addressed. Staff

interviews additionally provided the auditor with evidence of compliance with the provisions of the standard. As clarified in the FAQ, staff receive PREA training prior to having contact with inmates.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 216.23 PREA Training
- 485.09 Orientation
- Observations
- Interview contractor
- Review volunteer/contractor training records
- Interview with the Volunteer Coordinator
- Interview with the Training Coordinator
- PAQ

The PAQ indicates there are zero volunteers and thirty five (35) contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

(a)

The following excerpts from policy ensure volunteers and contractors are trained on their responsibilities to prevent, detect and respond appropriately to any allegations of sexual abuse and sexual harassment:

216.23 PREA Training *The NSO shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibility under the NSO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.*

485.09 Orientation and Training PREA Training:

*The NSO shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibility under the NSO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.*

The auditor interviewed the Volunteer Coordinator (via phone) and was informed of the following: A copy of a volunteer packet (14 pages-provided to the auditor for review) All volunteers receive an orientation. At that point, the packet is provided with the following documents:

- Cover letter
- Policy receipt form
- Information specific to contractors and volunteers regard their obligation

He indicated that they receive training, which is two to four hours long, complete the paperwork and a background check is conducted. He indicated that due to the coronavirus pandemic, this as not occurred in the past twelve months.

The interview with the contractual staff (physician) confirmed that he was been educated on the requirements of PREA and his role in preventing, detecting and responding to sexual abuse or sexual harassment.

(b)

216.23 PREA Training states, *the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the NSO's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report sexual abuse. The NSO shall maintain documentation confirming that volunteers and contractors understand the training they have received.*

485.09 Orientation and Training PREA Training states, *the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the NSO's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report sexual abuse.*

(c)

216.23 PREA TRAINING states, *the NSO shall maintain documentation confirming that volunteers and contractors understand the training they have received.*

Two separate policies address the requirements which demonstrate that the facility is attentive to the needs of contractors as well as volunteers in informing and ensuring they understand their obligations under this law. Contractors, based on the level of service they provide, get either 40 hours of training before undertaking their assignment, 24 hours or 16 hours. Forty volunteer and contractor Acknowledgment forms were reviewed showing compliance. As noted earlier, the interview with the contractual staff demonstrated compliance as well as the follow-up documentation for a background check and training. In addition, one randomly requested acknowledgement form for a contractor who

provides services one time a week was provided showing compliance with ensuring that contractors and volunteers are notified of the agency's policy and their obligations to report.

Based on review of the information provided to contractual staff and volunteers, review of the randomly requested documentation, interview with the contractual staff and interview with the volunteer coordinator, the auditor finds sufficient evidence to support a finding of exceeds compliance with this standard due to the required annual refresher training for volunteers.

## Standard 115.33: Inmate education

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 216.23 PREA Education
- 441.11 PREA Education
- 493.07 Correctional Center Offender Admissions
- 518.10 Offender Screening
- Offender handbook
- Observations Posters, pamphlets
- Observation of the intake process
- Interviews Intake staff
- Interviews Random inmates
- Intake records corresponding log of received inmates
- Documentation of additional information in 30 days
- Education materials
- Documentation of inmate orientation, three consecutive weeks
- Interview with the Education Coordinator
- PAQ

The PAQ indicates that all inmates were admitted that were given information at intake, 667 stayed past 30 days who received comprehensive education on their rights to be free from both sexual

abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

(a)

The Offender Handbook states,

*PRISON RAPE ELIMINATION ACT (PREA) As an offender at the NCSO Correctional Center, any sexual contact with any person is expressly prohibited and all such incidents should be immediately reported. Offenders also need to understand that any allegation or incident of sexual contact will be taken seriously and investigated fully. Medical and Mental Health Staff are mandated to report any allegations of sexual misconduct. Offenders have the right to serve their sentence without fear of being sexually exploited. Offenders who are victims of sexual abuse / assault have the option to report the incident in any manner that they feel comfortable (verbal or in writing to family, friend, Norfolk County District Attorney's Office, or NCSO staff member) including by the telephone "hotline" which has been set up through the offender telephone system that will allow offenders to report any contact of a sexual nature with other offenders, staff, and volunteers or outside contractors. This number, #55, can be universally accessed by all offenders. Offenders do not need to place this number on their PIN list. Also, any allegation that an offender makes that is found to be false or made which in good faith; an offender could not have believed to be true will result in disciplinary action and the NCSO may choose to refer the matter for criminal action, when appropriate, under the Massachusetts General Laws. ICE Detainees can file a complaint about staff misconduct, physical / sexual abuse or civil rights violations at any point directly to the Department of Homeland Security at 1-800-323-8603. The NCSO has zero tolerance for such offenses and each case will be thoroughly investigated and remain open until the perpetrators are identified. All substantiated cases of sexual assault against offenders will be referred for discipline and when appropriate, prosecution. The NCSO views all sexual contact between offenders between offenders and staff as coercive and therefore NEVER consensual. The facility's PREA Coordinator is Assistant Superintendent Danielle Frane. Offender 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 Health Services and Mental Health Services staff shall offer to coordinate testing (i.e., HIV, Hepatitis B, Gonorrhea, and other diseases) and counseling for the victim of a sexual assault, as appropriate.*

The following policy excerpts demonstrate compliance with the requirements of this standard:

493.07 Correctional Center Offender Admissions:

Responsibilities of the Intake Caseworker

*Offenders shall be informed of the NSO's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*

518.10 Offender Screening

*Within twenty-four (24) hours of arrival, the NSO shall ensure that offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, sexual abuse/assault information including prevention/intervention, self-protection, reporting sexual abuse/assault, treatment, and counseling. All sexual abuse/assault information shall be communicated orally and in writing, in a language clearly understood by the offender. Offender's housing assignments shall be made according to potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.*

This is accomplished by providing the Offender Handbook and a brochure explaining PREA in detail to the inmates upon arrival. The auditor observed this process at intake during the onsite audit.

(b)

441.11 PREA education states,

Within thirty (30) days of intake, the NSO shall provide comprehensive education to offenders either in person or via video regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the NSO policies and procedures for responding to such incidents.

Orientation is conducted every Friday. The interview with the Education Coordinator indicated that on every other Friday, orientation is held for inmates sentenced to the facility, the other Friday, orientation is held for inmates awaiting trial. A representative from BARCC would personally conduct orientation pertaining to PREA and the services provided by BARCC. During the interview with him, he indicated that due to the coronavirus, he implemented a video explaining the services in addition to a Power Point presentation (forty slides long).

(c)

This does not apply to this facility. The auditor finds this credible as the turnover at this facility is quick. Additionally, the auditor asked to speak with the inmate housed at the facility the longest. He confirmed that he has attended training regarding PREA.

(d)

See comments in 115.16.

441.11 PREA education:

*The NSO shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to offenders who have limited reading skills. Inmates are tested upon arrival for education levels. Educational needs would be identified at this time and addressed by the ADA Coordinator/education staff to ensure that those who have limited reading skills are education. All inmates are assessed by medical staff and mental health staff who would identify any medical impairments that may limit the inmate's ability to understand. Referral to the ADA Coordinator would ensure their individual needs are being addressed.*

Interviews with LEP inmates confirmed that they received information in a language they understood, one received in Spanish, the other indicated he preferred the English version. The third inmate, through use of language line, was not answering the questions asked, but instead diverted to other issues. He eventually confirmed to the auditor that he understands his right to be free from sexual abuse and sexual harassment and has had no issues with that or any concerns with his safety. He stated staff treat him well here.

(e)

441.11 PREA education states, *the NSO shall maintain documentation of offender participation in these education sessions.*

Documentation of attendance at orientation was provided.

(f)

216.23 PREA education states, *in addition to providing such education, the NSO shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.*

Numerous posters providing information on PREA were visible throughout the facility. Inmates interviewed acknowledged that they knew of PREA by reading the posters. The posters contain information on the law, Hotline numbers noting they are confidential and non-recorded and additional information about staff reporting and confidentiality of reports. All inmates interviewed confirmed they were aware of the PREA law



Finding of compliance is based on the following: Policy, review of information provided to the inmates, observations of the intake process, interview with inmates, interview with the intake staff and the Education Coordinator provided the auditor with ample evidence to support a finding of compliance.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.08 Administrative Investigative Procedures & Guidelines PREA Investigation
- 216.23 PREA Training
- Observations
- Interviews Investigative staff
- Training completion docs
- Curriculum for investigators
- Regular PREA Training documentation for investigators
- PAQ # of investigators agency

(a)

216.23 PREA Training states the following:

*The NSO shall ensure that to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.*

Currently there are six trained investigators. Training is conducted with the Massachusetts Department of Correction investigator training.

(b)

The auditor reviewed the training curriculum. The training curriculum addressed the following topics over a course of three days:

- Introduction to Sexual Assault Investigation
- Defining PREA
- Evidence Protocol
- Interviewing, including Miranda and Garrity
- Investigative Outcomes
- Documentation
- Post Allegation

(c)

200.08 Administrative Investigative Procedures & Guidelines PREA Investigation states, *In accordance with PREA standards, if a complaint is filed by an offender, staff member, or any other entity including an anonymous report, the following process must be adhered to; The NSO shall provide investigators with specialized training that should include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation shall be maintained that the investigators have completed the required specialized training in conducting sexual abuse investigations.*

216.23 PREA Training:

*The NSO shall maintain documentation that the NSO investigators have completed the required specialized training in conducting sexual abuse investigations.*

Training certificates were reviewed for the investigators.

Finding of compliance is based on the following: Policy supports the requirements of the standards. Review of the investigations with corresponding certificates of training supported compliance. Interview with the investigators demonstrated knowledge regarding Miranda and Garrity warnings, interviewing victims, dynamics of abuse in a confinement setting and evidence collection. Investigators are on call if needed. They indicated they are being notified of any need to initiate investigations immediately. The interview confirmed that the also attends regular PREA training.

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

**Auditor Overall Compliance Determination**

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.18 Staff Training
- BARCC Power Point Presentation
- Observations
- Interviews Medical staff
- Interviews Mental health staff
- Interview with the Training Coordinator
- Interview with a contractual staff
- Training curriculum
- Training Records medical and mental health staff
- PAQ

The PAQ indicates that the facility has thirty medical and mental health staff.

(a)

216.23 PREA Training:

*The NSO shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in the facility have been trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; how and to whom to report allegations or suspicions of sexual abuse; and medical and mental health care practitioners shall also receive the training mandated for employees under 115.31 or for contractors and volunteers 115.32 depending on the practitioner’s status at the facility.*

The auditor was provided the power point presentation, authored by BARCC which trains medical staff on the following (forty slides):

- Signs/symptoms of sexual abuse specific to male victims and TGBT victims
- How to Respond

How to report is included in the PREA training provided by the facility in addition to how to preserved evidence.

(b)

This is not applicable to this facility.

(c)

518.18 Staff Training states, *NSO shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard.*

The auditor was provided documentation that medical and mental health staff have been trained on regular PREA training and the specialized training conducted by BARCC. This was confirmed in the interviews with the training coordinator, Deputy Superintendent of Medical, Mental Health Director. Additionally, the auditor interviewed the contractual physician who further assured the auditor he has received regular and specialized PREA training and receives training regularly.

(d)

518.18 Staff Training states, *medical and mental health care practitioners shall also receive the training mandated for employees under 115.31 or for contractors and volunteers 115.32 depending on the practitioner's status at the facility.*

Contractual staff are used in the area of medical health (per diem) and mental health. Training is provided to medical and mental health staff who works regularly in the facility. In addition to PREA training provided to all staff, medical and mental health staff receives specialized training. The follow up PREA assessment quiz includes questions specifically on providing informed consent before providing information about an incident that occurred in the community setting, evidence preservation, notification to shift commander of allegations and suspicions of sexual abuse or harassment.

Documentation of completion of training was requested and provided for eight medical and mental health staff.

Finding of compliance is based on the following: Policy which supports the requirements of the standard, interviews with the medical and mental health staff, review of training documents as well as the training quiz required to be taken by medical and mental health staff.

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

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

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

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 493.07 Correctional Center Offender
- 518.10 Offender Screening
- Interviews Staff who perform risk screens
- Random inmate interviews
- Random review of inmate's risk assessments
- Interview PREA Coordinator
- Documentation of "when warranted" risk assessment
- PAQ
- FAQ

The PAQ indicates that 667 inmates were screen who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, 649 who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

(a)

The following policies support compliance with this standard:

493.07 Correctional Center Offender Responsibilities of the Intake Caseworker

*All offenders shall be assessed during the intake process for their risk of being sexually abused by other offenders or sexually abusive towards other offenders. Offender screening shall take place within twenty-four (24) hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing Assignments are made accordingly. Such assessments shall be conducted using an objective screening instrument. The intake screening shall consider, at a minimum, the following criteria to assess offenders risk for sexual victimization:*

*whether the offender has a mental, physical, or developmental disability;*

*the age of the offender;*

*the 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 for sex offenses against an adult or child;*

*whether the offender is gay, bisexual, or transgender;*

*whether the offender has previously experienced sexual victimization;*

*the offender's own perception of vulnerability; and*

*whether the offender is detained solely for civil immigration process.*

518.10 Offender Screening

*The NSO shall perform an intake screening within twenty-four (24) hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing*



assignments are made accordingly. Such assessments shall be conducted using an objective screening instrument to obtain and use information about the offender's history to reduce the risk of sexual abuse by or upon the offender.

The intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

- whether the offender has a mental, physical, or developmental disability;*
- the age of the offender;*
- the physical build of the offender;*
- whether the offender has previously been incarcerated;*
- whether the offender's criminal history is exclusively nonviolent;*
- whether the offender has prior convictions for sex offenses against an adult or child;*
- whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;*
- whether 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.*

An example of a completed Risk Assessment was sent to the auditor with the pre-audit documentation. On this tool, it does not address the ability to make a subjective assessment regarding gender non-conforming appearance as indicated in the FAQ issued by the DOJ. This was corrected immediately. Updated risk assessments were provided to the auditor as evidence of the correction. The objective screening tool is used considers the following information:

#### Risk of Sexual Victimization

- mental, physical, development disability
- age
- physical build
- first incarceration
- convictions for sex offense against an adult or child
- perception of or self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming
- crimes exclusively nonviolent
- previous experience as a victim of sexual abuse community and while incarcerated
- previous placement in protective custody for sexual acts against
- involved in or victimized by the sex industry
- inmate's perception of risk for sexual abuse
- detained solely for civil immigration

The risk screen developed and used at this facility addresses all of these requirements. It is prepared to address needs of offenders detained solely for civil immigration, which they have housed in the past. The screen addresses more detail regarding sexual victimization specifically questions pertaining to prior use of protective custody due to sexual victimization while incarcerated and victim of the sex industry. The screen is completed upon arrival by the intake case manager. Case managers have received training by the PREA Coordinator in how to complete the risk assessment to provide consistency in assessments.

(e)

518.10 Offender Screening states,

The NSO shall perform an intake screening within twenty-four (24) hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. . . . The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of

*prior institutional violence or sexual abuse, as known to the NSO, in assessing offenders for risk of being sexually abusive.*

The screening tools addresses the following:

Risk of Sexual Abusiveness:

- conviction for a crime related to sexual abuse in institutional setting or community
- registered sex offender
- history of committing institutional sexual abuse, convicted of or known history
- history of sexual activity while incarcerated
- convicted of a violent offense
- history of institutional violence
- prior domestic violence/ related order for such
- prior segregation for violence or sexual acts while incarcerated
- previous predatory history while incarcerated
- Prior behavior for touching someone sexually against their will or forced sexual activity
- Gang affiliation
- Prior physical assault while incarcerated
- History of strong arming while incarcerated
- Institutional history of violence

In addition, the screen addresses gang affiliation, prior convictions for domestic violence and documented violations of a restraining order.

(f)

*518.10 Offender Screening states, within a set time period, not to exceed thirty (30) days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.*

The PREA Coordinator indicated she reviews the risk assessment and supervises case managers. She assures that new information generates an updated risk assessment. During the audit, this was enhanced to ensure that the inmate is met with personally to assess if he had any new information to provide.

Interviews with staff who complete the risk assessment verified to the auditor before the conclusion of the onsite audit that they will make a notation if they believe an inmate is demonstrating effeminate mannerisms but will also note the response given the by individual. Therefore, the procedure is now compliant with the clarifications in the FAQs for this standard.

(g)

*518.10 Offender Screening states, an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.*

The PREA Coordinator and supervises case managers assures that new information generates an updated risk assessment when referred by staff, when requested by staff, when an investigation has been completed which revealed information that warranted a new risk assessment.

(h)

*Policy 518.10 Offender Screening states, Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.*

The interview with the Case manager confirmed she would not require an inmate to answer sensitive questions - (d)(1), (d)(7), (d)(8), or (d)(9) if they did not want to respond. Random inmate interviews confirmed that they did not believe they would be disciplined if they did not respond.

(i)

Per the interview with the Caseworker and the PREA Coordinator, Risk assessments are maintained in the Record office which has appropriate controls on which staff can access the area.

Finding of compliance is based on the following: Policy supports compliance with all aspects of the standards. Inmates acknowledged being asked the questions on the risk assessment. Inmates were asked if they felt they would be disciplined for not answering the questions; they answered no. Interview with the intake case worker supports compliance with completing the risk screen upon arrival. She stated as well that the screens are placed in the record office file which has appropriate controls on who can access the information.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 441.10 Counseling and Program Placement
- 2-230 Inmate Sexual Abuse/Harassment (PREA)
- Classification Plan
- Observations
- Interviews PREA Compliance Manager
- Interview Staff who conduct Risk screens
- Interview Transgender inmates
- Interview PREA Coordinator

(a) (b)

The facility Classification Plan states the following:

*PREA Requirements: The initial risk screening information required by 115.41 shall be used for the following: To inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive; The initial risk screening information required by 115.41 shall be used for the following: To make individualized determinations about how to ensure the safety of each offender.*

441.10 Counseling and Program Placement supports the requirement of the standard with the following: *The NSO shall provide academic and vocational counseling so that offenders are placed in the phase of the educational/vocational programs most suited to their needs and abilities. The NSO shall use classification information to manage education placements with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The NSO shall make individualized determinations about how to ensure the safety of each offender.*

(c)

The Classification Plan has the following requirement:

*PREA Requirements: The initial risk screening information required by 115.41 shall be used for the following: To decide whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the NSO shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.*

(d)

441.10 Counseling and Program Placement states,

*The NSO shall provide academic and vocational counseling so that offenders are placed in the phase of the educational/vocational programs most suited to their needs and abilities. In deciding education placements for a transgender or transsexual offender, the NSO shall consider on a case-by-case basis whether a placement would ensure an offender's health and safety, and whether*

*the placement would present any security or management problems. Education placements for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender. A transgender or intersex offender's own view with respect to his or her own safety shall be given serious consideration.*

At the time of the audit, it was reported there was one inmate who identified as transgender female. She has not remained at the facility long enough to receive this six-month evaluation. The interview with the PREA Coordinator confirmed to the auditor that the PREA Coordinator would be responsible for this review. Based on the size of the facility and involvement of the PREA Coordinator in daily activities, the auditor found this credible. The interview with the transgender female confirmed that her views have been given serious consideration regarding housing. She has been offered and is comfortable with the single shower, she has requested a pat search by a female, and this occurred.

(f)

2-230 Inmate Sexual Abuse/Harassment (PREA) states, *Transgender and intersex inmates will be given the opportunity to shower separately from other inmates.* See comments above.

(g)

During the audit process of touring reviewing documentation and interviewing staff, it is determined that this facility does not have dedicated facilities, units, or wings solely on the basis of such identification or status as transgender, intersex, homosexual, bi-sexual, gay or lesbian.

Finding of compliance is based on the following: Policies which support compliance, interviews with all staff and some inmates and observation of post orders.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations: During the tour of Restricted Housing
- Classification Plan
- Interviews Superintendent
- Interviews Staff who supervise Restrictive Housing
- PAQ

The PAQ states that no inmates have been placed in involuntary protective custody due to their high risk of sexual victimization. The auditor found no evidence to dispute this during the audit process.

(a)

The Classification Plan states the following:

*PREA Requirements: The initial risk screening information required by 115.41 shall be used for the following:*

*Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made; and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.*

(b)

The Classification Plan further states,

*Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made; and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment.*

*Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the NSO shall document:*

- The opportunities that have been limited;*
- The duration of the limitation; and*
- The reasons for such limitations.*

(c)

The Classification Plan further attests, *the NSO shall assign such offenders to involuntary segregated housing only using alternative means of separation from likely abusers can arranged, and such an assignment shall not exceed a period of 30 days.*

(d)

Classification Plan PREA Requirements: The initial risk screening information required by 115.41 shall be used for the following:

If an involuntary segregated housing assignment is made pursuant to section h), the NSO shall document:

the basis for the facility's concern for the offender's safety; and  
the reason why no alternative means of separation can be arranged.

(e)

The Classification Plan states,



*PREA Requirements: The initial risk screening information required by 115.41 shall be used for the following: Every thirty (30) days, the NSO shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.*

Finding of compliance is based on the following: The PAQ states that no inmates have been placed in restrictive housing for protective custody to separate a victim from his abuser. The auditor found no reason to dispute this fact during the audit process. Due to the physical plant, the facility has numerous options for placing an inmate for separation from his abuser without having to resort to placement in protective housing status. The interview with the Superintendent confirmed that SHU will be used as a last resort. Interviews with one supervisor of the SHU and one officer who was working in the SHU support that they have no knowledge of inmates who are alleged victims, or at risk for victimization being placed in this unit. Based upon the written authority and these interviews, the auditor finds the facility is substantially compliant with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations
- 518.11 Reporting
- Inmate Handbook
- PREA Intake Information
- Letter from Norfolk County District Attorney
- Interviews inmates
- Interviews random staff
- Investigations

(a)

As indicated, the Offender Handbook states, the following:

*PRISON RAPE ELIMINATION ACT (PREA) As an offender at the NCSO Correctional Center, any sexual contact with any person is expressly prohibited and all such incidents should be immediately reported. Offenders also need to understand that any allegation or incident of sexual contact will be taken seriously and investigated fully. Medical and Mental Health Staff are mandated to report any allegations of sexual misconduct. Offenders have the right to serve their sentence without fear of being sexually exploited. Offenders who are victims of sexual abuse / assault have the option to report the incident in any manner that they feel comfortable (verbal or in writing to family, friend, Norfolk County District Attorney’s Office, or NCSO staff member) including by the telephone “hotline” which has been set up through the offender telephone system that will allow offenders to report any contact of a sexual nature with other offenders, staff, and volunteers or outside contractors. This number, #55, can be universally accessed by all offenders. Offenders do not need to place this number on their PIN list. Also, any allegation that an offender makes that is found to be false or made which in good faith; an offender could not have believed to be true will result in disciplinary action and the NCSO may choose to refer the matter for criminal action, when appropriate, under the Massachusetts General Laws. ICE*

*Detainees can file a complaint about staff misconduct, physical / sexual abuse or civil rights violations at any point directly to the Department of Homeland Security at 1-800-323-8603. The NCSO has zero tolerance for such offenses and each case will be thoroughly investigated and remain open until the perpetrators are identified. All substantiated cases of sexual assault against offenders will be referred for discipline and when appropriate, prosecution. The NCSO views all sexual contact between offenders between offenders and staff as coercive and therefore NEVER consensual. The facility's PREA Coordinator is Assistant Superintendent Danielle Frane. Offender 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 Health Services and Mental Health Services staff shall offer to coordinate testing (i.e., HIV, Hepatitis B, Gonorrhea, and other diseases) and counseling for the victim of a sexual assault, as appropriate.*

The following policies require compliance with this subpart:

200.09 PREA Investigations Offender Reporting states:

*The NSO shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.*

and

518.11 Reporting Allegations states:

*The NSO shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.*

Inmates are provided information regarding how to make reports in at intake. All inmate interviews support knowledge of several options. Inmates have a hotline number which can be called without using a personal identification number (PIN) which goes directly to the command center. This is noted on PREA posters throughout the facility; posters are located next to the phones. Most inmates were knowledgeable regarding this number being available. No investigations during the past 12 months were initiated from use of this hotline number.

Investigations were initiated based on numerous avenues: internal hotline, directly to mental health, directly and in writing to the caseworker from the inmate; during a disciplinary hearing, on a grievance and stated in the presence of staff.

(b)

The following policy excerpts support compliance with this standard:

200.09 PREA investigations Offender Reporting

*The NSO shall provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse or sexual harassment to NSO officials, allowing the offender to remain anonymous upon request.*

518.11 Reporting allegations

*The NSO shall also provide at least one (1) way for offenders to report abuse or harassment to a public or private entity or office that is not part the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.*

The agency has an agreement with the Norfolk counting district Attorney's office. Contact was made with this office. A phone message was received that they are willing to accept reports of abuse and harassment, including anonymous reports, and immediately forward them to the Sheriff's Office. The PREA brochure has been updated to reflect this option. At the time of the audit, the facility did not detain civil immigrants but have in the past and are positioned to meet this standard if this occurs in the future.

(c)

The following policy excerpts demonstrate compliance:

200.09 PREA Investigations Offender Reporting - *Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.*

and

518.11 Reporting Allegations - *Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.*

Staff interviews confirmed that staffs are aware of this expectation and support compliance, including the reporting of suspicions to their immediate supervisor, stating that this information is well received and handled appropriately by the supervisors.

(d)

The following policies require compliance with this subpart:

200.09 PREA investigations states, *Offender Reporting The NSO shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.*

and

518.11 Reporting allegations states, *the NSO shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders.*

Staff interviews revealed that they could go directly to the PREA Coordinator, Superintendent or their union to report sexual abuse privately.

Finding of compliance is based on the following: Policy supports all requirements of the standard. Staff and inmate interviews acknowledge there are multiple methods for filing a complaint. Investigations were initiated based on numerous avenues. Review of the policies, investigations, interviews with staff and inmates, information provided at orientation all provided the auditor with sufficient evidence to support a finding of compliance with the standards.

## **Standard 115.52: Exhaustion of administrative remedies**

### **115.52 (a)**

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

### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 491.17 PREA Grievances
- Interview Grievance Coordinator

- Review of investigations initiated by a grievance
- Offender handbook

Policy supports the requirements of the subparts of this standard as illustrated below.

(a) 491.17 PREA Grievances describes the process for how an inmate can file a grievance related to sexual abuse and sexual harassment while confined at this facility.

(b) 491.08 INFORMAL RESOLUTION OF OFFENDER GRIEVANCES

*The NSO shall not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.*

(c) 491.17 PREA Grievances

*The NSO shall ensure that an offender who alleges sexual abuse may submit a grievance without submitting it to staff member who is the subject of the complaint. The NSO shall make certain such grievance is not referred to a staff member who is the subject of the complaint.*

(d) 491.16 TIME PERIODS

*Time limits shall not be imposed when an offender submits a grievance regarding an allegation of sexual abuse.*

*The NSO shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance.*

*Computation of the ninety (90) day time period shall not include time consumed by offenders in preparing any administrative appeal. The NSO may claim an extension of time to respond, up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for a reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.*

(e) Third Parties:

*Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.*

*If a third party files such a request on behalf of an offender, the NSO may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative process.*

*If the offender declines to have the request processed on his or her behalf, the NSO shall document the offender's decision.*

(f) Emergency Grievances:

*The NSO shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.*

*After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the NSO shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within forty-eight (48) hours, and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the NSO's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*

(g) Discipline for False Report:

*The NSO may discipline an offender for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith.*

The interview with the Grievance Coordinator confirmed that any grievance received will be closed out and referred to the PREA Coordinator who then review and determines a response or forwards to the



investigators for investigation. Two grievances initiated a PREA investigation. The investigations were reviewed. The auditor requested a received a list of all grievances file for the past 12 months and found no additional grievances related to an allegation of sexual abuse, sexual harassment, staff neglect leading to sexual abuse or sexual harassment, or retaliation. Instructions on filing a grievance are in the inmate handbook.

Finding of compliance is based on the following: Policy supports all aspect of the provisions of this standard. The interview with the Grievance Coordinator confirmed the grievance is processed and timelines/requirements noted in policy would be followed.

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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



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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.14 Treatment and Services
- Observations
- Intake information about PREA
- PREA Posters
- Interviews Random inmates
- Contract with BARCC
- Interview with BARCC
- Facility Orientation Handbook – victim services

(a)

*The NSO shall provide offenders with access to external victim advocate for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigration services agencies. The NSO shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.*

Information given to inmates at intake provides detailed information about BARCC services including the free confidential hotline, non-confidential address and medical advocacy. At orientation, either a video presentation or in-person presentation by a representative from BARCC provide extensive information on the services. Random inmate interviews revealed that many did not know about the service. They indicated after being educated about it that they had no interest or need for that service. One was very knowledgeable the services, indicating he reads everything. A few indicated they saw the number but was not concerned with it.

(b)

518.14 Treatment and Services

*The NSO shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.* Posters announcing the service were visible throughout the facility. On the poster, it indicates that the calls are confidential and are not recorded.

(c)

518.14 Treatment and Services

*The NSO shall maintain or attempt to enter into memoranda of understanding or 518.14 with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.*

As noted earlier, a contract is maintained with BARCC who provides confidential emotional support through the mail and via the telephone. A number is posted near the phones on how to access the service. Inmates are not required to use their PIN; there is no cost to the inmate make this call. Inmates are given information on these services when they arrive. An interview was conducted with the BARCC Project Coordinator which demonstrated commitment on this organization's part to be more accessible to the inmate population and meet the needs that the service is designed to provide. He indicated they have received calls, does not recall any correspondence, but since the coronavirus pandemic, the calls have decreased.

Finding of compliance is based on the following: Policy, interviews with the BARCC representative, information provided at intake and on the PREA posters supports a finding of compliance. Finding of exceeds due to the extensive presentation provided by video or in person by the representative for BARCC at orientation.

## Standard 115.54: Third-party reporting

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations
- 522.11 Procedures For Filing A Complaint

522.11 PROCEDURES FOR FILING A COMPLAINT states the following:

Complaints Made by Persons Outside of the Norfolk Sheriff's Office

*Complaints, regardless of nature, may be lodged in person, by mail (regular and electronic), or by phone (to the Superintendent/Department Head/Division Head) at any time. Every reasonable effort shall be made to facilitate the convenient, courteous and prompt receipt and processing of citizen complaints. An employee, who interferes with, discourages, or delays the making of such complaints shall be subject to disciplinary action.*

*Persons making complaints by mail, telephone or in person will normally be contacted by the assigned investigator for the purpose of completing an Investigative Services Intake Form. In addition, information regarding how to file an allegation/complaint of staff misconduct, to include forms for filing an allegation/complaint, shall be posted on the Norfolk Sheriff's Office Web Page.*

On the facility website it indicates, **To report incidents of sexual abuse or sexual harassment, please contact: [Info@NorfolkSheriffMA.org](mailto:Info@NorfolkSheriffMA.org).**

Finding of compliance is based on the following: Policy which supports the requirements, review of the website and interviews with the Superintendent and the PREA Coordinator acknowledging that third party complaints will be immediately addressed.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

## Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations
- Interviews Random sample of staff
- Interviews Medical & Mental Health staff
- Interview PREA Coordinator
- 522.11 Reporting Allegations Employee Manual
- Policy 2-230 Inmate Sexual Abuse/Harassment
- Offender Handbook
- Interview with medical and mental health staff
- Interview with the investigator
- Review of investigations

(a)

522.11 Reporting Allegations states,

*The NSO shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; 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 the FSC. The FSC shall immediately contact the Special Sheriff/Superintendent and the PREA Coordinator and ensure that an investigation is conducted and documented whenever a sexual assault or threat is reported by an offender or staff member. Failure to report these allegations or incidents by staff may result in disciplinary action up to and including termination.*

Interviews with staff revealed that staff are keenly aware of the requirement to report immediately any suspicion, knowledge or information on sexual abuse, sexual harassment, retaliation and/or staff neglect that may contribute to sexual abuse or sexual harassment. Review of the investigations and interviews with the investigators support that an immediately notification is made.

(b)

Policy 2-230 Inmate Sexual Abuse/Harassment states,

*Apart from reporting to their designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.*

Staff was also keenly aware of the requirement to maintain confidentiality after the allegation is made.

(c)

2-230 Inmate Sexual Abuse/Harassment states, *Medical and mental health contractors shall report sexual abuse and inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.*

The offender handbook states, “Medical and Mental Health Staff are mandated to report any allegations of sexual misconduct.”

The interviews with medical and mental health staff confirmed to the auditor their awareness that they need to report. One investigation was initiated from a mental health staff reporting information received from an inmate further demonstrating compliance.

(d)

522.11 Reporting Allegations states,

*If the victim is under the age of eighteen (18) or considered a vulnerable adult under state or local vulnerable adult persons statute, the NSO shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws.*

This facility does not house inmates under the age of 18. If a vulnerable adult was to file an allegation, it was reported to the auditor that it would be referred to the ADA Coordinator/PREA Coordinator for reporting to the proper agency.

(e)

Review of the investigations and interview with the investigators support that all allegations are referred to the investigators for review and investigation.

Finding of compliance is based on the following: Overall observations of the audit tasks such as the interviews with staff, including medical and mental health, investigators, and administrators support knowledge of the requirement, process and need to maintain confidentiality.

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Policy 2-230 Inmate Sexual Abuse/Harassment
- Observations
- Interviews Sheriff
- Interview Superintendent
- Interview Random staff
- PAQ

The PAQ indicates there have been no times the facility determined that an inmate was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.

Policy 2-230 Inmate Sexual Abuse/Harassment states,  
*The NSO shall take immediate action when an offender is at substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire indicates there have been no instances requiring immediate action due to an inmate being a substantial risk of imminent sexual abuse.*

Policy, physical plant, camera monitoring and staff interviews support that the facility is prepared and willing to protect any inmate from any risk of harm.

The interview with the Sheriff and the Superintendent confirmed that an inmate at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Inmate interviews illustrated to the auditor that staff are approachable. Corrections Officers and supervisors confirmed that this request to intervene before something has occurred would be supported, and action would be taken to protect the inmate before the believed event occurred. Based on this and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.

## **Standard 115.63: Reporting to other confinement facilities**

### **115.63 (a)**

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

### **115.63 (b)**

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

### **115.63 (c)**

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

### **115.63 (d)**

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

### **Auditor Overall Compliance Determination**

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations Reporting to Other Confinement Facilities
- Interview with Sheriff
- Interview Superintendent
- PAQ

The PAQ indicates that zero allegations were received that inmate was abused while confined at another facility, zero allegations of sexual abuse were received from another facility.

(a) (b) (c)

200.09 PREA investigations Reporting to Other Confinement Facilities states the following:

*Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Special Sheriff/Superintendent shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.*

*Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.*

*The NSO shall document that it has provided such notification.*

The interview with the Superintendent supported that these notifications are made by his office within 72 hours of receipt.

(d)

200.09 PREA Investigations Reporting to Other Confinement Facilities

*The facility head or agency official that receives such notification shall ensure that the allegation is investigated in accordance with these standards.*

The interview with the Superintendent confirmed that any receipt of allegations that occurred at his facility will be immediately reported to the investigators for investigation.

Finding of compliance is based on the following: The policy, review of notification forms and interview with the Sheriff and Superintendent provided the auditor with sufficient evidence to support a finding of compliance. There is a process in place to ensure the requirements of this standard are met.

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

### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations Staff First Responder Duties
- 518.12 Responding to Sexual Assault Complaints
- Observations
- Random staff interviews
- Informal interviews with no-security staff
- PREA Training Curriculum
- PAQ

The PAQ indicates there were zero allegations of sexual abuse that allowed for time to collect evidence. The auditor found no reason to dispute this during the audit process.

(a)

The following policy excerpts support compliance with this standard.

200.09 PREA Investigations Staff First Responder Duties

*Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:*

*Separate the alleged victim and abuser.*

*Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*

518.12 Responding to Sexual Assault Complaints



If an offender or staff member reports being victimized by a sexual assault, the staff person receiving such a complaint shall immediately inform the Facility Shift Commander (FSC) and complete a confidential Intelligence Report to assure separation of the victim from his/her assailant. The FSC shall immediately contact the Special Sheriff/Superintendent and the PREA Coordinator to initiate an investigation and document whenever a sexual assault or threat is reported by an offender or staff member.

The FSC will ensure that the crime scene and the cell(s) of the victim and the alleged perpetrator(s) shall be immediately secured and managed in accordance with CSD 506, Search. No one shall be allowed to enter the crime scene area(s) prior to the completion of the collection of evidence by the NSO Investigators, and without the authorization of the Special Sheriff/Superintendent or his/her designee.

(b)

200.09 PREA Investigations Staff First Responder Duties states, if the first staff responder is not a security staff member, the responder shall be required to request the victim not take any action that could destroy physical evidence, and then notify security staff.

Finding of compliance is based on the following: Policy provides specific direction on how to respond to an allegation of abuse to ensure safety of the victim as well as how to preserve evidence. Both first responder staff and non-first responder staff attend training as required in 115.31; these requirements are reinforced at that time. All staff interviews demonstrated knowledge of the process support a finding of compliance.

## Standard 115.65: Coordinated response

### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.12 Responding to Sexual Assault Complaints
- PREA Training Curriculum
- Random staff interviews
- Observations - PREA kit
- Interview Superintendent
- Interview with Shift Supervisor
- PREA Incident Report

518.12 Responding to Sexual Assault Complaints states,

1. *If an offender or staff member reports being victimized by a sexual assault, the staff person receiving such a complaint shall immediately inform the Facility Shift Commander (FSC) and complete a confidential Intelligence Report to assure separation of the victim from his/her assailant. The FSC shall immediately contact the Special Sheriff/Superintendent and the PREA Coordinator to initiate an investigation and document whenever a sexual assault or threat is reported by an offender or staff member.*

a) *The FSC will ensure that the crime scene and the cell(s) of the victim and the alleged perpetrator(s) shall be immediately secured and managed in accordance with CSD 506, Search. No one shall be allowed to enter the crime scene area(s) prior to the completion of the collection of evidence by the NSO Investigators, and without the authorization of the Special Sheriff/Superintendent or his/her designee.*

b) *The Special Sheriff/Superintendent shall immediately notify the Sheriff and the designated NSO Investigator.*

2. *The offender victim shall be immediately taken to the Health Services Unit for appropriate evaluation, intervention and treatment to minimize as much as possible the medical and psychological trauma of a sexual assault, unless emergency medical treatment and hospitalization is warranted. In order to preserve evidence, a NSO Investigator or his/her designee shall ensure that the clothing from the victim is removed prior to the hospital departure and secure the victim's clothing in a clean white sheet and place the white sheet inside an evidence bag located inside the PREA Bag. In addition, the victim shall refrain from showering or washing. If the victim is an employee, he/she can be evaluated at an alternate medical site if requested.*

*A NSO nurse shall conduct an evaluation to provide any initial treatment and document the extent of physical injury. The Health Services staff shall document any statements made by the victim on an Intelligence Report and forward it to the NSO Investigator.*

*If the determination is made that the offender should be sent to an outside hospital and the offender victim consents, the victim shall be sent to a hospital with a Sexual Assault Nurse Examiner (SANE) program where he/she will receive preventative treatment.*

*When an offender or staff member victim reports having been sexually assaulted well after the alleged occurrence, steps 1-3 shall be followed.*

Finding of compliance is based on the following: Review of the coordinated plan, review of the training curriculum which reinforces the actions of the plan, interview with all staff who are knowledgeable regarding the plan, review of the PREA Incident Report and observations of the PREA kit.

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations
- Three union contracts
- Interview Sheriff
- Interview with a union representative

200.09 PREA Investigations states,  
*Preservation of Ability to Protect Offenders from Contact with Abusers*  
*Neither the NSO nor any other government entity responsible for the collective bargaining on the NSO's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the NSO's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or determination of whether and to what extent discipline is warranted.*

The auditor reviewed the following documents and found no limits to the Sheriff's Office to remove alleged staff abusers.

- Memorandum of Agreement Norfolk Sheriff's Office and NEPBA Local 570 Supervisory Officers Union for a Successor Agreement
- Agreement between Norfolk County Sheriff's Office and Local R1-202 NAGE
- Memorandum of Understanding Between the Norfolk Sheriff's Office and the County correctional Officers Association Local 296 for a Successor Agreement

An interview with a union representative indicated that his union has no concern with the need to remove staff from contact pending an investigation.

Finding of compliance is based on the following: Review of policy and review of the union agreements as well as the interview with the Sheriff and union representative support the finding of compliance.

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

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

### 115.67 (b)

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

#### 115.67 (c)

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

#### 115.67 (d)

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

### 115.67 (e)

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

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations Protection Against Retaliation
- Interviews Sheriff
- Interview Superintendent
- Interview with designated staff members charged with monitoring for retaliation
- Retaliation Monitoring Form
- PAQ

The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.

### (a) (b) (c) (d) (e) (f)

200.09 PREA Investigations Protection Against Retaliation states as follows:

*(a) The NSO shall protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff and shall designate which staff members or departments are charged with monitoring retaliation.*

*(b) (c) For at least ninety (90) days following a report of sexual abuse, the NSO shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the NSO will monitor include any offender disciplinary reports, housing, or program changes or negative performance reviews or reassignments of staff. The NSO shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.*

A case manager is designated as the person responsible for retaliation monitoring. He confirmed he does check in with the inmates and would extend the monitoring beyond 90 days if deemed warranted. The PREA Coordinator remains informed of the progress. An example of documentation of retaliation monitoring was provided to the auditor. The form addresses the requirements of the provisions.

Finding of compliance is based on the following: Interview with the designated retaliation monitor supported compliance based on his responses to questions, experience at the facility (almost 30 years) and specific documentation he provided showing how he accomplishes this task. The interviews with the Sheriff, Superintendent, and PREA Coordinator support that the facility will protect anyone who fears retaliation. The physical plant affords numerous options to change housing, if needed. In an extreme event, they can make arrangements with another county jail to have him placed there.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Classification Plan, PREA Requirements
- Interviews Superintendent
- Interview Staff who supervise restrictive housing
- PAQ

The PAQ indicates there has been no incident where an inmate who suffered sexual abuse was held in involuntary segregated housing in the past twelve months. The auditor found no reason to dispute this during the audit process.

Classification Plan, PREA Requirements states as follows:

The initial risk screening information required by 115.41 shall be used for the following: Offenders at high risk for sexual victimization shall not be placed in involuntary segregated *housing unless an assessment of all available alternatives has been made; and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.*

*Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the NSO shall document:*

*the opportunities that have been limited;  
the duration of the limitation; and  
the reasons for such limitations.*

*The NSO shall assign such offenders to involuntary segregated housing only using alternative means of separation from likely abusers can arranged, and such an assignment shall not exceed a period of thirty (30) days.*



If an involuntary segregated housing assignment is made pursuant to section h), the NSO shall document:

*the basis for the facility's concern for the offender's safety; and  
the reason why no alternative means of separation can be arranged.*

*Every thirty (30) days, the NSO shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.*

*The NSO shall employ multiple protection measures, such as housing changes or transfers for offender victim or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.*

*Any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to requirements set forth in sections h) through l).*

Interviews with staff who regularly supervise special housing and the Superintendent both confirmed to the auditor that placement for an inmate who is alleged to have suffered sexual abuse has not occurred. The Superintendent reinforced that there are numerous options available to ensure a safe placement before use of special management. He noted that policy is in place should the options reviewed lead to that placement to ensure the provisions of the standard are met.

Finding of compliance is based on the following: The PAQ indicates they have not had to use restrictive housing to protect an inmate who is alleged to have suffered sexual abuse. Policy addresses the requirements in the event of an occurrence in the future.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)



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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 522.13 Investigations
- 200.09 PREA Investigations
- Observations
- Interviews Investigative staff
- Interview Inmates who reported a sexual abuse
- Interview with the Superintendent
- Interview with the PREA Coordinator
- MOU with Norfolk County DA
- Investigative reports
- Retention schedule
- PAQ

PAQ indicates no substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.

(a)

200.09 PREA Investigations states, *The NSO shall conduct an administrative investigation into any and all allegations of sexual abuse and sexual harassment. It shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.*

The investigator interviewed oversees Internal Affairs for the facility. The interview with him confirmed that he has received referrals for all allegations of sexual abuse and sexual harassment. Criminal investigations are referred to the Norfolk County Prosecutor's Office as established through an MOU.

(b)

All six designated investigators receive training. See 115.34

522.13 Investigations states, *the NSO shall provide investigators with specialized training that should include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*

522.13 Investigations PREA Investigations also states the following:

*When the NSO conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively, for all allegations, including third-party and anonymous reports.*

(c)

200.09 PREA investigations states, *investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.*

The interview with the investigator and review of the investigations confirmed that any relevant evidence is gathered to include physical, DNA (with the assistance of an investigator from the Norfolk County District Attorney) electronic monitoring data and interviews of all parties who may have relevant information. A data base is maintained to consult if there were prior investigations involving the individuals.

(d) (e)

200.09 PREA investigations states, *when the quality of evidence appears to support criminal prosecution, the NSO shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.* Additionally, it states, *the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The agency shall not require 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.*

The interview with the investigator confirmed that he basis credibility on the collaborating evidence. He confirmed that polygraph or truth telling devices are not used. As stated, there is an MOU with the District Attorney in the event that an investigation appears criminal. The investigator confirmed they would be consulted before conducting compelled interviews.

(f)

200 Administrative Investigative Procedures and Guidelines states, *Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to any sexual abuse. Administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.* This policy additionally states, *the report shall summarize all evidence gathered during the investigation.*

(g) (h)

522.13 Investigations PREA Investigations states, *Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.*

Criminal investigations are conducted by the State Police Unit of the Norfolk County Prosecutor's Office in accordance with the MOU. Administrative investigations were documented. Reviewed by the auditor.

(i)

200.12 Investigative Documentation and Record require the following: *The NSO shall retain all written administrative and criminal reports of sexual abuse for as long as the alleged abuser is incarcerated or employed by the NSO, plus five years.*

(j)

200.12 Investigative Documentation and Record states, *the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.*

This was confirmed in the interview with the investigators.

(l)

When the state police investigate, it is based on the agreement (MOU) with the Norfolk County's Prosecutor's office. The Chief Investigator confirmed that he is the main contact at the Sheriff's Office who remains informed of the progress of the investigation.

522 Responsibility of the Investigative Services Unit confirms that the lead investigator will provide a direct liaison with outside law enforcement agencies, i.e. state/local police, district attorney's office and attorney general's office. Etc.

Finding of compliance is based on the following: As noted above, policy mandates compliance with the requirements of the standard. Seven completed administrative investigations were reviewed and demonstrated compliance with the standards. Interview with the two main PREA investigators confirmed compliance with all the provisions of the standard. There is one open criminal investigation; the Chief investigator maintains contact with the State Police regarding the progress.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **115.72 (a)**

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

### **Auditor Overall Compliance Determination**

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.08 Administrative Investigative Procedures and Guidelines
- Interviews Investigative staff
- Review of investigations using preponderance of evidence (administrative)

200.08 Administrative Investigative Procedures and Guidelines states under subcategory Guidelines for Administrative Investigation, *The NSO shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*

The interview with the investigator confirmed this, review of the investigations supported this standard of evidence.

Finding of compliance is based on the following: Policy excerpts noted above as well as review of the investigations and interviews with the investigators support compliance with this standard.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- Observations of notifications
- Interview Superintendent
- Interviews with Investigative staff
- Interviews with Inmates who reported a sexual abuse

(a)

200.13 Reporting to Offenders states, *following an investigation into an offender's allegation that he suffered sexual abuse in a NSO facility, the NSO shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (See Attachment C - PREA Investigation Competition Memo).*

(b)

522.13 Investigations Reporting to offenders: *If the NSO did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. As indicated, the agency has an MOU with the Norfolk County DA.*

(c) (d) (e)

522.13 Investigations PREA Investigations Reporting to offenders notes the following:

*Following an offender's allegation that a staff member has committed sexual abuse against the offender, the NSO shall subsequently inform the offender (unless the NSO has determined that the allegation is unfounded) whenever:*

*the staff member is no longer posted within the offender's unit;*

*the staff member is no longer employed at the NSO;*

*the NSO learns that the staff member has been indicted on a charge related to sexual abuse with the facility; or the NSO learns that the staff member has been convicted on a charge related to sexual abuse within the facility*

522.13 Investigations PREA Investigations states,

*Following an offender's allegation that he or she has been sexually abused by another offender, the NSO shall subsequently inform the alleged victim whenever:*

*the NSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.*

*the NSO learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

All such notifications or attempted notification shall be documented.

Two examples of notifications to inmates was provided with the pre-audit documentation. The interview with the investigations support that they confirm this is their obligation as the investigator. Review of all investigations included a copy of the memo of notification to the offender.

Finding of compliance is based on the following: Policy excerpts demonstrate compliance with the requirements. Interview with the investigator and observations of the notices provided sufficient evidence to support a finding of compliance.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 230.16 Disciplinary Sanctions for Staff
- 518.15 Sexual Assault by a Staff Member
- Observations
- Employee Manual
- PAQ

The PAQ indicates that no staff have been terminated, nor referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy. The auditor found no reason to dispute this during the audit process.

(a)

230.16 Disciplinary Sanctions for Staff states, *staff shall be subject to disciplinary sanctions up to and including termination for violating CSD 519, Staff Sexual Misconduct with Offenders and/or CSD 239, Sexual Harassment and all other forms of Harassment Prevention.*

(b)

518.15 Sexual Assault by a Staff Member states, *termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*

(c)

518.15 Sexual Assault by a Staff Member:

*Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and*

*circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.*

(d)

518.15 Sexual Assault by a Staff Member states, *all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.*

Additionally, dialogue with the Superintendent, investigators, and PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse. Therefore, this standard is deemed compliant.

Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The Pre-Audit Questionnaire notes that no staff have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Sheriff and Superintendent support that these requirements will be followed.

## **Standard 115.77: Corrective action for contractors and volunteers**

### **115.77 (a)**

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

### **115.77 (b)**

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

### **Auditor Overall Compliance Determination**

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:



- 485.14 PREA Violations
- Interviews Superintendent
- Directive #4750, Volunteer Services Program
- PAQ

The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an inmate. The auditor found no evidence to dispute this statement during the audit process. As indicated in the report, there have been no volunteers in the facility for the past twelve months due to precautions relating to the coronavirus pandemic.

(a) (b)

485.14 PREA Violations states, *any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The NSO shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.*

Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no volunteers or contractors have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Superintendent supported that these requirements will be followed.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 430.13 Disciplinary Sanctions for PREA Violations
- Observations
- Interviews Superintendent
- Interview with the disciplinary officer
- Interview with the Mental Health Director
- Offender Handbook
- PAQ
- Interview with mental health staff

The PAQ indicates there have been no administrative findings or criminal findings of inmate-on-inmate sexual abuse. The auditor found no reason to dispute this during the audit process.

(a)

430.13 Disciplinary Sanctions for PREA Violations states, *offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.*

The Offender Handbook informs the inmates that engaging in sexual acts with others is a major offense.

(b)

430.13 Disciplinary Sanctions for PREA Violations confirms, *Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories as required by 430.13 Disciplinary sanctions for PREA Violations.*

The interview with the disciplinary coordinator confirmed to the auditor that sanctions would be commensurate with the nature and circumstances of the offense.

(c)

430.13 Disciplinary Sanctions for PREA Violations states, *the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed is noted in 430.13 Disciplinary sanctions for PREA Violations.*

The interview with the disciplinary coordinator and the Mental Health Director confirmed that an inmate's mental status would be reviewed prior to determining disciplinary sanctions.

(d)

430.13 Disciplinary sanctions for PREA Violations: *The NSO may require the offending offender to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons and motivations for the abuse as a condition for accessing programming or other benefits.*

The interview with the Mental Health Director confirms that her staff could work with an individual individually to address these issues, if he was willing. It would not be a requirement for release.

(e)

430.13 Disciplinary Sanctions for PREA Violations states, *the NSO may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.*

The interview with the disciplinary coordinator confirmed that an inmate would not be sanctioned for sexual contact with a staff unless the staff member did not consent to the contact.

(f)

430.13 Disciplinary sanctions for PREA Violations: *For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*

(g)

430.13 Disciplinary sanctions for PREA Violations states, *the NSO may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. The NSO may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.*

The Offender Handbook confirms that engaging in sexual acts with others is prohibited.

Finding of compliance is based on the following:

Review of the policies and documents noted above support a finding of compliance. The interview with the Superintendent supported those sanctions are proportionate to the nature and circumstance and

mental disability/illness is considered when determining sanctions in accordance with policy. The interview with the Mental Health Director supports that the inmate will be referred for appropriate counseling if found guilty of a sexual misconduct. The interview with the disciplinary officer confirmed compliance with provisions (b), (c) and (e).v Based on analysis of the evidence, the auditor finds the facility to be compliant with the requirements of this standard.

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 601.13 Receiving and Screening Procedures
- Observations of the intake process
- Interviews Inmates who disclose sexual victimization at risk screening
- Interview Staff Responsible for risk screening
- Interview Medical and mental health staff
- Document's showing limited information to custody staff
- PAQ

The PAQ indicates that 100% of inmates who disclosed prior victimization during screening who were offered a follow up meeting with medical/mental health practitioner.

(a) (b)

This is not applicable to this facility as it is a jail.

(c)

601.13 Receiving and Screening Procedures

*All findings shall be recorded on the Medical Entrance Screening Form approved by the Medical Director. The screening procedure shall include, but not be limited to, the following:*

*If the initial intake screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.*

The auditor observed the intake process. The risk assessment is conducted at intake along with medical and mental health staff who also conduct an intake for their needs. Referrals are made automatically during this process. The interview with the PREA Coordinator confirms that she reviews all risk assessments after completion. Additionally, on the form is a PREA Coordinator recommendation for referral to investigations, health services or an outside agency. Two documents reflecting this referral were provided to the auditor for review.

(d)

601.13 Receiving and Screening Procedures

*All findings shall be recorded on the Medical Entrance Screening Form approved by the Medical Director. The screening procedure shall include, but not be limited to, the following:*

*Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments, or otherwise as required by federal, state, or local law.*

The auditor was provided the secure medical and mental health information from the intake process,

fifteen examples.

(e)

Medical and mental health staff are trained to obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed during the interviews with medical and mental health staff.

Finding of compliance is based on the following: Review of policy, interviews with staff, including medical and mental health staff support a finding of compliance. As all inmates are reviewed by medical and mental health staff, the notation of prior victimization will be addressed at the initial intake encounter. Inmates wanting to receive further mental health assistance are placed on the caseload and assessed and provided treatment according to their needs. This is also reviewed when the PREA Coordinator makes the final assessment. Medical and mental health staff confirmed they obtain informed consent by having the inmate sign a form, if making a referral outside the agency related to prior victimization. As indicated, this information is reaffirmed in the specialized training for medical and mental health staff.

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

### **115.82 (d)**

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

### **Auditor Overall Compliance Determination**

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

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.14 Treatment and Services
- 601.14 Unimpeded Access to Health Care
- Observations made during the tour
- Interviews medical and mental health staff
- Facility Coordinated Response Plan

(a)

601.18 Emergency Services states, *Offender 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.*  
518.14 Treatment and Services states, *Offender 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.*

(b)

It was reported that medical staff are on duty 24 hours a day, seven days a week. The auditor found this credible. Policy requires that they be immediately notified if a report of sexual abuse is made.

(c)

518.14 Treatment and Services states,  
*All victims shall be offered prophylactic treatment and follow-up for sexually transmitted disease or other communicable diseases (e.g., HIV, Hepatitis B) through the Health Services Unit, as appropriate.*  
601.14 Unimpeded Access to Health Care states,  
*Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.*

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the Deputy Superintendent over Health Services confirmed this would occur.

(d)

601.14 Unimpeded Access to Health Care states,  
*Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.*

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the Deputy Superintendent over Health Services confirmed that the provisions, included in the policy would occur. Therefore, the auditor found there is sufficient evidence to support a finding of compliance.

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)



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

**Auditor Overall Compliance Determination**

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.14 Treatment and Services
- 601.14 Unimpeded Access to Health Care
- Observations made during the tour
- Interviews Inmates who reported a sexual abuse
- Interviews Medical and mental health staff
- Facility Coordinated Response Plan

(a) (b) (c)

601.14 Unimpeded Access to Health Care states,

*The NCSO shall provide unimpeded access to health care for all offenders to the following levels of care that may be provided on-site, off-site, or in the community:*

*PREA - the NCSO shall offer ongoing medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer to, or placement in, other facilities, or their release from custody. The medical and mental health services provided to victims shall be consistent with the community level of care*

650.13 Mental health Evaluation

*The NSO shall offer ongoing mental health evaluation and as appropriate, treatment to all offenders who, during the present term of incarceration, have been victimized by sexual abuse in any institution.*

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the Deputy Superintendent over Health Services confirmed this would occur.

(d) (e)

These requirements are not applicable to this facility as it houses all males, no transgender males.

(f) (g)

601.14 Unimpeded Access to Health Care states,

*Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial*

cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

(h)

This is not applicable to this facility as it is a jail.

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the Deputy Superintendent over Health Services confirmed this would occur.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 200.09 PREA Investigations
- 518.20 Data Collection/Analysis
- Sexual Abuse incident Reviews
- Interview with members of the Sexual Abuse Incident Review Team
- Interview with the Superintendent

#### (a) (b) (c) (d) (e)

200.09 PREA Investigations states,

Sexual Abuse Incident Reviews states, (a) *The NSO shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. (b) Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. (c) The review team shall include upper management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team consists of the PREA Coordinator, PREA Manager, Investigators, Medical and Mental Health staff. (d) The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated or otherwise caused by the perpetrator's or victim's race, ethnicity, gender identity; gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings including, but not necessarily limited to determinations made pursuant to sections a.-e., and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. (e) The facility will implement the recommendations for improvement or document the reason for not doing so.*

518.20 Data Collection/Analysis states the following:

*The NCSO shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review shall occur within thirty (30) days of the conclusion of the investigation. The review team shall include upper management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings and any recommendations for improvement and submit such report to the Special Sheriff/Superintendent and the PREA Coordinator. The NCSO shall implement the recommendations for improvement or shall document its reasons for not doing so.*

Interviews with members of the review team (investigator, medical staff and the PREA Coordinator) who confirmed that the requirements of the standard are all considered when conducting the review. Sexual Abuse Incident Review meeting minutes were reviewed. They both addressed all aspects of the standard provision. No recommendations were made during these reviews. The date reflected the meeting was held within 30 days of the conclusion of the investigation. Findings are sent to the Superintendent.

Finding of compliance is based on the following: Policy excerpts noted above support the requirements of the standard. PREA incident reviews address all provisions of the standard. The interview with members of the incident review team confirmed that the provisions are met and addressed.

## **Standard 115.87: Data collection**

### **115.87 (a)**

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

### **115.87 (b)**

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

### **115.87 (c)**

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

### **115.87 (d)**

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.20 Data Collection/Analysis
- 518.07 Definitions
- Interview PREA Coordinator
- Annual Report 2020

(a) (b) (c)

518.20 Data collection/analysis states the following:

*The NSO shall collect accurate, uniform data for every allegation of sexual abuse and will review aggregate data on these allegations at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the survey of sexual violence conducted by the Department of Justice.*

518.07 Definitions provides three pages of definitions related to PREA to guide policy and practice in compliance of the PREA standards. On the Annual report for 2020, statistics are aggregated and presented for 2016, 2017, 2018, 2019 and 2020.

The interview with the PREA Coordinator confirmed that she last received a request for the Survey on Sexual Victimization in 2018.

#### Standard 115.88: Data review for corrective action

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.20 Data Collection/Analysis
- Observations
- Interview with the Sheriff
- Interview PREA Coordinator
- Link to website
- Annual Report on Sexual Victimization 2015 to 2020

(a) (b) (c) (d)

518.20 Data Collection/Analysis is as follows:

- (a) *The NSO shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: identifying problem areas; tacking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.*
- (b) *Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the NSO's progress in addressing sexual abuse.*
- (c) *The NSO's report shall be approved by the Sheriff/Special Sheriff/Superintendent and made readily available to the public at least annually through the NSO website. Before making aggregated sexual abuse data publicly available, the NSO shall remove all personal identifiers.*
- (d) *The NSO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.*

The interview with the Sheriff confirmed that incident based sexual abuse data is used to asses and improve prevention, detection and response policies. He confirmed that he does approve the reports.

Th auditor reviewed the website [Norfolk County Sheriff's Office | Prison Rape Elimination Act \(norfolksheriff.com\)](http://norfolksheriff.com) and found access to the reports for 2015, 2016, 2017,2018, 2019 and 2020.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low, supporting that staff excel at prevention in the facility. The interview with the Sheriff supports the process and use of the information.

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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



## Auditor Overall Compliance Determination

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

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 518.20 Data Collection/Analysis
- Interviews PREA Coordinator
- Documentation that it is on the website
- Historical data since 2015

(a) (b) (c) (d)

518.20 Data Collection/Analysis states,

*(a) The NSO shall ensure that the data collected is securely retained. The PREA Coordinator ensures the data is securely retained.*

*(b) The NSO's report shall be approved by the Sheriff/Special Sheriff/Superintendent and made readily available to the public at least annually through the NSO website. Before making aggregated sexual abuse data publicly available, the NSO shall remove all personal identifiers. The report is available on the website, no personal identifiers are included.*

*(c) The NSO's report shall be approved by the Sheriff/Special Sheriff/Superintendent and made readily available to the public at least annually through the NSO website. Before making aggregated sexual abuse data publicly available, the NSO shall remove all personal identifiers. The report is approved by the Sheriff. Interview with the Sheriff concludes that he has approved all reports located on the website.*

*(d) 518.20 The NSO shall maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection unless federal, state, or local law requires otherwise. Sexual abuse data is maintained since the beginning of the requirements, 2014.*

Finding of compliance is based on the following: Policy supports the requirements of the standards. The interview with the PREA Coordinator supports that data is securely maintained and will be maintained for the required 10 years. In addition, data is available on the website for the years 2015, 2016, 2017, 2018, 2019 and 2020.

Based on the above, the auditor finds this standard to be in compliance.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

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



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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

This agency only operates one facility. Please see comments in the narrative sections of the report.

## Standard 115.403: Audit contents and findings

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

The auditor reviewed the 2015 and 2018 PREA reports on the agency's webpage.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

*Amy J. Fairbanks*

December 6, 2021

**Auditor Signature**

**Date**