

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

Interim       Final

Date of Report    June 26, 2019

## Auditor Information

Name: Barbara King

Email: Barbannkam@aol.com

Company Name: B.A.K. Correctional Consulting LLC

Mailing Address: 1145 Eastland Avenue

City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: January 23-25, 2019

## Agency Information

Name of Agency:

Barnstable County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Physical Address: 6000 Sheriff's Place

City, State, Zip: Bourne, Massachusetts 02532

Mailing Address: 6000 Sheriff's Place

City, State, Zip: Bourne, Massachusetts 02532

Telephone: 608-355-3492

Is Agency accredited by any organization?  Yes  No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency mission:** To improve the quality of life on Cape Cod by: protecting the public from criminal offenders by operating a safe, secure, and rehabilitative correctional facility; assisting local agencies and promoting public safety through our associated specialized services; enforcing the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America.

**Agency Website with PREA Information:** <http://www.bsheriff.net>

## Agency Chief Executive Officer

Name: James Cummings

Title: Sheriff

Email: jcummings@bsheriff.net

Telephone: 508-563-4300

## Agency-Wide PREA Coordinator/Compliance Manager

<b>Name:</b> Peter Shea	<b>Title:</b> Assistant Deputy Superintendent/PREA Coordinator
<b>Email:</b> pshea@bsheriff.net	<b>Telephone:</b> 508-563-4307
<b>PREA Coordinator/Compliance Manager Reports to:</b> Superintendent Ross Alper	<b>Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager</b> 0

### Facility Information

<b>Name of Facility:</b>	Barnstable County Correctional Facility		
<b>Physical Address:</b>	6000 Sheriffs Place Bourne, Massachusetts 02532		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	508-563-4300		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Facility Mission:</b>	To improve the quality of life on Cape Cod by: protecting the public from criminal offenders by operating a safe, secure, and rehabilitative correctional facility; assisting local agencies and promoting public safety through our associated specialized services; enforcing the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America.		
<b>Facility Website with PREA Information:</b>	www.bsheriff.net		

### Warden/Superintendent

<b>Name:</b> Ross Alper	<b>Title:</b> Superintendent
<b>Email:</b> ralper@bsheriff.net	<b>Telephone:</b> 508-563-4338

### Facility PREA Compliance Manager

<b>Name:</b> n/a	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

### Facility Health Service Administrator

<b>Name:</b> Michael Zollo, RN	<b>Title:</b> Health Services Administrator
<b>Email:</b> mzollo@bsheriff.net	<b>Telephone:</b> 508-563-4442

### Facility Characteristics

Designated Facility Capacity: 588		Current Population of Facility: 358 (first day of audit)	
Number of inmates admitted to facility during the past 12 months			2,038
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			Not maintained by facility
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			Not maintained by facility
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-79	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			48.25 days
Facility security level/inmate custody levels:			Minimum, Medium, Maximum
Number of staff currently employed by the facility who may have contact with inmates:			256
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			21
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		11	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		24	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility has 376 cameras (348 interior and 28 exterior). The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, and housing pods. The exterior cameras cover the parking area, perimeter, sallyport, outside recreation, roof, front entrance, and loading dock. All the cameras are digital. In 2015, the facility upgraded the video surveillance system by the additional of digital cameras and replacing older cameras with digital ones. The cameras are listed by zones and housing pods. On the average, each housing unit has 3 recreation cameras, 3 to 7 dayroom cameras (based on pod size), 1 in the interview rooms, and 2 in the sallyport. All program and service areas are covered by cameras, as well as, the administrative area.</p>			
<b>Medical</b>			
Type of Medical Facility:		Contracted Medical Staff within the facility 24 hour/ 7 day coverage	
Forensic sexual assault medical exams are conducted at:		Local hospital: Falmouth Hospital	

## Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	178
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	8

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Barnstable County Correctional Facility in Bourne, Massachusetts, a facility under the operation of the Barnstable County Sheriff's Office was conducted on January 23-25, 2019 by certified Department of Justice PREA Auditor Barbara King. The audit process began with communication between the agency's General Counsel and the Auditor in August 2018. The Auditor continued communication through emails and conference calls with the General Counsel, Assistant Deputy Superintendent/PREA Coordinator, and Lieutenant of Policies, Procedures and Compliance until the onsite audit. The auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff.

The facility provided notification to the Auditor that the Audit Notices had been posted on December 19, 2018. The postings were observed during the audit tour posted throughout the facility.

About four weeks prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the facility. The thumb drive contained a subfolder for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance; facility's policies and procedures; inmate handbook; employee handbook; memoranda of understanding (MOU) with community resources; and copies of the local PREA information including posters and pamphlet. After the review of the Pre-Audit Questionnaire and supporting documentation, the Auditor emailed the facility on January 15, 2019 requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the onsite audit visit. The Auditor reviewed the PREA information and the 2016 and 2017 PREA Annual Report for Corrective Action on the Barnstable County Sheriff's Office website prior to the audit; [www.bsheriff.net](http://www.bsheriff.net). The main policies that provide facility direction for PREA are:

- 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA)
- 204.01 Staffing Analysis
- 220.03 Sexual Harassment, Harassment and Non-Discrimination
- 220.04 Staff Sexual Misconduct with Inmates
- 201.03 Personnel Manual/Selection and Hiring/Compensation and Benefits
- 305.01 Searches and Contraband

- 440.01 Admission and Orientation
- 410.01 Case Record Management
- 420.01 Classification
- 220.05 Training Department/Professional Boundaries with Inmates
- 511.01 Disciplinary Sanctions

The website, [www.bsheriff.net](http://www.bsheriff.net) has a page dedicated to PREA. The PREA page provides reporting options including calling the BCSO PREA hotline, email to the sheriff's office, verbally advising a staff member, and writing the BCSO Special Operations Unit. It states all reports will be confidential as the circumstances allowed. The page also provides the Prison Rape Elimination Act of 2003, agency policies, and the 2016 and 2017 Annual PREA Report for Corrective Action.

Prior to the onsite visit, the Auditor contacted the General Counsel, Assistant Deputy Superintendent/PREA Coordinator, and Lieutenant of Policies, Procedures and Compliance to discuss the audit process and set a tentative daily agenda and schedule for the onsite audit.

Also, on January 15, 2019, the auditor requested the following information be provided the first day of the audit: daily population report (from Tuesday January 22nd); staff roster to include all departments (include title, shift, and off days); inmate roster by housing unit; alpha inmate roster; list of staff who perform risk assessments; list of medical/mental health staff; list of inmates with a PREA classification (victim, predator, potential victim, potential abuser); list of Lesbian, Gay, Transgender, and Intersex (LGBTI) inmates; list of PREA incidents in the past 12 months (type of case, victim name, investigation outcome, etc); list of inmates that reported sexual abuse; list of disabled and limited English proficient inmates; list of the first responders from the reported allegations (availability during the audit); list of how the allegations were reported (ie: verbal to staff, OIG, grievance); and list of inmates who disclosed sexual victimization during risk screening. The facility provided this information to the Auditor the evening prior to the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed; random and specialized interviews.

The Auditor arrived at the facility at 8:00 am on the first day of the audit. The Auditor met with agency and facility staff at 8:30 am for the entry briefing. In attendance were:

- James M. Cummings      Sheriff
- Jeffrey Perry              Special Sheriff
- Ross Alper                  Superintendent
- Peter Shea                  Assistant Deputy Superintendent Human Resources/PREA Coordinator
- Donna Buckley            General Counsel, Legal Affairs and Compliance
- Peter Monteiro            Assistant Deputy Superintendent of Jail Operations
- Kenneth Shaffer          Lieutenant, Policies, Procedures and Compliance
- Krista Kerr                 Administrative Assistant, Policies, Procedures and Compliance
- Michael Zollo              Health Services Administrator

Brief introductions were made and the detailed schedule for the audit was covered. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations

made during the facility tour, additional onsite documentation review, and conducting both staff and inmate interviews. It was shared that no correspondence was received from an inmate, outside individual, or staff member. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would provide an out briefing with any identified facility staff at the close of each day to review the day's activities and prepare for the next audit day. Key facility staff during the audit included the Superintendent, Assistant Deputy Superintendent/PREA Coordinator, General Counsel, Assistant Deputy Superintendent of Jail Operations, Lieutenant of Policies, Procedures, and Compliance; Administrative Assistant of Policies, Procedures, and Compliance. The facility has a PREA Compliance Team consisting of Assistant Deputy Superintendent/PREA Coordinator, General Counsel, Lieutenant of Policies, Procedures and Compliance; and Administrative Assistant of Policies, Procedures, and Compliance.

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

A facility tour was completed on the first day of the audit. The housing units, program areas, service areas, food service, control center, medical, and booking/intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of the service and program areas and housing units including bathrooms, officers post sight lines, and camera locations. The Auditor spoke to random staff and offenders regarding PREA education, reporting methods, response to an allegation, and facility practices. Review of the housing unit logbooks was conducted to verify immediate/ higher level staff unannounced rounds.

During the tour, the Auditor identified sight line concerns within the facility: blind spot in left back corner of the chapel; the kitchen officer's office window; blind spot in dishwasher corner in the kitchen; and blind spot by dryers and behind washers in the laundry area. During the onsite audit, the facility installed mirrors that resolved the sight line concerns in the kitchen, chapel, and laundry. The bread racks were moved from the front of the officer's office window allowing supervision into the kitchen. The Dress/Change Out Room allowed cross gender viewing. The facility frosted the window partially to block the possibility of the cross-gender viewing.

All required facility staff and inmate interviews were conducted onsite during the three-day audit. The inmate interviews were held in rooms that afforded privacy for the interviews. Staff interviews were held in the administrative conference room which afforded privacy for the staff interviews. The auditor utilized the PREA Auditor Handbook table for offender interviews for determination of interviews to be held at the facility. Inmate interviews were based on the inmate population size of 251-500 inmates; a requirement of 36 inmate interviews with at least 13 from the target groups and 13 random interviews. Thirty-five (35) formal inmate interviews were conducted and forty (40) inmates were informally interviewed during the facility tours, (20.9% of the 358 inmate population). The random interviews were selected by the Auditor from the housing rosters and designated lists of inmates provided by the facility. Random inmate interviews from different housing units (25), Disabled and Limited English Proficient (1), LGBTI (1), Inmate Who Reported Sexual Abuse (2), and Who Disclosed Sexual Victimization (6) were interviewed. One inmate refused an interview. Interviews were not conducted for youthful offenders and inmates placed in segregation housing for risk. The facility does not house youthful offenders. There were no inmates placed or housed in segregation housing for risk of sexual victimization during the audit period. The inmates interviewed acknowledged they had been screened during the intake process, PREA education was provided which began at intake, and they knew the methods to report. Inmates also

indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

A total of forty-six (46) formal staff interviews was conducted and an additional thirty-two (32) informal staff interviews were also conducted during the facility tours (30% of 256 staff who have contact with offenders). Staff was randomly selected from each of the three (3) shift rosters and different departments within the facility (11). Additionally, specialized staff were interviewed including the Agency Head (1), Superintendent (1), PREA Coordinator (1), PREA Manager (1), Intermediate-Higher Level Staff (5), Cross Gender Searches (4), Medical and Mental Health (3), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors (7), Investigators (1), Program Staff for Youthful Inmates (1), Line Staff Who Supervise Youthful Inmates (1) Staff Who Perform Risk Screening (1), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (1), First Responders (3), and Intake staff (2). The Assistant Deputy Superintendent/PREA Coordinator was interviewed as the PREA Coordinator and PREA Manager. Two staff members refused interviews. An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. Also interviews for Program Staff for Youthful Offenders and Line Staff that Supervise Youthful Offenders were not conducted, the facility does not house youthful offenders. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations. An interview was held with a representative from Falmouth Hospital regarding the SANE services provided at the hospital. The Auditor tried to contact the service agency, Independence House, that provides emotional support services and crisis counseling on three occasions and was unable to interview an agency representative.

There were thirty-one (31) allegations reported of sexual abuse and sexual harassment during the audit period (January 2018- December 2018) which was provided to the Auditor. Upon reviewing allegations with the PREA Compliance Team; it was determined the facility is over reporting incidents. Upon examining the cases, the facility had sixteen (16) allegations of sexual abuse and sexual harassment that met the PREA definitions. Of the sixteen reported allegations; twelve (12) alleged allegations occurred and were reported at the facility and four (4) allegedly allegations occurred at other facilities and were reported at the facility. Those four (4) allegations reported at the facility that occurred at another facility were all reported verbally during the intake process and referred to the appropriate facility for investigation. The incidents that were reported to other facilities and not PREA incidents will not be included in the following breakdown. Of the twelve (12) allegations that allegedly occurred and reported at the facility: three (3) staff on inmate allegations and nine (9) inmate on inmate allegations. The staff on inmate allegations were two (2) staff on inmate sexual harassment and one (1) staff on inmate sexual abuse. The administrative findings of the three (3) staff on inmate allegations of sexual abuse were unfounded. The inmate on inmate allegations were four (4) inmate on inmate sexual harassment and five (5) inmate on inmate sexual abuse. The administrative findings of the five (5) inmate on inmate allegations of sexual abuse were two (2) unfounded and three (3) unsubstantiated. The administrative findings of the four (4) inmate on inmate allegations of sexual harassment was one (1) unfounded and three (3) unsubstantiated. None of the cases were criminal in nature or referred to outside investigative agencies. A review of eight cases was conducted by the Auditor.

An exit meeting was conducted by the Auditor at the completion of the onsite audit, in attendance were:

- James M. Cummings      Sheriff
- Jeffrey Perry              Special Sheriff
- Ross Alper                  Superintendent
- Peter Shea                  Assistant Deputy Superintendent Human Resources/PREA Coordinator

- Donna Buckley                      General Counsel, Legal Affairs and Compliance
- Kenneth Shaffer                    Lieutenant, Policies, Procedures and Compliance
- Krista Kerr                            Administrative Assistant, Policies, Procedures and Compliance

The Auditor shared with those in attendance the appreciation of the hospitality received and for the professionalism provided by all staff during the visit. While the Auditor could not give the facility a final finding, the Auditor made a request for further documentation needed to demonstrate compliance on twenty-two (22) standards. The facility had completed hard copy documentation files for the Auditor's review. The Auditor was unable to review all the information onsite during the timeframe. The facility copied the information on a thumb drive during the onsite audit for Auditor's review after the onsite audit. The Auditor informed the facility, the Auditor would review the documentation and provide a further update if additional information was needed. It was also recommended the agency continues to expand their policies to include detailed procedures to provide staff more procedural direction. The Auditor shared with the facility staff feedback from the inmate population; the inmates stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that the facility staff was professional and well trained in their PREA knowledge and responsibilities. The Auditor thanked the Sheriff, Superintendent, the PREA Compliance Team, and the staff of the Barnstable County Sheriff's Office for their hard work and commitment to the Prison Rape Elimination Act.

The Auditor reviewed the additional information provided by the facility during the onsite audit and received after the audit through emails. After this review, four (4) standards remained outstanding for compliance; 115.15, 115.16, 115.21, and 115.51. These standards required further policy expansion to document the language of the standard and capture the procedures occurring at the facility.

- Standard 115.15 (b) Supervision and Monitoring: The policy required an update to include that the facility does not permit cross-gender pat-down searches of female inmates. Through interviews and practice observed, the facility does not permit cross gender pat down searches, however, the policy did not address.
- Standard 115.16 (a/b) Offenders with Disabilities: The policy needs updated on how are inmates that are blind, low vision, or have intellectual, psychiatric, or speech disabilities provided the 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 how each disability is provided PREA information in a manner the offender understands. Through interviews and practice observed during the onsite audit the facility provides education, however, the policy did not provide direction to staff.
- Standard 115.21 (f) Evidence Protocol and Forensic Examinations: The policy required an update. The policy did not address the facility requesting an outside law enforcement agencies to follow the standard language when completing an investigation.
- Standard 115.51(b) Inmate Reporting: The Inmate Handbook needed an update to include the available reporting methods available to the inmates and clarify the Independence House availability for emotional support, not reporting.

Documentation of compliance for standards 115.15, 115.16, 115.21, and 115.51 were provided to the Auditor through email by the General Counsel. The documentation included updates to the policies and the Inmate Handbook. The facility achieved compliance with the further documentation provided. Upon

review of the documentation, the facility updated the policy and procedures to address the standard language and providing the written procedural direction of the process the facility demonstrated during the onsite audit. The facility met compliance with all the standards.

The initial forty-five days from the day of the onsite audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditor's request. The Auditor had unforeseen circumstances during this time period. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

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

## Facility Characteristics

The Barnstable County Correctional Facility is comprised of a single facility and is operated by the Barnstable County Sheriff's Office. The facility houses minimum to maximum inmates who are classified as pre-trial and sentenced inmates. It houses female and male inmates 18 years of age or older. The facility's design capacity is 588. The inmate population was 358 on the first day of the audit. The average daily population for the audit period was 334.

The Barnstable County Sheriff's Department marked the grand breaking of the new Barnstable County Correctional Facility in September 2002 and opened in October 2004. The 180,000 square foot facility is located on a 29-acre site surrounded by a perimeter road. The facility houses the administrative offices of the Barnstable County Sheriff's Office as well as the jail, the house of corrections, and other Sheriff's Office and corrections operational departments. The facility consists of six buildings that are all connected as one facility. The building sections are accessible by the main corridor or by one of the secondary corridors that lead to the offender housing pods. Offender housing consists of 300 housing cells and all but twelve (12) are equipped for double bunking, giving the facility a facility capacity of 588.

Building 1 consists of four housing pods: J, K, L, and M. Building 2 consists of five housing pods: D, E, F, G, and H. Building 4 consists of three housing pods: A, B, and C. Building 5 consists of the intake area, records office, count office, and medical services. Building 6 holds the administrative offices and programs. Building 7 contains the maintenance, kitchen, wood shop, print shop, laundry, and canteen. There is no Building 2; originally Building 3 was architecturally designed as two buildings.

Each housing unit is an individual unit that operates independently, allowing officers to interact directly and with smaller groups of inmates. Each housing unit is supervised through direct supervision. The pods are two tiered with an open dayroom area with seating, televisions, and phones. The six showers with doors are located at the far end of the dayroom pod with direct sight line viewing from the officer's desk. Toilets are provided in each cell allowing privacy for the inmate and each cell contains a distress call button to contact to the officer's desk. Within each pod there is a grievance box, mailbox, and medical box allowing communication reporting method for inmates. There is an indoor recreation area for each pod. Meals are delivered to the housing unit. The Barnstable County Correctional Facility breaks the inmate population for housing into pre-trial and sentenced inmates. The pre-trial inmates are housed in the jail section of the facility and sentenced inmates in the correctional sections of the facility. The sentenced inmates are assigned to one of the three housing units which are located off the central

corridor. The sentenced inmates are serving two and a half years or less. The housing unit breakdown size and utilization is as follows:

- Housing Pod A: 72 capacity holding pretrial inmates
- Housing Pod B: 32 capacity holding high profile cases pretrial inmates
- Housing Pod C: 64 capacity holding general population pretrial inmates
- Housing Pod D: 24 capacity
- Housing Pod E: 48 capacity
- Housing Pod F: 12 capacity, single cells segregation unit
- Housing Pod G: 24 capacity, administrative segregation
- Housing Pod H: 24 capacity, work release
- Housing Pod J: 72 capacity, sentenced inmate workers
- Housing Pod K: 72 capacity, general population sentenced inmates
- Housing Pod L: 72 capacity, pre-trial and sentenced female inmates
- Housing Pod M: 72 capacity, Prep and Shock program sentenced inmates

The control center monitors and coordinates the security, life safety, and communications for the facility. It is staffed 24 hours a day, 7 days a week. The facility cameras are monitored through numerous monitors within the control center. The control center officer also maintains contact with all staff through portable telephones, intercoms, radios, and monitors. Throughout the facility are emergency distress buttons that alert into the control center. A zone officer or facility supervisor must response to the distress call and are the ones that can reset the button with a key.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility has 376 cameras (348 interior and 28 exterior). The cameras are strategic placed inside the secure perimeter in corridors, the visiting area, sallyport, and housing pods. The exterior cameras cover the parking area, perimeter, sallyport, outside recreation, roof, front entrance, and loading dock. All the cameras are digital. In 2015, the facility upgraded the video surveillance system by the additional of digital cameras and replacing older cameras with digital ones. The cameras are listed by zones and housing pods. On the average, each housing unit has 3 recreation cameras, 3 to 7 dayroom cameras (based on pod size), 1 in the interview rooms, and 2 in the sallyport. All program and service areas are covered by cameras, as well as, the administrative area.

The facility has 183 security staff assigned to the jail operations which includes 7 Captains, 20 Lieutenants, 10 Sergeants, 43 officers on first shift, 41 officers on second (swing) shift, and 32 officers on midnight shift. Other security positions and 67 non-security staff cover the service and program operations of the facility including: transportation, community service, maintenance, K-9, kitchen, special operations, booking, classification, laundry, property, records, public information, audit and compliance, and medical. The facility operates three (3) shifts: 11:30 pm – 7:30 am, 7:30 am – 3:30 pm, and 3:30 pm – 11:30 pm. Security staff make random security rounds in all the housing units. These rounds are documented through the Watch Tour System; the officer passes a wand like pipe over a small silver button called a check point. The wands are designed to hold all the checkpoint information including time and date. At the end of the shift, the officer places the pipe into the downloader in central control. All the rounds information collected during the shift is imported. Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logs. The logs were reviewed during the tour. Unannounced rounds are completed on each shift. All essential services within the facility are provided by Barnstable County Correctional Facility staff with the exception of medical and food

services which are provided through contracts. Medical care is contracted to Correctional Psychological Service (CPS). Food Service is contracted with Trinity Food Services.

The mission of the Barnstable Sheriff's Office and Barnstable County Correctional Center is to improve the quality of life on Cape Cod by: protecting the public from criminal offenders by operating a safe, secure, and rehabilitative correctional facility; assisting local agencies and promoting public safety through our associated specialized services; enforcing the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America

The facility is managed by a Superintendent with support of Assistant Superintendent, and Assistant Deputies of Superintendent of Human Resources, Jail Operations (3), Support Services, Finance; Community Corrections Coordinator; and General Counsel of Legal Affairs and Compliance.

## Summary of Audit Findings

The PREA Audit of the Barnstable County Correctional Center found forty-four (44) standards in compliance with five (5) of those standards exceeding the requirement of the standard. These standards are: 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, 115.17 Hiring and Promotion Decisions, 115.31 Staff Education, 115.51 Inmate Reporting, and 115.81 Medical and Mental Health Care An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

**Number of Standards Exceeded:** 5

115.11, 115.17, 115.31, 115.51, 115.81

**Number of Standards Met:** 39

115.12, 115.13, 115.15, 115.16, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

The initial forty-five days from the day of the onsite audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditors request. The Auditor had unforeseen circumstances during this time period. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

The Barnstable County Sheriff's Office and Barnstable County Correctional Facility has written policies 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA);

220.03 Sexual Harassment, Harassment, and Non-Discrimination; and 220.04 Staff Sexual Misconduct with Inmates. All the policies mandate zero tolerance towards all forms of sexual abuse and sexual harassment. The facility takes appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. The 300.02 outlines the prevention, detection, and responding requirement of an allegation. It also defines prohibited behaviors regarding sexual abuse and sexual harassment. The sanctions for prohibited behaviors are provided in the 200.03 policy under the Disciplinary section and in the Inmate Handbook. The Employee Handbook and policies 200.03 and 220.04 includes sanctions for staff, volunteers, and contractors found to have participated in prohibited behaviors including disciplinary sanctions, up to and including termination. Through observation of bulletin boards, posters, handouts and materials; review of inmate and staff handbooks; and interviews with staff and inmates, it was apparent that the Barnstable County Sheriff's Department and Barnstable County Corrections Facility is committed to zero tolerance of sexual abuse and sexual harassment.

The agency's PREA Coordinator which is also the Assistant Deputy Superintendent Human Resources reports directly to the Superintendent reflected by the agency's table or organization. The PREA Coordinator has the authority to manage the facility's PREA Program. The PREA Coordinator acknowledged he had enough time to manage all of the PREA related responsibilities which includes consistent communication with staff, orientation with inmates, developing and maintaining policy and procedures to comply with the PREA rule; assisting with the development of the staffing plan; developing a written plan for coordinated response; publish on the website information on how to report and a protocol describing investigations; and establishing a process for collection of uniformed data. He meets daily with the facility administration to review cases as needed. The PREA Coordinator acknowledged the facility has a PREA Compliance Team consisting of Assistant Deputy Superintendent/PREA Coordinator, General Counsel, Lieutenant of Policies, Procedures and Compliance; Administrative Assistant of Policies, Procedures, and Compliance. The Team assists with project needs, audits, policy and procedure development and updates, providing education, data collection, and other PREA functions. The PREA Coordinator stated the interaction with the staff assisting is through conversations, emails, and meetings. He expanded to share if there was an issue identified, the team would determine what action or process is needed to come into compliance with the PREA standard. The Team would be responsible for the process to be completed with the PREA Coordinator verifying the complication. The PREA Team were present and very responsive pre-audit, during the onsite audit, and post audit. They were knowledgeable of the PREA standards and the agency's compliance measures. The Team attends PREA meetings, makes rounds within the facility, ensures that effective practices and procedures are in place at the facility and ensures compliance with standards.

The facility exceeds the standard with the facility structure of the PREA Coordinator and PREA Compliance Team to ensure the facility complies with the standards and maintains an active role in the facility's prevention, detection, reporting and response to sexual abuse and harassment within the facility. It was apparent during the audit the work that is completed by the Team. Staff and inmates were aware of the team members.

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

### **115.12 (a)**

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

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

The Barnstable County Sheriff's Office has one Memoranda of Understanding (MOU) between the Massachusetts Youth Services for the housing of offenders under the age of 18 charged with murder. The MOU was entered into May 28, 2015. The MOU requires the facility to maintain PREA compliance and report all allegations, investigations, and reports. There have been no allegations reported from the Massachusetts of Youth Services.

### Standard 115.13: Supervision and monitoring

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

The Barnstable County Corrections Center has developed a detailed staffing plan that is based on the eleven (11) criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors per the PREA Coordinator and Superintendent interviews. The Auditor reviewed the staffing plan and policies

204.01 Staffing Analysis and 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA). The written staffing plan did acknowledge issues that the facility was not under including judicial findings of inadequacy from judicial, Federal agencies, and interior or external oversight bodies. An annual staffing analysis is required annually.

The annual Staffing Plan was predicated on the full capacity of 588 although the facility average population is 334. The facility has 186 security staff assigned to the jail operations which includes 7 Captains, 21 Lieutenants, 10 Sergeants, and 148 correctional officers. The facility operates three (3) shifts: 11:30 pm – 7:30 am, 7:30 am – 3:30 pm, and 3:30 pm – 11:30 pm. There are 42 officer positions on day shift, 42 officer positions on swing shift, and 32 officer positions on midnight shift. The minimum coverage for each shift is day shift 26; swing shift 26, and midnight 21. Each shift is assigned a facility shift supervisor, four lieutenants, and four sergeants. Each housing pod has at least one officer assigned to the pod. The orientation pod always has two officers. Correctional officers are rotated every six months. Other security positions and 67 non-security staff cover the service and program operations of the facility including: transportation, community service, maintenance, K-9, kitchen, special operations, booking, classification, laundry, property, records, public information, audit and compliance, and medical. The facility has at least one female officer assigned to each shift to supervise the female offenders and only female staff are assigned to the female housing unit per policy 204.01.

The Daily Shift Rosters document the daily coverage of the facility. Supervisors monitor the Daily Rosters to ensure coverage and the need for overtime for coverage, if required. The facility administration reviews staff coverage and deviations during the morning administration each day per the Superintendent interview. There was no cross-gender strip-searches, cross-gender pat down searches, or body cavity searches conducted during the audit period. The most common reasons for deviations from the staffing plan are female coverage, firearm qualifications, hospital coverage, mental health watches, and leave coverage. Coverage would be maintained by reserving current shift security staff for short term till other coverage could be made through staff overtime or utilizing part-time staff in special or emergency situations.

The staffing plan is maintained within the central policy file electronically through the intranet and accessible to all employees. The facility updated the Staffing Plan on February 28, 2019 and a copy was forwarded to the Auditor. Per policy 204.01, the staffing plan will be reviewed in consultation with the PREA Coordinator for any PREA based factors in PREA standard 115.13(a), the facilities video monitoring system and other monitoring technologies, and the resources available to commit to ensure adherence to the staffing plan.

Correctional officers assigned to the housing units provide direct visual monitoring of inmates and supervision is supplemented through video monitoring and audio monitoring technology. Staff make random security rounds in all the housing units. These rounds are documented through the Watch Tour System; the officer passes a wand like pipe over a small silver button called a check point. The wands are designed to hold all the checkpoint information including time and date. At the end of the shift, the officer places the pipe into the downloader in central control. All the rounds information collected during the shift is imported. Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logs. The logs were reviewed during the tour. Unannounced rounds are completed on each shift. Policy 300.02 and specific post orders outline round and supervision requirements.

Through reviews of housing area logs, it documented that rounds were completed on each shift. Through interviews with staff and inmates, it was confirmed that unannounced rounds are done randomly throughout the facility. The intermediate and higher-level security staff stated during interviews that they conduct random rounds by varying the pattern and times of their rounds. These rounds are documented

on the housing pod logbooks in red ink, through the central control log, and the pipe system. Policy 300.02 supports the unannounced rounds by stating the Command Staff, Captains, Lieutenants and/or Sergeants shall make unannounced rounds to identify and deter sexual misconduct and sexual abuse on all three shifts. Staff will not alert staff of such unannounced rounds. These rounds will be documented in the electronic inmate management system after they have been conducted.

Policy 300.02 prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited. The Intermediate or Higher-Level Staff interviews stated staff members are informed by policy, roll call discussions, and training of the importance of rounds. The Supervisors indicated if a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds, policy, and progressive discipline could be started.

Recommendation: The facility should include all components of Standard 115.13(a) in their written Staffing Plan. If a component is not applicable, please note it was reviewed and there was no need to address in the staffing plan.

## Standard 115.14: Youthful offenders

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

The facility does not house youthful offenders per Massachusetts General Law Chapter 119 Section 74. The Barnstable County Sheriff's Office has a Memoranda of Understanding (MOU) between the Massachusetts Youth Services for the housing of offenders under the age of 18 charged with murder. The MOU was entered into May 28, 2015. The MOU requires the facility to maintain PREA compliance and report all allegations, investigations, and reports. There have been no allegations reported from the Massachusetts Youth Services.

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  NA

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

The facility policy 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA) section Intervention, 305.01 Searches and Contraband, and Lesson Plan 2018 Annual Training In-Service Prison Rape Elimination Act addresses the inmate searches, cross gender searches, and transgender searches. The policy and the training lesson plan review confirmed the standard is addressed and provided through training. The policy 300.02 states staff may not conduct cross-gender pat-down or strip searches except in exigent circumstances and shall be documented. Policy 305.01

stated there is always a female staff member scheduled which is supported through the Staffing Plan. There is always female staff on duty who can be utilized for female pat-down and strip searches as indicated by staffing rosters and interviews with staff. Random staff interviewed acknowledged receiving training annually during in-service. They were able to explain and demonstrate the transgender and cross-gender search procedures by utilizing the blade or back of the hand. Interviews with staff and inmates indicated the facility does not conduct cross gender pat-down or strip searches. There was no cross-gender strip-searches, cross-gender pat down searches, or body cavity searches conducted during the audit period. The Auditor did interview random staff on cross gender strip of visual searches. The staff indicated they would only be conducting such searches under emergency circumstances under the direction of a supervisor. The search would be documented by incident report through the electronic management system. Only qualified health care practitioners can conduct visual body cavity searches. All body cavity searches are completed only by medically trained professionals.

The facility's policy 300.02 states inmates shall be able to shower, perform bodily functions, and change clothing without non-medical personnel of the opposite gender viewing their breast, buttocks, or genitalia except during exigent circumstances or when such viewing is incidental to routine cell checks. The policy notes that if a cross gender viewing occurs, the staff must report through an incident report in the electronic management system. During the tour, the Auditor reviewed the video surveillance monitoring in the control center, there was no cross-gender viewing through the monitors.

The policy 300.02 states staff of the opposite gender shall have their presence announced when entering an inmate housing area. The announcement is to be documented through the electronic inmate management system. For inmates that are deaf or language barrier, a laminated card indicating "male in the Unit/ Female in the Unit" will be available in the unit and used as needed. The announcements are made verbal when a staff member or visitor enters the housing pod of the opposite gender by the correctional officer or the staff member entering. This was observed during the audit tour. Staff are also provided training on rounds to help assure compliance with the standard that limits cross gender viewing through annual in-service and roll call reminders. Staff and inmates interviewed indicated that announcements are made when the opposite gender staff and visitors enter the housing units.

The policy 300.02 states the Sheriff's Office will not physically examine a transgender or intersex inmate for the sole purpose of determining genital status unless it is done as part of a broader medical examination conducted in private by a medical practitioner. Staff interviewed acknowledged the policy and their understanding. There were no transgender inmates housed at the facility to interview.

Staff receive training in conducting pat down searches, cross-gender pat down searches, searches of transgender and intersex inmates in a professional and respectful manner as documented in Lesson Plan 2018 Annual Training In-Service Prison Rape Elimination Act. The review of the training lesson plan showed the policy and procedures are covered in the annual training. Other than annual training, this training is also covered as reminders in roll call. Staff must sign the Training Division Attendance Form which is also dated and initialed to document the training. The staff must also pass a test in order to complete the training. The staff interviewed were able to explain the process of pat searching a transgender or cross-gender indicating that the blade of the hand is utilized. Documentation was provided that showed that security staff have signed showing they have received and understood the cross-gender pat down searches and searches of transgender inmates. The PAQ indicated all staff had completed the training. The training staff indicated two staff had not completed the training this year; one is out on FMLA and the other on military leave. The staff will be required to complete the training when returning and before being assignment on a post.

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

### 15.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

The facility's policies 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA) and 440.01 Admissions and Orientation established procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff are trained on how to interact with inmates with disabilities and limited English through the Lesson Plan 2018 Annual Training In-Service Prison Rape Elimination Act. Training was documented with training records.

The facility's policy did not address how the inmates with disabilities would be provided education in a manner they understand. The facility expanded the policy to document their practice; which is, when an inmate during intake is identified with a disability through the PREA Risk Assessment and/or Medial Evaluation, the ADA Coordinator will be contacted to assess each special need for education and method to provide the education. The facility utilizes staff interpreters, a Multilingual Referral Line, Federal

Translation Phone service, and outside social service agencies to provide interpretation. The facility staff noted in interviews that no interpreter services were used during the audit period. They indicated when utilized the interpreters explain the PREA materials to the inmate over the telephone. The facility has staff that speak multiple languages that can provide translation for the limited English proficient offenders. The facility also provides Inmate Handbooks, Sexual Assault and Custodial Sexual Misconduct PREA pamphlet, and PREA informational posters in English and Spanish. The posters are posted throughout the facility.

Inmates that are deaf or hard of hearing are provided education through PREA written materials, and sign language translation, if needed. For those inmates who are unable to read, facility staff reads the material to the inmates and ensures they understand it. Inmates that are blind or have low vision will be provided information through staff reading the materials. Inmates that have limited English proficient are provided written educational materials in a language they understand or through translation services.

During the audit, an interview was conducted with an inmate with limited English proficient with an interpreter. The inmate stated that PREA information is provided through information on the bulletin board and a pamphlet in his language. The offender stated a correctional officer and staff are available if needed for assistance. The offender knew how to report, the offender indicated he could tell a staff member if he needed to report an incident.

The agency's policy 300.02 states the use of inmates, detainees, or prisoners as interpreters, readers, or for any other type of translation assistance is prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of staff first responder duties, or the investigation of sexual abuse or sexual harassment allegations. Staff interviewed indicated that staff interpreters and the translation line is utilized for translation services for offenders that are limited English proficient; an offender would only be used in an emergency when imminent danger may occur. The facility noted inmate interpreters, inmate readers, or other type of inmate assistants were not utilized. Staff interviewed indicated they were not aware of any time an inmate interpreter was utilized.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

Through the review of agency policy 201.03 Personnel Manual/ Selection and Hiring/ Compensation and Benefits and the Employee Handbook it was determined that the agency has established a system of conducting criminal background checks for new employees, promotional employees, volunteers, and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. New applicants first must pass a written exam, physical test, and interview with Board; if selected through that process, they would be offered provision hire prior to starting the background check. New applicants are asked the administrative adjudication questions on the application, during interviews, and reviewed during the background process. The employment application was updated in spring of 2017 to include the administrative adjudication questions. In the last year, three applicants were refused employment based on criminal background checks. The facility hired thirty-four (34) employees during the audit period; background checks were conducted on all new employees.

The background check process is conducted by the agency. The Human Resource staff interviewed stated all new hires and contractors have background checks completed prior to hiring. The background

investigation for a new applicant includes field checks, one on one interviews, reference checks, employer checks, criminal checks through CCJIS. Contractor background checks are also completed by the agency. Contractors complete the application and then the background check is initiated. Sixteen (16) new contractors were hired during the audit period; both had criminal background checks. If a new applicant or contractor had prior incidents, the agency would not hire. The auditor reviewed nine (9) staff, one (1) volunteer, and one (1) contractor employment files that demonstrated that the background checks were completed prior to hiring or approved to provide services.

The agency conducts background checks on all employees, volunteers, and contractors every five years per policy 201.03 and verified with the Human Resources interview. The agency also completes criminal queries annually on all employees, contractors, and volunteers stated by the Human Resource interview. Background checks were verified in all personnel files reviewed.

Policy 201.03 addresses that all applicants' promotions, and employees about previous misconduct through the application process, promotional questionnaire, and during the annual evaluation process. The Prison Rape Elimination Act Inquires form is utilized. The agency also has a continuing affirmative duty to report any criminal misconduct. The employee must report to an administrator, duty officer, or supervisor on the next business day. They must also report any misconduct of a family member. If arrested, the employee is placed on unpaid administrative leave until the investigation is completed. on Policy 201.03 and the Prison Rape Elimination Act Inquires form states the agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. During the Human Resource interview, it was shared that all staff must report any police contact immediately to the supervisor. The supervisor will forward the information to administration. The employee will be placed on administrative leave pending investigation. If the employee does not report and the facility is informed or finds it during the criminal background check, an investigation will be conducted. The employee can be disciplined, up to termination. This was also confirmed through the Investigation Unit interview. Per policy 201.03, all material omissions regarding misconduct, or the provision of materially false information, are grounds for termination.

The agency policy 201.03 states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During the interview with the Human Resources it was stated, a signed release would also be needed from the employee before any information could be disclosed.

Through interviews with the Human Resource Manager, Investigator, and Assistant Deputy Superintendent/PREA Coordinator, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks. The facility exceeds the standard with the annual criminal query on all employees, contractors, and volunteers and the asking of the administrative adjudication questions on the application, during interviews, reviewed during the background process, and the annual as part of the annual evaluation process.

## **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 Barnstable County Correctional Facility has not made any substantial expansions or modifications of the existing facilities. The complex has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The Agency Head during the interview indicated that the facility was built in 2002 and considered the direct line of sight for the supervision of offenders and camera locations to have a safe facility for staff and inmates. If there were any other modifications made, the agency would review to ensure the safety of inmates from sexual abuse is considered. The Superintendent indicated that the facility is planning to replace all analog cameras with digital in the future. The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The facility has 376 cameras (348 interior and 28 exterior). The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, and housing pods. The exterior cameras cover the parking area, perimeter, sallyport, outside recreation, roof, front entrance, and loading dock. All the cameras are digital. In 2015, the facility upgraded the video surveillance system by the additional of digital cameras and replacing older cameras with digital ones. The cameras are listed by zones and housing pods. On the average, each housing unit has 3 recreation cameras, 3 to 7 dayroom cameras (based on pod size), 1 in the interview rooms, and 2 in the sallyport. All program and service areas are covered by cameras, as well as, the administrative area.

## RESPONSIVE PLANNING

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

The Barnstable County Sheriff's Office (BSCO) is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation

reported. The allegation is referred to the appropriate investigation unit by the Superintendent. If the allegation is inmate on inmate; the investigation would be completed by a specialized trained investigator from the agency's Special Operations Unit. If the allegation is staff on inmate; the investigation would be completed by a detective with the Cape Cod Islands Division Massachusetts State Police assigned to the District Attorney's Office. The Massachusetts State Police Detective Unit is trained and compliant with all the PREA investigation requirements as stated by a detective of the unit through a phone interview. The agency 300.02 outlines the evidence protocols for administrative proceeding, criminal investigations, criminal prosecutions, and requirements for forensic exams. The agency adopts the evidence protocols from the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2<sup>nd</sup> Edition, April 2013. All evidence is handled in accordance with policy 305.01 Searches and Contraband.

The investigator interviews were conducted with a facility investigator and the Supervisor of the Special Operations Unit. The interviews confirmed the practices for PREA investigations; and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The investigators stated that all allegations reported are investigated immediately. Once an allegation is reported and a supervisor is notified; an investigation would be started immediately. The investigation would be completed by a specialized trained investigator within the facility. The policy states administrative investigations shall include an effort to determine whether the staff's actions or inactions contributed to the abuse. The Agency Head interview confirmed the practices.

Through interviews with the medical staff and Assistant Deputy Superintendent/PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender. The agency has a Memoranda of Understanding (MOU) with the Falmouth Hospital, effective June 18, 2018 for emergency medical treatment and forensic exams. The interview with the SANE nurse from the local hospital, Falmouth Hospital, indicated a SANE/SAFE is available 24 hours, 7 days a week, if a SANE is not available at the time, a SANE would be called in. She indicated that the sealed kit would be transferred to an agency staff member as directed by the Sheriff or representative. The agency policy 300.02 states any evidence collected at the hospital is transported to the State Police Laboratory as soon as possible. There were no forensic medical exams during the last twelve (12) months.

A victim advocate will be provided to the offender upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Independence House. The agency has a MOU with the Independence House (IH) to provide victim advocate services to inmates with an effective date of May 18, 2017. The MOU outlines the services provided including: sending a trained rape crisis counselor to the Falmouth Hospital, Cape Cod Hospital, or BCSO to provide rape counseling services to an individual sexual abuse victim in response to every request by BCSO; periodically provide BCSO with an updated list of trained rape crisis counselors and any necessary information to allow BCSO to update security clearances; promptly notify the appropriate Sheriff's Office staff member of the name of the rape crisis counselor assigned in each instance; maintain confidentiality as required by state standards for rape crisis counselors and IH policies and procedures; provide such training for BCSO staff as the parties may agree; and communicate any questions or concerns to the designated Sheriff's Office staff member. The Auditor tried to contact the service agency on three occasions and was unable to interview an agency representative. The information for the Rape Crisis Hotline is a toll-free number and a confidential line as noted on the Zero Tolerance Poster. The contact information is also provided to the inmate in the Sexual Assault and Custodial Sexual Misconduct pamphlet and the Inmate Handbook.

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

All allegations of sexual abuse and sexual harassment are referred for an investigation through the Superintendent immediately upon notification per the Superintendent and Agency Head interviews. The agency's policy 300.02 outlines the evidence protocols for administrative proceeding, criminal investigations, criminal prosecutions, and requirements for forensic exams. The Barnstable County Sheriff's Office is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation reported. The allegation is referred to the appropriate investigation unit by the Superintendent. If the allegation is inmate on inmate; the investigation would be completed by a specialized trained investigator from the agency's Special Operations Unit. If the allegation is staff on inmate; the investigation would be completed by a detective from the Cape Cod Islands Division Massachusetts State Police assigned to the District Attorney's Office. The Massachusetts State Police Detective Unit is trained and compliant with all the PREA investigation requirements as stated by a detective of the unit through a phone interview. The investigator interviews were conducted with a facility investigator and the supervisor of the Special Operations Unit. The interviews confirmed the practices for PREA investigations; and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The investigators stated that all allegations reported are investigated immediately. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The investigation would be completed by a specialized trained investigator within the facility.

There were thirty-one (31) allegations reported of sexual abuse and sexual harassment during the audit period (January 2018- December 2018) which was provided to the Auditor. Upon reviewing allegations with the PREA Compliance Team; it was determined the facility is over reporting incidents. Upon examining the cases, the facility had sixteen (16) allegations of sexual abuse and sexual harassment that met the PREA definitions. Of the sixteen reported allegations; twelve (12) alleged allegations occurred and were reported at the facility and four (4) allegedly occurred at other facilities and were reported at the facility. Those four (4) allegations reported at the facility that occurred at another facility were all reported verbally during the intake process and referred to the appropriate facility for investigation. The incidents that were reported to other facilities and not PREA incidents will not be included in the following breakdown. Of the twelve (12) allegations that allegedly occurred and reported at the facility: three (3) staff on inmate allegations and nine (9) inmate on inmate allegations. The staff on inmate allegations were two (2) staff on inmate sexual harassment and one (1) staff on inmate sexual abuse. The administrative findings of the three (3) staff on inmate allegations of sexual abuse were unfounded. The inmate on inmate allegations were four (4) inmate on inmate sexual harassment and five (5) inmate on inmate sexual abuse. The administrative findings of the five (5) inmate on inmate allegations of sexual abuse were two (2) unfounded and three (3) unsubstantiated. The administrative findings of the four (4) inmate on inmate allegations of sexual harassment was one (1) unfounded and three (3) unsubstantiated. None of the cases were criminal in nature or referred to outside investigative agencies. A review of eight cases was conducted by the Auditor. The facility provided a criminal investigation from 2017 that was referred to outside law enforcement to demonstrate the process of an outside investigation referral.

The agency's website contains the investigative policy, [www.bsheriff.net](http://www.bsheriff.net).

## 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 agency policy 300.02 states the Training Division in conjunction with the PREA Task Force shall develop and maintain a training plan to ensure the Sheriff's Office employees, contractors and volunteers are educated regarding their responsibilities to prevent and report incidents of sexual abusive behavior and have documented that they understand the training they received. The agency's lesson plan 2018 Annual In-Service Training covers the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; and how to avoid inappropriate relationships with inmates. New employees also receive PREA training as part of basic training during the academy training. The training is tailored to the gender of the inmates at the facility.

The Training Division is responsible for training of employees, contractors, and volunteers and maintaining all training records. The Training Division representative interviewed stated all employees

have been trained. The employee must pass a test at the completion of the course for passing and credit for the course. The Auditor selected nine (9) staff training files to review. All the training files documented compliance with annual training except one. That one file was of a new employee still in the academy training. The Training Division representative stated if an employee is out for any extended leave, the department is notified of when the employee returns to duty. The employee must complete any training required before being reassigned to a post. The training was documented on the Prison Rape Elimination Act (PREA) Sign-Off Sheet form and sign in sheets in the training files.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through annual and refresher updates. The agency exceeds the standard with employees receiving annual in-service training instead of every two years as required by the standard. Also, the constant updates and refreshers through the year.

Recommendation: The Auditor suggested refresher for staff on use of inmate interpreters, dynamics of sexual abuse in a confinement setting, how to privately report sexual abuse of offenders, that offenders can report anonymously, and the action to take when an offender is at imminent risk for sexual abuse. There were some staff interviewed that were not clear on these topics.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

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

All contractors and volunteers who have contact with offenders at the facility receive PREA training prior to assuming their responsibilities. The facility has contractors in the food service and medical. The facility also utilizes volunteers for programming services. The agency policies 220.05 Training Department/Professional Boundaries with Inmates and 300.02 outlines training of volunteers and contractors. Policy 300.02 states the Training Division in conjunction with the PREA Task Force shall develop and maintain a training plan to ensure the Sheriff's Office employees, contractors and volunteers are educated regarding their responsibilities to prevent and report incidents of sexual abusive behavior and have documented that they understand the training they received. Volunteers and contractors are provided PREA education as part of the orientation training utilizing the Orientation Curriculum which is a four-hour course. They also receive the Volunteer, Student, and Intern Handbook and must sign acknowledging the receipt on the Handbook Receipt Form.

The training includes information on the zero-tolerance standard, reporting methods, that sexual misconduct is a criminal offense, all intentional acts of sexually abusive behavior or intimacy regardless of consensual status are prohibited; all perpetrators are subject to administrative and criminal sanctions; and reporting requirements. The volunteers and contractors must complete and sign the Prison Rape Elimination Act (PREA) Sign-off Sheet for acknowledging training received. The Auditor reviewed one (1) volunteer, and one (1) contractor training files; the training files were all in compliance.

Interviews with four contractors stated they had received training prior to assignments. They also indicated that the company they work for also conducts PREA training with them. They indicated the company training is provided through a powerpoint course that requires a quiz at the end. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, how to look for risk factors, definitions of sexual abuse and misconduct, and the agency's zero tolerance policy. They indicated they would report to the shift supervisor immediately. There were 124 volunteers and contractors trained this audit period.

## Standard 115.33: Inmate education

### 115.33 (a)

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

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

## Auditor Overall Compliance Determination

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

The Barnstable County Correctional Facility provides a comprehensive PREA education to the offender population beginning at intake into the facility. The facility policies 440.01 Admission and Orientation and 200.03 outlines the PREA intake information and comprehensive education training of offenders. The policy states the Sheriff's Office shall present orientation material on sexual abuse prevention and intervention to inmates through an orientation and the Inmate Handbook. Inmates shall be responsible for familiarizing themselves with the provided PREA information. It also states the Superintendent/designee shall assure that new inmates to the BCCF receive written, verbal and/or video presentations about prisoner sexual violence in English and/ or Spanish within 30 days of admission. All written orientation materials about sexually abusive behavior will be provided in Spanish when appropriate. When a literacy problem exists, a staff member assists the inmate in understanding the problem. Inmates who are transferred from one facility to another shall be educated on their right to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents.

At intake into the facility, inmates are provided information through the Sexual Assault and Custodial Sexual Misconduct pamphlet and the Inmate Handbook which is provided to the inmate at intake. The staff also explain the PREA information to the inmate. There are also Zero Tolerance Posters on the walls in intake. This information is provided to all new intake and transfer inmates per the interview with Intake Staff. Intake staff indicated this information is usually provided to the inmate within an hour; definitely within a few hours. The inmate signs the Record Depart/Orientation Completion Form acknowledging the receipt of the Inmate Handbook. The facility indicated on the Pre-Audit Questionnaire that all inmates were given PREA information at intake.

The PREA Coordinator provides comprehensive education within the housing pods for all inmates. The PREA Coordinator visits each housing pod twice a month to provide comprehensive education to the inmates. General PREA information and updates are provided to the inmates. They are encouraged to ask questions. The facility is completing the comprehensive education within thirty days to all inmates. This process was confirmed through the interview with the PREA Coordinator and interviews with the inmates. There is also a video presentation that can be completed in English, Spanish, Brazilian, and Portuguese. All the inmates interviewed acknowledged the training in the housing pod and the accessibility of the PREA Coordinator. There is no documentation of the comprehensive training; the Auditor suggested that the inmates sign acknowledging the education.

The facility also provides Inmate Handbooks, Sexual Assault and Custodial Sexual Misconduct PREA pamphlet, and PREA informational posters in English and Spanish. The posters are posted throughout the facility. Inmates that need special accommodations are referred to the ADA Coordinator to assist with providing direction on how to provide the information to the inmate. It may include contacting a social service agencies to provide interpreter services if it can't be provided at the facility. Inmates that are deaf or hard of hearing are provided education through PREA written materials, and sign language translation,

if needed. For those inmates who are unable to read, facility staff reads the material to the inmates and ensures they understand it. Inmates that are blind or have low vision will be provided information through staff reading the materials. Inmates that have limited English proficient are provided written educational materials in a language they understand or through translation services. During the audit, an interview was conducted with an inmate with limited English proficient with an interpreter. The inmate stated PREA information was provided through information on the bulletin board and a pamphlet in his language. The inmate stated a correctional officer and staff are available if needed for assistance. The inmate knew how to report, the inmate indicated he could tell a staff member if he needed to report an incident.

The facility provides continuous PREA information to the inmates through posters throughout the facility, and the offenders receiving the Inmate Handbook and Sexual Abuse and Custodial Sexual Abuse pamphlet. As well as, the PREA Coordinator providing education in the housing pod every two weeks.

The random inmates interviewed acknowledged receiving education upon intake into the facility and noted it occurred on the same day of intake into the facility. Intake staff interviewed acknowledged that PREA information is provided to the inmate at intake on the same day as arrival. The staff explained the process and that they review the PREA information with the inmate. The offenders were able to explain how to report an incident and were aware of the zero-tolerance policy.

Recommendation: The Auditor suggested that the offenders sign acknowledging the comprehensive education completed in the housing pods.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

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

### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

The agency's policy 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA) states the Sheriff's Office shall use all available means to fully investigate and address all allegations and incidents of sexually abusive behavior. There will be two or more BCSO investigators trained to conduct investigations in a confinement setting. Appropriate non-legal investigators shall include male and female staff who are known for their impartiality. The investigators have received training in conducting such investigations in confinement setting through the Sexual Abuse Investigator Training Program conducted by the Massachusetts Department of Corrections in collaboration with the Bureau of Justice. The training included interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative action or criminal prosecution referral, investigative overview, responsive planning, evidence gathering, report writing, interviewing tactics, investigative outcomes, documentation, and victim/perpetrator management. The investigators complete an electronic test at the completion of the course. The agency currently has eight (8) trained investigators. Documentation of the training was provided through an electronic record showing that all eight investigators passed the PREA Investigator Training Course. The Investigator interviewed stated training was received through the PREA Investigator training conducted by the Department of Corrections and has also completed General Investigators Course and Crime Scene Investigation. It was stated the training was classroom setting with real issue scenarios. The Investigator confirmed all the topics were covered in the training courses.

The Barnstable County Sheriff's Office utilizes the Cape Cod Islands Division Massachusetts State Police Detective Unit for any PREA incidents which may involve a criminal charge and staff on inmate

investigations. The Massachusetts State Police Detective Unit is trained and compliant with all the PREA investigation requirements as stated by a detective of the unit through a phone interview.

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

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

## Auditor Overall Compliance Determination

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

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

The thirteen (13) health care staff are contractors of Correctional Psychological Service (CPS). The agency requires that all full and part-time medical and mental health care practitioners complete specialized training, per policy 300.02. The training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The contract requires for the contracting agency to be compliant with Prison Rape Elimination Act of 2003. The healthcare staff completed the Health Imperatives PREA Training. The training records for the medical staff reviewed during the audit showed that general PREA and specialized training was completed by medical and mental health staff except for two staff; one was on FMLA and the other in orientation. There were actually seventeen healthcare staff trained during the audit period, the thirteen currently working at the facility and four that were trained previously that have been replaced. The training documentation was provided through a meeting agenda, staff sign-in sheet, copies of the PREA and Professional Boundaries Post Test of the healthcare employees, and a training electronic record of the healthcare staff showing all staff have passed the test.

Interviews were conducted with two (2) medical and one (1) mental health staff. The healthcare staff interviewed indicated they received orientation training through the BCSO that included policies and procedures prior to work assignment. They also received PREA Specialized Training through their company. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

Through interviews with the healthcare staff and Assistant Deputy Superintendent/PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender. The agency has a Memoranda of Understanding (MOU) with the Falmouth Hospital, effective June 18, 2018 for emergency medical treatment and forensic exams. The interview with the SANE nurse from the local hospital, Falmouth Hospital, indicated a SANE/SAFE is available 24 hours, 7 days a week, if a SANE is not available at the time, a SANE would be called in. She indicated that the sealed kit would be transferred to an agency staff member as directed by the Sheriff or representative. The agency policy 300.02 states any evidence collected at the hospital is transported to the State Police Laboratory as soon as possible. There were no forensic medical exams during the last twelve (12) months.

## 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  N/A

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

The agency's policies 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA); 410.01 Case Record Management; and 440.01 Admissions and Orientation outlines the assessment and classification process. The policy states all inmates entering BCCF and upon subsequent transfers from other institutions, shall be screened within twenty four (24) hours by a qualified medical professional for a history of and the risk for sexual abuse victimization in accordance with Policy 602.02, Admission Medical Screening/Health Appraisal & Examinations/Access to Health Services and within 72 hours by Intake Officers and/or Classification staff using the Classification Dept/PREA Screening Instrument. Inmates identified through the PREA Screening Instrument, self-reports, medical reports or other criminal record information as having a history of sexual abuse victimization and/or at risk of being a victim of inmate sexual abuse shall be referred to a mental health clinician for assessment, monitoring, and counseling for follow-up within 14 days of intake.

An initial assessment is conducted of all new intake and transferred inmates during the intake/booking process. The inmates are screened through the screening instrument, Classification Dept/PREA Risk Assessment Form, which is a scored instrument. The form is a no and yes format. The form has two sections, one for vulnerability identifiers and the other section for predator identifiers. There is also an

area for staff to note any narrative information. This risk assessment assists with determining an inmate's vulnerability for risk of sexual abuse or tendencies of acting out with sexually aggressive behavior towards other inmates. The inmates are scored as known victim, potential victim, know predator, potential predator, or no designation. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. There were 2,038 offenders screened during the audit period, which was 100% of the intakes.

The auditor observed the intake and screening process. The auditor had the intake/classification staff explain the risk screening assessment process from the receiving of the inmate at the facility to the completion of the screening process. At the inmate's arrival to the facility, the intake staff provides information on zero tolerance, how to report, the hotline phone number, Inmate Handbook, and that all calls are recorded with the exception of attorney phone calls. The inmate signs acknowledging this information and the receipt of the Inmate Handbook. The healthcare staff conduct an interview with the inmate and completes the medical screening and health appraisal. If an inmate reports prior victimization, the inmate is referred to medical and mental health. This referral is completed by placing the referral form in the PREA box in medical. The inmate will be seen by medical and mental health the next day. The referral is also provided through email to the healthcare administrator. The classification officer then completes the Classification Dept/PREA Risk Assessment Form. The officer also reviews other documentation that includes the Board of Probation information, out of state criminal records, warrants, suicidal form, sex offender register, and review of previous incarceration history. The inmate being screened as observed by the Auditor, scored no designation. The classification officer indicated although they have up to 72 hours for the risk screening, they are usually completed with hours of intake and always before the inmate leaves the intake area. The interview with the inmate was conducted in a manner that provided privacy for the inmate. The screening process conforms to the PREA standard. The Auditor reviewed seven (7) inmate records for initial risk screening. All the risk screenings were completed by the classification staff and within the appropriate time frame. There are five (5) officers trained to conduct risk assessments. At the time of the onsite audit, there were two (2) inmates identified as potential victims and sixteen (16) as potential predators.

The Assistant Deputy Superintendent/PREA Coordinator will reassess the offender's risks of victimization and abusiveness within thirty (30) days. The policy 300.02 states within a set time period, but not to exceed 30 days from the inmate's arrival, the Sheriff's Office will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The reassessment is completed utilizing the form, PREA Assessment/30 Day Review. If new information about an inmate's risk for victimization or abusiveness is discovered during the reassessment; the security, housing, or health of the inmate may also be reexamined. A classification management plan may also be developed. The reassessment is completed through a review of the database with input from the unit managers. The Auditor reviewed seven (7) inmate files for the 30-day reassessments; all files were compliant. The facility has completed reassessments on all inmates that were housed longer than thirty days. There were no reassessments based on any additional information or relevant information received since intake. The staff member indicated that the facility has about 120 intakes a month and about 60% of those intakes are housed longer than 30 days. The

reassessment process went computerized in June 2018. The reassessment, as well as, the initial PREA Risk Assessment are maintained electronically in the Offender Management System.

Through policy 300.02 and confirmed through staff interviews, inmates will not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff member will note if the inmate was uncooperative or refused to complete the risk screening. The staff member completes an incident report documenting the inmate's refusal to cooperate. An example of a refusal was provided to the Auditor for review.

The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is protected. Policy 410.01 states only employees of the BSCO or those persons approved by the Sheriff shall be allowed to handle or read offender institutional six-part folders. The Assistant Deputy Superintendent/PREA Coordinator stated control is maintained of the information by accessibility of the electronic files through the approved access by staff. It was stated that the records, classification, and the PREA staff has access to the risk assessments.

The inmates interviewed acknowledged receiving PREA information at intake through the Inmate Handbook, posters, and a video. They stated they received the information immediately upon intake into the facility. As well as, being asked the risk screening questions at intake the same day as intake before being placed in housing. The Auditor reviewed seven (7) inmate records for the initial risk screening and the reassessment. Assessments and reassessments were completed on all inmates within the appropriate time frames.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

**115.42 (b)**

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

**115.42 (c)**

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

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

**Auditor Overall Compliance Determination**

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

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

The agency's policies 300.02 Sexually Abusive Behavior Prevention and Intervention/Prison Rape Elimination Act (PREA) and 440.01 Admissions and Orientation outlines the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of predator behavior. Policy 300.02 states upon learning that an inmate has been identified as having been a victim or predator or is at risk for such, the Facility Shift Supervisor shall carefully assess the immediate needs and housing assignment of the inmate. Where double bunking is necessary, the staff members making cell assignments shall rely upon standard guidelines for cell matching and good judgment in selecting a cellmate for the inmate. Cell assignments shall be made by Classification, Facility Shift Supervisor and/or Unit Team Manager. Special Operations will be notified for monitoring purposes of those inmates identified as potential for sexual abuse victimization.

The Assistant Deputy Superintendent/PREA Coordinator stated the risk screening is utilized for classification and housing determinations. The Shift Supervisor, Unit Team Manager, and/or classification staff makes the housing placement of the inmates. The staff make individualized housing determinations on each inmate to ensure the safety of each inmate. The housing module system is utilized for the housing placement for at risk inmates. The system does not allow housing placement of potential victims (PV) or known victims (KV) with known predators (KP) or potential predators (PP) to be housed together. The system protocols also will not allow moves that may place at risk inmates together. Through interviews with inmates and staff, it was determined that the facility addresses the needs of the individual inmate consistent with the security and safety of the inmate. The Auditor also reviewed inmates' files to follow the classification process paperwork and decisions from intake through the classification and housing decisions.

The agency's policy 300.02 states housing and program assignments for transsexual and intersex inmates shall be made on a case by case basis. Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) inmates shall not be classified based solely on identification or status. The Assistant Deputy Superintendent/PREA Coordinator stated placement and programming assignments would be conducted every thirty (30) days for a transgender or intersex inmate utilizing form PREA Assessment/30 Day Review. The review will include the inmate's comfort level in their selection of gender for strip search and pat search; housing placement; their view of their own safety and security, and the intervention with other inmates. The inmates will be asked about their view of their own safety and security will maintaining them in the least restrictive housing possible. There were no transgender or intersex inmates at the time of the onsite audit.

The facility has a process in place that allows the transgender or intersex inmate the opportunity to shower separately from other inmates. The inmate is able to shower after the lockdown of other inmates. The housing units have single shower stalls with privacy shower curtains that provides privacy to the inmate. If the inmate prefers or is uncomfortable showering in the housing unit, the transgender inmate would be escorted to the intake area to shower, noted by the Assistant Deputy Superintendent/PREA Coordinator.

The Assistant Deputy Superintendent/PREA Coordinator stated lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment for the purpose of protecting such offenders. The facility does not have a consent decree, legal settlement or legal judgment requiring a dedicated housing unit or wing. The Assistant Deputy Superintendent/PREA Coordinator stated that transgender offenders are housed in the general population, although their specific housing location will be influenced by their vulnerability. Policy 300.02 states LGBTI status shall not be an indicator of likelihood of being sexually abusive and shall not be classified based solely on their LGBTI identification or status. There were no transgender inmates housed during the onsite audit. The Auditor did interview a gay inmate that confirmed he was housed in general population and not in a specialized unit or housing area.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

The agency's policies 300.02 and 420.01 Classification outlines the screening and placement of offenders in involuntary segregation, if needed. The policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Inmates shall be segregated from other inmates only as a last resort when least restrictive measures are inadequate. This segregation shall only last until alternative measures can be arranged. The facility has not placed an inmate at risk of sexual victimization in involuntary segregated housing during the audit period per the Pre-Audit Questionnaire and the interview with the Assistant Deputy Superintendent/PREA Coordinator. The Superintendent stated an inmate would be housed in the

least restrictive housing available and would receive all the same privileges and program options available to all general population inmates.

Policy 300.02 also states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The staff member interviewed stated the inmate would still have access to programs including Alcoholics Anonymous and religious services; privileges including canteen, visiting, phone calls, and recreations; and education would include education packets from the education department and library. It was also shared that inmates could write a request slip for additional services and contact with staff. The policy supports this by stating inmates who are classified away from the general population into an At-Risk housing unit because of risk of victimization or abusiveness shall receive the opportunity to exercise/shower daily and shall receive any legally required educational programming.

The policy 300.02 outlines that inmates shall be segregated from other inmates only as a last resort when least restrictive measures are inadequate. This segregation shall only last until alternative measures can be arranged. A review will be conducted every thirty (30) days to assess whether continued segregation from other inmates is necessary. The interview with the Staff who Supervise Offenders in Segregated Housing stated a review would occur within 72 hours of placement to determine the need for involuntary segregated housing and then again at seven (7) days. The policy states if an involuntary segregated housing assignment is made, the facility shall clearly document: the basis for the facility's concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and every 30 days the facility shall afford each inmate a review to determine whether there is a continuing need for separation from the general population. The interview with the Staff who Supervise Offenders in Segregated Housing stated the review is conducted by classification every seven (7) days for the first sixty (60) days and then every thirty (30) days thereafter.

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

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No  N/A

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

The Barnstable County Correctional Facility has established procedures allowing for multiple internal and external ways for inmates to report sexual misconduct, sexual abuse, sexual harassment, and retaliation. The policy 300.02 states the Sheriff's Office shall present orientation material on sexual abuse prevention and intervention to inmates through an orientation and the Inmate Handbook. Inmates shall be responsible for familiarizing themselves with the provided PREA information. Inmates are responsible for reporting allegations in a timely fashion to an employee, contractor or volunteer, in order to ensure their safety and the safety of others. The reporting information is also provided to the inmate through posters, pamphlet, and the Inmate Handbook. The PREA reporting methods are shared with inmates at intake, during orientation, Inmate Handbook, the pamphlet Sexual Assault and Custodial Sexual Misconduct, during comprehensive education, and on posters throughout the facility. Inmates can report

by telling a staff member, writing a staff member, drop a note in the request box, call the report line, telling a third party (trusted friend, family member, or staff member), calling the rape crisis hotline. The inmates interviewed acknowledged knowing how to report an allegation including the hotline, report to a staff member, write a request slip, a grievance, and telling a friend or family member. The staff were also able to list the numerous ways an inmate could report an allegation.

There is an agency hotline to the Barnstable County Sheriff's Office by dialing 508-563-4484. This hotline is checked daily and all reports are thoroughly investigated as noted in the PREA brochure and poster. The inmates can also call the rape crisis hotline that reports to the Independence House. The poster informs the inmate that the calls are toll free and confidential. The inmate does not have to enter a pin number to call either hotline number. This information is also provided to the inmate in the Inmate Handbook. The hotline numbers were checked by the Auditor during the facility tour. These reporting systems were demonstrated through review of policies and procedures, the Inmate Handbook, posters throughout the facility, and interviews with inmates and staff. The Assistant Deputy Superintendent/PREA Coordinator stated if the inmate requested to stay anonymous then the allegation with basic information is forwarded without the inmate's name or number. The inmates are encouraged to report directly to staff for immediate action. The Zero Tolerance poster and the Inmate Handbook states calling the rape crisis hotline and not informing Sheriff's Office staff will not allow for your immediate protection and investigation of a crime. You should notify Sheriff's Office Staff immediately if you have been a victim of sexual misconduct or sexual assault. The facility staff indicated that the Independence House is only provided to the inmates as a resource for counseling, however, if they call the offenders are instructed by the Independence House representatives to report any sexual abuse through channels as described at the facility. The Independence House would not report the allegation to the facility unless the inmate permits the agency to do so.

The inmates interviewed stated they felt comfortable reporting to the housing officer or a security supervisor. Of the sixteen (16) allegations reported; request slip (2), hotline (1), and verbally to staff (13). Of the verbal reports to staff, eleven (11) was reported to security staff, one (1) to a nurse, and one (1) to the PREA Coordinator.

Staff indicated through interviews they were aware of the methods available to inmates to report sexual abuse and sexual harassment. The agency's policy 300.02 states all allegations and incidents of inmate on inmate, staff on inmate, or inmate on staff sexually abusive behavior, whether reported verbally, in writing, anonymously or by 3<sup>rd</sup> parties, shall be immediately reported by Sheriff's Office employees, contractors or volunteers to the Facility Shift Supervisor verbally, and followed up with a report to the Superintendent before the end of their shift. During non-business hours these allegations shall be reported to the Facility Shift Supervisor and Duty Officer who shall ensure that the Superintendent/Assistant Superintendent is immediately notified. Failure of any Sheriff's Office employee, contractor or volunteer to report these allegations may result in disciplinary action up to and including termination. Staff indicated in the interviews they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to a supervisor. The report must be completed by end of shift. Staff know that private reporting may be completed by calling the hotline and they could report to a supervisor within the Sheriff's Office outside the jail command. The reporting methods are provided to staff through training, employee handbook, and on posters. The reporting methods are supported through policy 220.04 Staff Sexual Misconduct and the Employee Handbook.

The facility exceeds the standard by the numerous methods provided to offenders to report including two hotlines with one of them to an outside agency and the other to the Barnstable County Sheriff's Department.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

## 115.52 (g)

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

### Auditor Overall Compliance Determination

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

The agency's policy 300.02 addresses the administrative procedure for inmate grievances regarding sexual abuse and the procedures for filing emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. The information is shared with the offender through the PREA education and the Inmate Handbook.

The policy and the Inmate Handbook state the Sheriff's Office does not impose a time limit on when an inmate may file an institutional grievance regarding an allegation of sexual abuse or harassment. An inmate may use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse. An inmate who alleges sexual abuse may file a grievance without submitting the grievance to a staff member who is the subject of the complaint. The grievance will not be referred to a staff member who is the subject of the complaint.

The policy also states a final agency decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The Sheriff's Office may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension; the inmate may consider the absence of the response to be a denial at that level. The Grievance Coordinator stated that if a grievance is received which is PREA related, the grievance is submitted immediately to Special Operations to investigate. The investigation must be completed within thirty (30) days.

The agency policy 300.02 states third parties, including fellow inmates, staff members, family members, attorneys and outside advocates may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be 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 independently. If an inmate declines third-party assistance, this decision will be documented. There were no incidents during the audit period where an inmate was assisted; or a request filed on behalf of an inmate.

Policy 300.02 further states an inmate may file an emergency grievance alleging they are subject to substantial risk of imminent sexual abuse. When an emergency grievance alleging substantial risk of imminent sexual abuse is received, it shall be immediately forwarded to the Facility Shift Supervisor for immediate corrective action to be taken. The response shall be within 48 hours and the grievance is to provide a final decision within 5 calendar days. The initial response and the final decision shall document the determination whether the inmate was in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. There were no emergency grievances filed during this audit period. This was confirmed with the interview with the Grievance Coordinator and the Pre-Audit Questionnaire.

If the Sheriff's Office investigation reveals that an inmate has knowingly made false allegations or made a material statement which they could not have believed to be true, then the Sheriff's Office may take appropriate disciplinary action, and/or criminal action under the Massachusetts General Laws as appropriate. This information shall be included in any orientation booklet as well as within the training to inmates as stated in policy 300.02. The Grievance Coordinator indicated no offenders were disciplined for filing a false report.

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

There were no grievances or emergency grievances filed relating to sexual abuse or sexual harassment during this audit period.

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

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.53 (b)**

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

### 115.53 (c)

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

#### Auditor Overall Compliance Determination

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

The agency provides access to victim advocates for emotional support services through a hotline and a mailing address to the Independence House. This information is provided to the inmate population through the Inmate Handbook, pamphlet Sexual Assault and Custodial Sexual Misconduct, and the Zero Tolerance posters throughout the facility. The agency's policy 300.02 states the Sheriff's Office will attempt to maintain an MOU with community service providers to provide inmates with confidential support services related to sexual abuse. The agency has a MOU with the Independence House (IH) to provide victim advocate services to inmates. Independence House operates a toll-free phone number for inmates to access outside confidential support services. The toll-free number and mailing address are listed in the Inmate Handbook and the hotline is also written on the PREA poster.

A victim advocate will be provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Independence House. The agency has a MOU with the Independence House with an effective date of May 18, 2017. The MOU outlines the services provided including: send a trained rape crisis counselor to the Falmouth Hospital, Cape Cod Hospital, or BCSO to provide rape counseling services to an individual sexual abuse victim in response to every request by BCSO; periodically provide BCSO with an updated list of trained rape crisis counselors and any necessary information to allow BCSO to update security clearances; promptly notify the appropriate Sheriff's Office staff member of the name of the rape crisis counselor assigned in each instance; maintain confidentiality as required by state standards for rape crisis counselors and IH policies and procedures; provide such training for BCSO staff as the parties may agree; and communicate any questions or concerns to the designated Sheriff's Office staff member. The Auditor tried to contact the service agency on three occasions and was unable to interview an agency representative. The information for the Rape Crisis Hotline is a toll free and confidential line as noted on the Zero Tolerance Poster. The contact information is also provided to the inmate in the Sexual Assault and Custodial Sexual Misconduct pamphlet and the Inmate Handbook. Inmates can contact Independence House by dialing the 800-toll free number which is provided on posters, Inmate Handbook, and the pamphlet. The calls are confidential; and the inmate can remain anonymous since a pin number is not required for the hotline. Independence House maintains complete anonymity with regards to sexual abuse counseling and will not inform the agency of details of discussions with inmates or staff. The

Auditor tested the hotline during the facility tour. Inmates are also able to write as a privileged correspondence.

The Assistant Deputy Superintendent/PREA Coordinator stated the facility will be training facility staff to provide emotional support. The positions to be trained are the reentry staff, chaplain, and human services staff.

## 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 PREA webpage on the agency's website provides the PREA hotline and phone numbers as methods for third party reporting of sexual abuse and sexual harassment. The website encourages family members and the general public to report allegations of sexual assault. It states there are three ways to report an assault or a victimization of a sexual nature: call the BCSO PREA Hotline at: 508-563-4484; email to [bcso@bsheriff.net](mailto:bcso@bsheriff.net); verbally advise a BCSO staff member, and report in writing to the BCSO Special Operations Unit. Reports of PREA violations will be kept as confidential as the circumstances allow. Inmates may also report allegations through third party reporting. The inmates are able to use the hotlines for third-party reporting.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

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

The agency's policy 300.02 states all allegations and incidents of inmate on inmate, staff on inmate, or inmate on staff sexually abusive behavior, whether reported verbally, in writing, anonymously or by 3<sup>rd</sup> parties, shall be immediately reported by Sheriff's Office employees, contractors or volunteers to the Facility Shift Supervisor verbally, and followed up with a report to the Superintendent before the end of their shift. During non-business hours these allegations shall be reported to the Facility Shift Supervisor and Duty Officer who shall ensure that the Superintendent/Assistant Superintendent is immediately notified. Failure of any Sheriff's Office employee, contractor or volunteer to report these allegations may result in disciplinary action up to and including termination. The policy also states staff shall not reveal any information related to a sexual abuse report to anyone other than those involved in the investigation. The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of inmates. Staff indicated in the interviews they were aware of the methods available to report sexual abuse and sexual harassment. They indicated in the interviews they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff interviewed knew that private reporting may be completed by calling the hotline or contacting an agency supervisor outside the jail command. Staff were also knowledgeable on the methods inmates could report to staff and their responsibility in the process. Staff indicated they would share information only with the supervisor and any staff that has a legitimate reason to know like medical and the investigator. This is covered in the staff's orientation and annual in-service training.

Medical and mental health practitioners are trained about mandatory PREA reporting procedures. The agency policy states at the initiation of services, medical and mental health practitioners shall inform the sexual abuse victim of the practitioner's duty to report, and the limitations of confidentiality. The health care staff acknowledged they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The provision of informed consent shall be documented in a progress note. Health care staff indicated they are required to report as soon as possible to a supervisor or security supervisor of any allegation that occurred within the facility. The facility does not house youthful offenders. The Warden indicated there were no mandatory reporting requirements for vulnerable adults.

The agency policy 300.02 direct that the facility shall report all allegations of sexual abuse and sexual harassment including third party and anonymous reports to the facility's designated investigators. The Superintendent indicated in the interview that all allegations are referred for investigation. The review of the investigation files documented that staff reported promptly the allegations and documented the verbal report in a written format. The allegations were referred for investigation immediately.

## **Standard 115.62: Agency protection duties**

### **115.62 (a)**

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

### **Auditor Overall Compliance Determination**

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

The agency's policy 300.02 states in the event that an inmate reports that they have been sexually abused or they are subject to a substantial risk of imminent sexual abuse by an inmate, employee, contractor or volunteer the Sheriff's Office employee, contractor, or volunteer receiving such a complaint shall take the following steps: immediately separate the victim from the assailant or potential abuser and immediately notify the Facility Shift Supervisor. All staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse with immediately action taken to protect inmates who are in substantial risk of sexual abuse by removing the inmate from the area to a safe location. This is covered in annual in-service training. The first responders interviewed outlined the process taken to ensure the safety of the inmate. The Agency Head stated the inmate would be removed from the current location to a place that provides safety. If needed, the inmate may be transferred to another facility. The Superintendent stated the inmate would be removed from the area and placed in another housing area. The inmate may be placed in administrative segregation if another housing option is not available till classification can review the offender's risk. If the inmate is already scored at risk, this may trigger a transfer to another facility.

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

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

The agency's policy 300.02 states the Sheriff's Office shall use all available means to fully investigate and address all allegations and incidents of sexually abusive behavior. If an inmate makes an allegation that they were sexually abused while confined at another facility, the Sheriff or his/her designee shall notify within 72 hours the head of the facility or appropriate office of the agency where the alleged sexual abuse occurred. This notification shall be documented through an email notification to the other facility. The Superintendent confirmed he would make the notification to the other facility Superintendent and document the notification.

In the past twelve months, there were four (4) allegations received that an inmate was abused while confined at another facility. These were reported through the intake process. The Special Operations staff provided notification to the other facilities through emails within 72 hours. In two examples reviewed by the Auditor: the one inmate reported at intake on July 31 and the allegation was reported to the other facility on August 2; and in the other example, the inmate reported at intake on May 3 and was reported to the other facility on May 4. The facility provided the emails sent as notification to the other agency as documentation. In the one example, the other facility responded back asking the facility to conduct the initial interview. There were no allegations of sexual abuse that occurred at Barnstable County Correctional Center reported at another facility. The Agency Head stated if there was an allegation was reported to the facility, an investigation would be started on the allegation and information of the investigation would be shared with the other facility. The allegation would be handled like any other allegation.

### Standard 115.64: Staff first responder duties

#### 115.64 (a)

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

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

The agency's policy 300.02 states in the event that an inmate reports that they have been sexually abused by an inmate, employee, contractor or volunteer the Sheriff's Office employee, contractor, or volunteer receiving such a complaint shall take the following steps: immediately separate the victim from the assailant or potential abuser and immediately notify the Facility Shift Supervisor. If the inmate reports they have been sexually abused when no medical or mental health services staff are available, the Shift Supervisor will assign a First Responder Security Staff to respond to the location and also contact the BCSC Communications Division for the Bourne Rescue Service to transport the alleged victim to Falmouth Hospital. However, the facility's medical is staffed 24 hours a day/ 7 days a week. The policy also outlines that the first responder, security or non-security, are to separate the alleged victim and abuser; request medical assistance as appropriate, preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy states if the abuse occurred within a time period that still allows for the collection of physical evidence, neither the victim nor the alleged abuser will be allowed to take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. This is shared with staff during annual training and refreshers.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the inmate including separate the inmates; secure the area; request the inmates not to destroy evidence and keep them in a secure area preferably with no sink or toilet; ask them not to change clothes, brush teeth, use bathroom; take the victim to medical; and contact a supervisor. Then complete a detailed report to include documentation of immediate separation of the victim and the assailant by the end of the shift. Policy also requires staff to complete a detailed confidential report in OMS and checking off the box that indicates "Private" in order to ensure its confidentiality. Upon submission of the Confidential Incident Report to the Superintendent the Facility Shift Supervisor must e-mail the following staff: Superintendent, Assistant Superintendent to immediately alert them of notification of said incident.

Of the allegations reported, there were no non-security staff as first responders per the Pre-Audit Questionnaire. Only three (3) of the allegations were reported within a time frame that allowed for the collection of physical evidence. These were responded to by security staff. The review of the investigation files documented staff reported promptly and documented the report in a written format. There were only two (2) inmates still housed at the facility that reported allegations. The two (2) inmates were interviewed; one of the allegations happened in 2006 and the other within the audit period. The report within the audit period, the inmate stated he reported to staff as soon as incident occurred; and the staff responded immediately. The staff placed the inmate in the interview room for safety and locked down the cell area. This allegation was a sexual harassment with another inmate.

## 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 Barnstable County Correctional Center utilizes the agency policy 300.02 as the written institutional plan with checklists. The policy does coordinate the actions taken in response to an incident of sexual abuse among first responders, shift supervisors, investigators, medical staff, mental health staff, and administration. The plan outlines all activities and staff responsibility from the reporting of the allegation through follow-up and long-term duties. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. The facility has multiple PREA Incident Checklists (Shift

Supervisors, Medical, and Superintendent's) as part of the Coordinated response Plan that outlines the immediate responses to sexually abusive behavior complaints.

Interviews with the Superintendent and Assistant Deputy Superintendent/PREA Coordinator indicated a commitment of the facility staff for handling a coordinated response. It was stated that the Coordinated Response Plan is part of the incident review process.

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

The Barnstable Sheriff's Office has a collective bargaining agreement with the Barnstable County Correctional Officers Union (July 1, 2017 through June 30, 2020). Article XXVIII of the agreement states the Sheriff's Office and Union are to comply with requirements set forth in the Prison Rape Elimination Act. The Agency Head stated the collective bargaining agreement allows removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. A termination or removal of staff would go through a formal discipline process. The staff member would be placed on administrative leave during the investigation process and may be extended through the formal disciplinary process. The policy 300.02 states if a staff member is accused of sexually abusive behavior with an inmate, the Superintendent shall initiate an investigation pursuant to BCSO Policy 220.04, Staff Sexual Misconduct with Inmates. The staff member may be placed by the Sheriff or Superintendent on a "no inmate contact status" or "suspended with or without pay status" pending an investigation of the matter.

## 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 Barnstable County Sheriff's Office takes appropriate measures to protect any individual who cooperates with an investigation and expresses a fear of retaliation. The facility's policy 300.02 establishes practices to protect inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or inmates. The policy states retaliation by any employee against another employee, contractor, volunteer or an inmate for reporting complaints of sexually abusive behavior, for assisting in making such a report, or for cooperating in the investigation of such a complaint regardless of the merits or disposition of the complaint is prohibited. Any such occurrence is a very serious matter that may result in discipline up to and including termination in accordance with Policy 220.03, Sexual Harassment, Harassment, and Non-Discrimination.

The Special Operations PREA investigators or their designee are responsible for monitoring for retaliation. The monitoring staff will monitor for at least 90 days following a report of sexual abuse the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. In the case of inmates, such monitoring shall also include periodic status checks. Monitoring beyond 90 days will continue if the initial monitoring indicates a continuing need. The monitoring obligation terminates if allegation is unfounded. The Agency Head stated monitoring will continue for at least 90 days and if needed the inmate would be transferred for protection. The Special Operations staff interviewed stated that checks are conducted with inmates during rounds. He also indicated that there has been no retaliation during the audit period. It was indicated that inmate monitoring for retaliation will include behavioral changes, incident reports, mental health contacts, reclassifications, and requests submitted. The staff monitoring will include sick call use, post changes, changes in behavior, and discipline.

The policy states housing changes or transfers for inmate victims or abusers shall be considered as protective measures for inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff -that may fear retaliation will also be considered. The Superintendent stated protective measures would include provide counseling services through Employee Assistance Program, post separation, and assignment change of staff. He stated if retaliation is suspected, an investigation would be initiated. If an inmate is retaliating, the inmate would be sanctioned through the discipline process. If a staff member is retaliating, progressive discipline would be initiated.

The facility has not received any complaints of retaliation during this audit period.

Recommendation: The Auditor suggested to the facility that the investigator that completed the investigation should not monitor for retaliation on the incident. Another staff member that is not involved should be assigned the monitoring to ensure no conflict of interest and the individuals feel that an unbiased individual is providing the monitoring.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

The agency's policies 300.02 and 420.01 Classification outlines the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. The policy states offenders of sexual victimization shall not be placed in segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The facility will conduct an assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. Offenders shall be segregated from other offenders only as a last resort when least restrictive measures are inadequate. This segregation shall only last until alternative measures can be arranged. The facility has not placed an inmate who is alleged to have suffered sexual abuse in segregated housing during the audit period per the Pre-Audit Questionnaire and the interview with the Assistant Deputy Superintendent/PREA Coordinator. The Superintendent stated an inmate would be housed in the least restrictive housing available and would receive all the same privileges and program options available to all general population inmates.

Policy 300.02 also states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The staff member interviewed stated the inmate would still have access to programs including Alcoholics Anonymous and religious services; privileges including canteen, visiting, phone calls, and recreations; and education would include education packets from the education department and library. It was also shared that inmates could write a request slip for additional services and contact with staff. The policy supports this by stating inmates who are classified away from the general population into an At-Risk housing unit because of risk of victimization or abusiveness shall receive the opportunity to exercise/shower daily and shall receive any legally required educational programming.

The policy 300.02 outlines that inmates shall be segregated from other inmates only as a last resort when least restrictive measures are inadequate. This segregation shall only last until alternative measures can be arranged. A review will be conducted every thirty (30) days to assess whether continued segregation from other offenders is necessary. The interview with the Staff who Supervise Offenders in Segregated Housing stated a review would occur within 72 hours of placement to determine the need for segregated housing and then again at seven (7) days. The policy states if a segregated housing assignment is made, the facility shall clearly document: the basis for the facility's concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and every 30 days the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The interview with the Staff who Supervise Offenders in Segregated Housing stated the review is conducted by classification every seven (7) days for the first sixty (60) days and then every thirty (30) days thereafter.

There were no inmates placed in post-allegation protective custody during this audit period.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

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

**Auditor Overall Compliance Determination**

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

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

The Barnstable County Sheriff's Office (BSCO) is responsible for administrative and criminal investigations. Both administrative and criminal investigations start immediately following an allegation reported. The agency policy 300.02 states after receiving the complaint, the allegation will be investigated promptly in a fair, impartial and expedient manner. The investigator stated the process begins with the staff reporting an allegation to a supervisor. The supervisor notifies the Superintendent and the Assistant Deputy Superintendent (Assistant Deputy Superintendent/PREA Coordinator). The Superintendent will assign the investigation to an investigator which will begin an investigation immediately. The Special Operations Unit conducts inmate on inmate investigations. Investigations of reported incidents of sexually abusive behavior between inmates shall be initiated and the Assistant Deputy Superintendent is responsible for ensuring an investigative report is produced within seven (7) business days unless the time is extended by the Superintendent. If the allegation is staff on inmate; the investigation would be completed by a detective with the Cape Cod Islands Division Massachusetts State Police assigned to the District Attorney's Office. The agency 300.02 outlines the evidence protocols for administrative proceeding, criminal investigations, criminal prosecutions, and requirements for forensic exams. All evidence is handled in accordance with policy 305.01 Searches and Contraband. The investigator interviews were conducted with a facility investigator and the Supervisor of the Special Operations Unit. The interviews confirmed the practices for PREA investigations; and the investigators were knowledgeable of the investigation process and the uniformed evidence protocol. The investigators stated that all allegations reported are investigated immediately. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The investigator indicated that any anonymous or third-party allegation reports are handled and investigated the same as any allegation.

The investigation would be completed by a specialized trained investigator within the facility. The investigators have received training in conducting such investigations in confinement setting through the Sexual Abuse Investigator Training Program conducted by the Massachusetts Department of Corrections in collaboration with the Bureau of Justice. The training included interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative action or criminal prosecution referral, investigative overview, responsive planning, evidence gathering, report writing, interviewing tactics, investigative outcomes, documentation, and victim/perpetrator management. The investigators complete an electronic test at the completion of the course. The agency currently has eight (8) trained investigators.

The agency policy 300.02 states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data. Administrative investigations shall include an effort to determine whether staff actions or failures to act, contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The investigator stated the initial steps of an investigation include reviewing the allegation, collecting any information from the shift supervisor, identifying the inmates involved, and collect evidence. The process would continue with interviews of the alleged victim, alleged abuser, witnesses; reviewing audio and visual recordings; secure and preserve all evidence; collect the forensic exam kit from the hospital (if warranted); and contact state police. The investigation will include a private interview with the

person filing the complaint, the harasser (alleged to have committed sexual harassment, harassment, and/or discrimination) and any witness(es). Prior complaints and reports of sexual abuse involving the suspected perpetrator shall also be reviewed. The Agency Head interview confirmed the practices. Policy outlines the Assistant Superintendent shall ensure that all evidence collected at any hospital (Sexual Assault Evidence Collection Kit/Rape Kit) is transported to the State Police Laboratory as soon as possible. All evidence shall be handled in accordance with BCSO Policy 305.01, Searches and Contraband. Evidence retained in excess of twenty-four (24) hours (weekends/holidays), shall be properly refrigerated in the armory.

The agency policy 300.02 states if the Sheriff and/or his designee believe that a felony may have been committed, the District Attorney's Office and the State Police Detective Unit assigned to the District Attorney's Office shall be notified and the Sheriff's Office shall seek assistance and begin a cooperative investigation with these agencies. The investigator stated if the case is prosecutable, the state police will be called; and interviews are conducted with them. He stated the agencies have a great relationship and the state police report immediately based on travel time. Policy requires that criminal investigations be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. The investigator stated the criminal investigation report is completed with the state police and a supplemental report by the state police attached.

The agency policy 300.02 states the level of evidence required to prove sexual abuse shall be a preponderance of the evidence. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the persons status as inmate or staff. No inmate who alleges sexual abuse shall be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation. The investigator stated all interviews are weighted the same and credibility is evidence based; and no inmates are subject to a polygraph examination or truth telling device as a condition for proceeding with an investigation. The inmates interviewed that reported stated they were not required to take a polygraph examination.

Administrative investigations shall include an effort to determine whether staff actions or failures to act, contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings per policy 300.02. The investigator stated to determine if a staff actions or failures contributed to the incident, the following is reviewed: camera footage, if staff were making proper rounds, and was the staff following policy and procedures. The investigator completes a detailed written report that details the investigation steps taken, details of the notifications, incident summary, and outcome of the investigation. The policy 300.02 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. The investigator stated substantiated or prosecutable crimes will be referred for prosecution.

The investigator stated if the investigation was referred to the State Police, the facility would continue to work with and support the State Police. The facility would keep in contact with the investigators to keep informed of the status of the case. The Superintendent stated the State Police work under the District Attorney's Office and the facility's investigator and the Assistant Deputy Superintendent/PREA Coordinator would stay informed of the progress of the case. The case would be concluded at the completion of the State Police investigation and report.

All written reports related to administrative and criminal investigations involving staff members are retained for as long as the alleged abuser is employed by the agency, plus five years. All case records associated with claims of abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained for 10 years or five years after the length of incarceration, whichever is greater. The records retention schedule is set forth by the Commonwealth of Massachusetts under the Massachusetts Statewide Retention Schedule.

The investigators stated all administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency. Policy 300.02 states the departure of the alleged abuser or victim from the employment or control of the facility or office shall not provide a basis for terminating an investigation.

There were thirty-one (31) allegations reported of sexual abuse and sexual harassment during the audit period (January 2018- December 2018) which was provided to the Auditor. Upon reviewing allegations with the PREA Compliance Team; it was determined the facility is over reporting incidents. Upon examining the cases, the facility had sixteen (16) allegations of sexual abuse and sexual harassment that met the PREA definitions. Of the sixteen reported allegations; twelve (12) alleged allegations occurred and were reported at the facility and four (4) allegedly allegations occurred at other facilities and were reported at the facility. Those four (4) allegations reported at the facility that occurred at another facility were all reported verbally during the intake process and referred to the appropriate facility for investigation. The incidents that were reported to other facilities and not PREA incidents will not be included in the following breakdown. Of the twelve (12) allegations that allegedly occurred and reported at the facility: three (3) staff on inmate allegations and nine (9) inmate on inmate allegations. The staff on inmate allegations were two (2) staff on inmate sexual harassment and one (1) staff on inmate sexual abuse. The administrative findings of the three (3) staff on inmate allegations of sexual abuse were unfounded. The inmate on inmate allegations were four (4) inmate on inmate sexual harassment and five (5) inmate on inmate sexual abuse. The administrative findings of the five (5) inmate on inmate allegations of sexual abuse were two (2) unfounded and three (3) unsubstantiated. The administrative findings of the four (4) inmate on inmate allegations of sexual harassment was one (1) unfounded and three (3) unsubstantiated. None of the cases were criminal in nature or referred to outside investigative agencies. The facility provided a criminal investigation from 2017 that was referred to outside law enforcement to demonstrate the process of an outside investigation referral. A review of eight cases was conducted by the Auditor which documented the detailed investigation reports with an outcome.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

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

The agency imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. The level of evidence required to prove sexual abuse shall be by a preponderance of the evidence. This is documented through agency policy 300.02. The investigators indicated that a preponderance of evidence is required to substantiate allegations. The interviews with the investigators and staff confirm compliance with the policy and standard.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

The agency's procedures require that all inmates who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated and unsubstantiated. The procedures for reporting investigation outcomes to inmates are documented in the agency's policy 300.02. The policy states when the investigation is completed to the extent appropriate, the person filing the complaint and the person alleged to have committed the inappropriate conduct shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notification shall be documented.

The investigator stated the outcome notifications are made by the Special Operations Unit investigator, usually the investigator of the case. The investigator informs the victim inmate whether an allegation has been substantiated or unsubstantiated. The inmate is notified verbally and then signs the Inmate

Notification/Investigation Results Form as documentation of the notification of the investigation outcome. The inmate and staff sign the form acknowledging the notifications was made and the date of the notification. Nine (9) notifications were made during the audit period on all investigation cases that were unsubstantiated. The rest of the cases were unfounded. The forms are maintained in the investigation files. The two (2) inmates that reported sexual abuse interviewed stated they received the notification verbally by staff.

If the agency did not conduct the investigation, the agency shall request relevant information from the investigative agency in order to inform the inmate. There were no investigations completed by an outside agency during this audit period.

The agency policy 300.02 states following an inmate allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever; the staff member is no longer posted within the inmates unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility; and all such notifications or attempted notifications shall be documented. The policy also states following an inmates allegation that he or she has been sexually abused by another inmate, the agency shall 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual Abuse within the facility; and all such notifications or attempted notifications shall be documented. The inmate that reported the incident from 2006 stated he was released prior any notification. Upon return to the facility, he was informed the staff member had been fired. The other inmate stated he was informed of the progress of the case and that the abuser admitted his guilt. He stated he was asked if he wanted to press charges; he indicated he did not.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

The agency's policy 300.02 states all intentional acts of sexually abusive behavior, sexual harassment, or intimacy between an inmate and a Sheriff's Office employee are prohibited and the perpetrator shall be subject to administrative and criminal and/or disciplinary sanctions up to and including termination. Disciplinary sanctions for violation 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. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse per policies 300.02 and 220.04 and the Union Contract.

Policy 300.02 also states all terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who was to 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.

The Agency Head stated the collective bargaining agreement allows removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. A termination or removal of staff would go through a formal discipline process. The staff member would be placed on administrative leave during the investigation process and may be extended through the formal disciplinary process. The policy 300.02 states if a staff member is accused of sexually abusive behavior with an inmate, the Superintendent shall initiate an investigation pursuant to BCSO Policy 220.04, Staff Sexual Misconduct with Inmates. The staff member may be placed by the Sheriff or Superintendent on a "no inmate contact status" or "suspended with or without pay status" pending an investigation of the matter.

There were no employees that violated the agency sexual abuse or sexual harassment policies during the audit period.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

The agency's policy 300.02 states all intentional acts of sexually abusive behavior, sexual harassment, or intimacy between an inmate and a contractor or volunteer are prohibited and the perpetrator shall be subject to administrative and criminal and/or disciplinary sanctions up to and including termination. Contractors who are accused of sexually abusive behavior may be removed from the facility until the investigation is completed. All volunteers who are accused shall be barred from entering the correctional facility until the investigation is completed.

The policy also states the facility shall take appropriate remedial measures; and shall consider whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies.

The Superintendent stated the volunteer or contractor would be banned or suspended from the facility during the investigation. If the case is substantiated, the individual's clearance would be removed from entering the facility and the case would be referred to the State Police for criminal investigation and prosecution. The Superintendent indicated that if the investigation was not substantiated, the Superintendent would review the decisions and look at the case on an individual basis whether to allow the volunteer or contractor further contact within the facility and with inmates. Interviews with contractors

and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of inmates.

In the past twelve months, there were no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of inmates.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

The agency's policies 511.01 Disciplinary Sanctions and 300.02 outline disciplinary sanctions for inmates for sexual abuse and sexual harassment. All intentional acts of sexually abusive behavior, sexual harassment, or intimacy between an inmate and another inmate regardless of consensual status, are prohibited and the perpetrator shall be subject to administrative and criminal and/or disciplinary sanctions. All intentional acts of sexually abusive behavior, sexual harassment or intimacy between an inmate and a Sheriff's Office employee, contractor or volunteer or between an inmate and another inmate regardless of consensual status, are prohibited and the perpetrator shall be subject to administrative and criminal and/or disciplinary sanctions. The disciplinary process begins when a disciplinary report is filed.

The agency policy 511.01 outlines that the Superintendent appoints a Disciplinary Officer, who will perform the functions of the position as set forth in the disciplinary policy. The Disciplinary Officer will be responsible, but not limited to the following: conduct, supervise and coordinate disciplinary actions as necessary and ensure that an investigation process has begun within 24 hours of the filing of the disciplinary report. The Disciplinary Officer may review and further investigate the report and either: dismiss the report, reduce Formal Report to a minor infraction, with the approval of the Assistant Superintendent assigned to Jail Operations, take no immediate action on it pending the receipt of additional information, and proceed with formal disciplinary action. Sanctions imposed for rule violations will be reasonably related to the severity of the offense, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Sanctions imposed for rule violations will be reasonably related to the severity of the offense, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The Superintendent stated the sanctions are reasonably related to the severity of the offense. The facility's disciplinary process has minor and major sanctions. Sexual abuse or sexual misconduct is considered a major offense and can include confinement in administrative segregation for a specified period of time not to exceed ten (10) days for any one (1) offense, and not more than thirty (30) continuous days for all offenses arising out of one (1) incident. The Superintendent also stated that criminal proceedings may also be initiated if warranted. The rules of conduct and disciplinary sanctions are provided to the inmates in the Inmate Handbook.

The agency policy 511.01 states all disciplinary incidents involving inmates diagnosed as having psychiatric illness will require consultation between the Superintendent and the responsible physician, or

their designees, before taking any actions involving disciplinary measures. The Superintendent stated the mental health staff will go to the disciplinary office to review the disciplinary case. The mental health staff will determine if the inmate can proceed with the hearing or is to fragile for a hearing.

The interviews with the medical mental health staff indicated the facility does not provide therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. They stated the facility provides support, coping skills, and stress management only. The inmate would be referred to outside resources for treatment services. During the interviews with medical and mental health staff, they indicated that an inmate's participation is not required as a condition of access to programming or other benefits; the inmate can refuse services at any time. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The agency's policy notes that discipline may be imposed for sexual activity between inmates, however, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced. The policy also indicates an inmate may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact.

The policy states 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.

In the past twelve months, there were no inmates disciplined for engaging in sexual misconduct or sexual abuse. The facility also had no inmates disciplined for falsely reporting in the audit year.

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

The agency policy 300.02 states all inmates entering the facility and upon subsequent transfers from other institutions, shall be screened within twenty four (24) hours by a qualified medical professional for a history of and the risk for sexual abuse victimization in accordance with Policy 602.02, Admission Medical Screening/Health Appraisal & Examinations/Access to Health Services. Documentation will be made in the CorEMR chart notes. Inmates identified through the PREA Screening Instrument, self-reports, medical reports or other criminal record information as having a history of sexual abuse victimization and/or at risk of being a victim of inmate sexual abuse shall be referred to a mental health clinician for assessment, monitoring, and counseling for follow-up within 14 days of intake. Documentation will be made in the CorEMR chart notes. Intake Officers and/or Classification Staff screen inmates for a history of sexually abusive behavior by conducting PREA screening and a review of criminal record information. Inmates identified as having a history of sexually abusive behavior not previously identified shall be documented appropriately. Staff shall also ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. If an inmate reports prior victimization, the inmate is referred to medical and mental health. This referral is completed by placing the referral form in the PREA box in medical. The referral is also provided through email to the healthcare administrator. The inmate will be seen by medical and mental health the next day. The Auditor reviewed nine (9) files of inmates screened as potential victims and potential perpetrators. The

inmates were seen within the fourteen (14) day requirement. Four (4) of the six (6) inmates interviewed that disclosed sexual victimization during risk screening stated they were offered a referral to medical and mental health. They also stated they were seen within the next day. The two (2) inmates that stated they were not referred; the Auditor reviewed their inmate files. The one inmate was put on suicide watch and was seen by mental health for an evaluation. The other inmate was referred and seen by mental health. The facility exceeds the standard by providing mental health referral and follow-up meeting for inmates that have screened as previously victimization, potential victims, and potential perpetrators. The Auditor recommended that the mental health staff should provide within their notes that the inmate was referred from a PREA risk assessment. The current notes are general and do not document the PREA referral or notes, in regards to, to a PREA referral for victimization or abusiveness.

The agency policy 300.02 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by Federal, State or local law. The healthcare files are maintained secure within the electronic system and in the healthcare area. The Assistant Deputy Superintendent/PREA Coordinator stated the records are on a need to know basis for only security and management decisions for housing.

The health care staff acknowledged they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The provision of informed consent shall be documented in a progress note. Health care staff indicated they are required to report as soon as possible to a supervisor or security supervisor of any allegation that occurred within the facility. The facility does not house youthful offenders. The Warden indicated there were no mandatory reporting requirements for vulnerable adults. This is also supported in policy 300.02 that states Medical and Mental Health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Staff interviewed indicated information is securely maintained in the healthcare area and information is only shared with staff that have a legitimate reason for the information for security and management decisions.

Policy 606.10 PREA-Examination, Testing, and Treatment states medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform facility staff about security or management decisions.

Recommendation: The Auditor recommended that the mental health staff should provide within their notes that the inmate was referred from a PREA risk assessment. The current notes are general and do not document the PREA referral or notes, regarding a PREA referral for victimization or abusiveness.

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

### **115.82 (a)**

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

Upon an allegation of sexual abuse, the shift supervisor begins the notifications which include medical and mental health services. The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The agency policy 300.02 states if the inmate reports they have been sexually abused when no medical or mental health services staff are available, the Shift Supervisor will assign a First Responder Security Staff to respond to the location and also contact the BCSO Communications Division for the Bourne Rescue Service to transport the alleged victim to Falmouth Hospital. However, emergency medical attention is provided through the facility's medical department which is onsite 24 hours a day/7 days a week. Mental health services are available six days a week and usually are seen on the next working day.

The agency policy 300.02 If the determination is made that the inmate victim should be sent to an outside hospital and if the inmate victim consents, the inmate victim shall be transported to an outside hospital with a SANE program where they shall receive essential medical intervention to include preventative treatment for HIV, sexually transmitted diseases and pregnancy if appropriate. If pregnancy results from

the described sexually abusive behavior, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The guidelines for referring an inmate to an outside hospital for rape crisis intervention services shall be found in BCSO Policy 326.01, Outside Hospital Security. Through interviews with the medical staff and Assistant Deputy Superintendent/PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender. The agency has a Memoranda of Understanding (MOU) with the Falmouth Hospital, effective June 18, 2018 for emergency medical treatment and forensic exams. The interview with the SANE nurse from the local hospital, Falmouth Hospital, indicated a SANE/SAFE is available 24 hours, 7 days a week, if a SANE is not available at the time, a SANE would be called in.

Policy 300.02 states to avoid the potential for secondary victimization an inmate victim may be allowed to refuse rape crisis intervention treatment at an outside hospital. Before the refusal is accepted, the Sheriff's Office's medical and mental health provider shall attempt to persuade the inmate to go to the outside hospital for treatment. In cases where the inmate victim continues to refuse, the inmate shall be required to sign a Refusal of Treatment Form (attached) pursuant to BCSO Policy 605.01, Inmate Medical Records. Provisions shall be made for testing for sexually transmitted diseases (e.g., HIV, gonorrhea, hepatitis) and pregnancy as well as for prophylactic treatment, follow-up care and counseling pursuant to BCSO Policy 606.02, Communicable Disease and Infection Control Program. The medical staff stated the inmate is informed about prophylaxis treatment for sexually transmitted infections, testing for sexually transmitted diseases and pregnancy, and timely access to all lawful pregnancy related medical services immediately in medical during assessment and then again at the local hospital. Follow-up treatment is provided by the hospital or doctor's orders. The inmate will be provided repeat tests and any treatment/medication needed. The inmate interviewed that reported sexual abuse did not require medical treatment, emergency contraception prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases since the report was made of an allegation that occurred in 2006.

Through the medical staff and SANE interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the hospital emergency department for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. Policy 300.02 also confirms that inmates are not charged for medical services, the policy states treatment services including forensic medical exams are offered without financial cost to the victim.

The Auditor reviewed two medical files for inmates that reported an allegation of sexual abuse. Both inmates were seen by medical; no outside medical services were warranted. There were no forensic medical exams during the last twelve months.

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

### **115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

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

The agency policy 300.02 states an emergency mental health referral to the on-site mental health professional shall be made following the completion of the medical evaluation. Both medical and mental health services shall be consistent with the community level of care. Upon completion of the medical and mental health evaluation, the Superintendent or their designee in consultation with medical and/or Mental Health personnel shall determine whether a referral to an outside hospital with a rape crisis unit is warranted. Factors to be considered are the time frame between the alleged assault and the complaint, as well as the extent and nature of the allegation.

The agency policy 300.02 states if the determination is made that the inmate victim should be sent to an outside hospital and if the inmate victim consents, the inmate victim shall be transported to an outside hospital with a SANE program where they shall receive essential medical intervention to include preventative treatment for HIV, sexually transmitted diseases and pregnancy if appropriate. If pregnancy results from the described sexually abusive behavior, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Upon return from the outside hospital the inmate victim shall be seen by a medical staff member for appropriate follow-up care. to include a Mental Health Screening by qualified health care personnel. If during this screening there are any indications that the inmate victim is at risk to hurt themselves or others, a Mental Health professional shall be immediately notified. Otherwise, the inmate victim shall be seen by a Mental Health professional no later than the next business day to assess the need for crisis intervention and long-term counseling. The medical staff stated the inmate is informed about prophylaxis treatment for sexually transmitted infections, testing for sexually transmitted diseases and pregnancy, and timely access to all lawful pregnancy related medical services immediately in medical during assessment and then again at the local hospital.

Medical and mental health staff interviews stated victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The inmate interviewed that reported sexual abuse indicated he was seen by medical, and indicated the services were provided without any financial costs. Healthcare staff interviewed stated inmates would be provided a medical assessment, physical exam to access any urgent care needs, treatment if needed, and then transferred to the hospital for a forensic exam. A mental health assessment and crisis counseling would be provided upon return to the facility. The medical and mental health staff interviewed indicated they felt the services are consistent with the level of care if not better since inmates are seen immediately for care. The auditor reviewed two (2) inmate medical records which documented timely referral to medical and assessments completed by medical and mental health.

## 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 facility policy 300.02 states a sexual abuse incident review shall be conducted 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 ordinarily occur within 30 days of the conclusion of the investigation. The facility completed only one incident review this audit period, there was only one sexual abuse case that was unsubstantiated. The case reviewed was on an allegation reported at intake although the incident occurred at the facility in 2006. The case was ruled unsubstantiated since the employee was no longer employed and no further documentation was available. All other cases were unfounded or sexual harassment.

The policy states the review team shall include upper-level management officials with input from line supervisors, investigators and medical or mental health practitioners. The Critical Incident Review Board consists of the Sheriff, Superintendent, Assistant Deputy Superintendent Human Services/ PREA Coordinator, the Assistant Deputy Superintendent Operations, the Assistant Deputy Superintendent Inmate Services, Special Sheriff, and other staff based on need for further input. The team meets daily at a morning meeting for administrative functions that would include the incident reviews at the conclusion of every sexual abuse investigation.

The Critical Incident Review Board considers 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, sexual gender, identity biases, status or perceived status or gang affiliation; or was motivated/otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area of the alleged incident occurred may have enabled abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or improved to assist staff supervision; and prepare a report of its findings not necessarily limited to determinations made with above considerations and any recommendations for improvement. The Critical Incident Review Board members interviewed indicated they review the incident in detail. Under motivation they review the race, sexual orientation, gang affiliation, were inmates properly screened, and any potential identified group. In reviewing the location of the incident, they consider if the area has other issues, blind spots, structural issues, unsupervised area, physical layout, and trends of incidents. When assessing staffing, they review proper staffing of the day, assigned staff to the area, time of rounds, was staff ignoring issue, where staff was located during the incident, was policy followed, additional staff coverage needed, supervisor coverage, and if there a need for policy change. Under monitoring technology, the team reviews camera location, camera view, video needs, and are mirrors needed. The only trend Critical Incident Review Board has identified that allegations made are used to obtain housing placement changes and transfers. The report will include the Critical Incident Review Board's findings, including but not limited to the determinations made of each element of the standard, and any recommendations or improvement and submits the report to the Superintendent and Assistant Deputy Superintendent/PREA Coordinator.

The policy directs the facility shall implement the recommendations for improvement; or shall document its reason for not doing so. The Superintendent stated the team will recommend changes if needed. The recommendations will be reviewed by the administrative team and obtain legal approval before making any changes. The Assistant Deputy Superintendent/PREA Coordinator expanded if there was an issue identified, the PREA Compliance Team would determine what action or process is needed to come into compliance with the PREA standard. The PREA Compliance Team would be responsible for the process to be completed. The Assistant Deputy Superintendent/PREA Coordinator will be responsible for ensuring any recommendations are completed or document the reason for not doing so.

In this audit period, there were no recommendations from the incident review.

## 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 facility's policy 300.02 states documentation of all incidents of sexually abusive behavior is critical to the success of the Sheriff's Office's PREA initiative. All incidents of this nature shall be documented in a timely and accurate manner by referencing specific definitions consistent with those found in the PREA policy and disciplinary charges found in BCSO Policy 511.01, Disciplinary Actions-Inmates. The Sheriff's Office shall collect accurate, uniform data from every allegation of sexual abuse and will review aggregated data on these allegations at least annually in order to assess the effectiveness of policies, procedures and training in combating sexual abuse, including: identification of problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective action for the facility as well as the agency as a whole. Other sources may be queried to develop intelligence information which may become useful to prevent sexually abusive behavior. These may include but not be limited to inmate correspondence, inmate grievances and institution climate reports. The Policies, Procedures, and Compliance staff are responsible for compiling the data. The Assistant Deputy Superintendent/PREA Coordinator reviews and approves the information. The facility collects the uniform data needed to complete the Survey of Sexual Victimization, Local Jail Jurisdictions. The facility has not been requested by the Department of Justice for data submittal. The Assistant Deputy Superintendent/PREA Coordinator stated that all data is stored securely electronically or in a locked cabinet within a locked office. Any electronic information is stored on a secure network that is only accessible by the Sheriff's Department Administration.

The Assistant Deputy Superintendent/PREA Coordinator creates the PREA annual report; which is approved by the Sheriff and Superintendent. The 2017 Annual PREA Report for Correction Action is available on the agency's website; <https://www.bsheriff.net>. The report was reviewed as part of the audit process. The Auditor suggested the report be expanded to include narrative details of the comparison of the current year's data to previous years, corrective actions taken, and assessment of the agency's progress in addressing sexual abuse. The current report is statistical with limited narrative explanation.

The Barnstable County Sheriff's Office has a MOU with Massachusetts Youth Services for the housing of offenders under the age of 18 charged with murder. The MOU requires the facility to maintain PREA compliance and report all allegations, investigations, and reports. There have been no allegations reported from the Massachusetts of Youth Services.

Recommendation: The Auditor suggested the report be expanded to include narrative details of the comparison of the current year's data to previous years, corrective actions taken, and assessment of the agency's progress in addressing sexual abuse. The current report is statistical with limited narrative explanation.

## 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 facility's policy 300.02 states documentation of all incidents of sexually abusive behavior is critical to the success of the Sheriff's Office's PREA initiative. The Sheriff's Office shall collect accurate, uniform

data from every allegation of sexual abuse and will review aggregated data on these allegations at least annually in order to assess the effectiveness of policies, procedures and training in combating sexual abuse, including: identification of problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective action for the facility as well as the agency as a whole. The policy also outlines that the annual report shall include: comparison of current years data and prior years and shall provide an assessment of the agency's progress in addressing sexual abuse; a review and approval by signature from the Sheriff or his/her designee; be made readily available to the public through the BCSO website; and safety and security of the facility shall be maintained through redaction of specific sensitive material, although the nature of the material shall be evident in the report.

The Agency Head states the incident-based data is reviewed for trends, allegation motivations, staffing needs including training and if changes are needed in the policy and procedures. The reports are reviewed and approved by the Assistant Deputy Superintendent/PREA Coordinator prior to the approval by the Superintendent. The reports are made available on the Barnstable County Sheriff's Office website; [www.bsheriff.net](http://www.bsheriff.net). The auditor reviewed the 2017 PREA Annual Report for Corrective Action on the website. The Auditor also was provided the 2016 PREA Annual Report for Corrective Action as part of the documentation review. The Assistant Deputy Superintendent/PREA Coordinator stated material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility including names and any disclosed individuals. However, the nature of the redacted material shall be indicated.

Through interviews with the PREA Coordinator/Compliance Manager and Superintendent and the review of the agency's annual reports; it documents the data collection process.

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

The agency's policy 300.02 states all aggregated sexual abuse data from Barnstable County Correctional Facility shall be made available to the public at least annually through the agency's website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The Assistant Deputy Superintendent/PREA Coordinator stated material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility including names and any disclosed individuals. The Assistant Deputy Superintendent/PREA Coordinator stated that all data is stored securely electronically or in a locked cabinet within a locked office. Any electronic information is stored on a secure network that is only accessible by the Sheriff's Department Administration.

The agency policy 300.02 states all case records associated with claims of abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained for 10 years or five years after the length of incarceration, whichever is greater.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and 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 was the second PREA audit of the Barnstable County Correction Facility. The agency only has one facility. The agency did complete their first audit within the first three-year cycle, the audit was conducted on January 11-13, 2016. The report is available for viewing on the agency's website.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the onsite audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and inmate interviews. Staff interviews were held in an administrative conference room in the administration section of the building and inmate interviews in program rooms within each housing unit.

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

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

## Standard 115.403: Audit contents and findings

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. This was the second PREA audit of the Barnstable County Correction Facility. The initial PREA audit was conducted on January 11-13, 2016. The Final Audit Report is available for viewing on the agency's website.

## AUDITOR CERTIFICATION

I certify that:

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

*Barbara King*

June 26, 2019

**Auditor Signature**

**Date**