

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:**

<b>Auditor Information</b>			
<b>Auditor name:</b> Timothy Kortez			
<b>Address:</b> P.O. Box 194, York Beach, Maine 03910			
<b>Email:</b> <a href="mailto:tskortez@gmail.com">tskortez@gmail.com</a>			
<b>Telephone number:</b> (207) 351-8277			
<b>Date of facility visit:</b> November 3-5, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Franklin County Jail and House of Correction			
<b>Facility physical address:</b> 160 Elm Street, Greenfield, Massachusetts 01301			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same			
<b>Facility telephone number:</b> (413) 774-4014			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Lori Streeter, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 210			
<b>Designed facility capacity:</b> 329			
<b>Current population of facility:</b> 253			
<b>Facility security levels/inmate custody levels:</b> Medium/Minimum/ Pre-Release Security Levels			
<b>Age range of the population:</b> 18-74			
<b>Name of PREA Compliance Manager:</b> Jon Goodell		<b>Title:</b> Assistant Deputy Superintendent	
<b>Email address:</b> <a href="mailto:jon.goodell@fcs.state.ma.us">jon.goodell@fcs.state.ma.us</a>		<b>Telephone number:</b> (413) 774-4014 ext. 2138	
<b>Agency Information</b>			
<b>Name of agency:</b> Franklin County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Commonwealth of Massachusetts			
<b>Physical address:</b> 160 Elm Street, Greenfield, Massachusetts 01301			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> : (413) 774-4014			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Christopher Donelan		<b>Title:</b> Sheriff	
<b>Email address:</b> <a href="mailto:chris.donelan@fcs.state.ma.us">chris.donelan@fcs.state.ma.us</a>		<b>Telephone number:</b> : (413) 774-4014 ext. 2103	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jon Goodell		<b>Title:</b> Assistant Deputy Superintendent	
<b>Email address:</b> <a href="mailto:jon.goodell@fcs.state.ma.us">jon.goodell@fcs.state.ma.us</a>		<b>Telephone number:</b> : (413) 774-4014 ext. 2138	

## **AUDIT FINDINGS**

### **NARRATIVE**

The audit of the Franklin County Jail and House of Correction (FCJHOC) facility was conducted on November 3-5, 2016 by Timothy Kortez certified auditor to determine compliance with the Prison Rape Elimination Act (PREA) and associated standards which became effective August 2012.

Prior to the on-site portion of the audit, an audit notice and contact Auditor information was posted throughout the facility by the Agency, six weeks before the on-site audit in areas accessible to both inmates and staff. No correspondences or communications were received by the Auditor prior to the onsite audit or through the entire audit process. The Pre-Audit Questionnaire along with other supporting documents were provided to the Auditor via three (3) computer disks for review in advance to the onsite portion of the audit. The information was presented thorough and organized. Communications with the PREA Coordinator/Compliance Manager occurred throughout the Pre-Audit phase, and the Auditor submitted a tentative on-site audit schedule to the facility prior to the arrival.

On Thursday, November 3, 2016, the Auditor reported to Franklin County Jail and House of Correction (FCJHOC) facility to initiate the onsite audit. A briefing meeting with Superintendent Lori Streeter, Assistant Deputy Superintendent (ADS) Jon Goodell PREA Coordinator/ Compliance Manager, Assistant Superintendent of Classification, Assistant Superintendent of Inmate Programs, Health Service Director and Captain was completed to review the schedule of events.

After the meeting concluded, the tour of the facility commenced. Areas toured included offender housing units, recreation areas, offender program services, avocation industry programs, central food preparation, recreation areas, visiting room areas, intake/booking area, medical/health service area, classification, and supervisory/ officer stations. The Auditor had free access to conduct informal interviews with various inmates and staff during the tour. Facility camera monitoring operations were also examined by the Auditor on the tour. Pictures were taken by the PREA Coordinator for the above mentioned areas toured.

Offender population housing rosters were provided and a random selection sample of offenders were chosen by the Auditor and interviewed. Offenders understood the Prison Rape Elimination Act (PREA) and how to report an incident of sexual abuse and harassment. Information regarding the facility's zero tolerance policy was easily accessible to the offender population. A total of twenty (20) inmates were interviewed, which included seventeen (17) random interviews that were randomly selected by the Auditor and included one inmate from each housing unit. Offender interviews included one (1) disabled-special needs, one (1) limited English proficient and one (1) disclosed sexual victimization during risk screening. The other designated categories were unavailable to be interviewed because they were not in custody of the facility.

Facility staff, random and specialized completed interviews totaling thirty (30), which included Administrative, Supervisory, Facility Investigator, Medical/Mental Health, Food Service, Contractor, Volunteer, other specialized and random staff. Security line staff personnel were interviewed on all three shifts and selected by the Auditor at various post assignments and rank. All staff were knowledgeable of the facility policy in regards to their responsibility subsequent to a report of sexual abuse and harassment.

PREA Investigation files were made accessible to the Auditor to review and examine. Criminal investigations are conducted by the Northwestern District Attorney's Office, State Police Detectives via a referral from the facility. Administrative investigations are conducted by the Facility Investigators. All investigations are done promptly, thoroughly and are well documented.

PREA standards and policies were reviewed for compliance. Questions were clarified and corrective action measures were provided to address any pending discrepancies with standard compliance.

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On Saturday, November 5, 2016, the on-site audit exit briefing was held with ADS Goodell, PREA Coordinator/ Compliance Manager. During this meeting, the findings of the on-site audit and several noted pending deficiencies that were noted required corrective action to fulfill the PREA standard compliance. The facility was acknowledged for the commitment for PREA Compliance that was observed during this review. In addition, staff and offender cooperation was also noted and the safe confinement climate that is maintained at this facility. Superintendent Streeter was also briefed on the above mentioned information.

At this point, the facility has addressed these discrepancies through the Corrective Action Process, which included a follow-up on-site meeting and review 1/18/17.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Franklin County Jail and House of Correction facility is located 160 Elm Street, Greenfield, Massachusetts 01301 and opened in February 2007. This facility houses medium to minimum/ pre-release security level male detainees awaiting trial and inmates serving sentences up to thirty (30) months . The daily average offender population is 253 with a capacity of 329. The facility reported to the Auditor on the Pre-Audit Questionnaire that 1847 inmates were admitted during the past 12 months, with an average length of stay or time under supervision being 44 days.

The facility has a contract with U.S Marshal's Service/ Immigration and Customs Enforcement-ICE Detention to house federal inmates, the PREA compliance language is incorporated into this document. The population housing breakdown is U.S. Marshal (14 inmates) and U.S. Immigration (75 inmates).

The Main facility encompasses one building with an overflow adjacent Pre-Release/ Minimum Building (Old Jail) built in 1886 and renovated in 2008 with surveillance camera system coverage which was observed during the facility tour. In addition, there is a Storage Warehouse building and a Vehicle/ Grounds Maintenance Building on the facility property.

The Main Building Offender Housing male designation capacity breakdown:

The facility has done an exceptional job of providing for privacy in the showering and toileting areas while maintaining security and operational functionality throughout the facility.

Pod A (71), Orientation/ New Admissions, Pod B (71) General Population for Federal ICE Detainees, Pod C (71) General Population for Pre-Trial, Pod D (71) General Population Sentenced. Pod A has sub-section for Restricted Housing/Segregation (6) and Pod C has a sub-section for Protective Custody (13). The above mentioned housing units are monitored by staff direct supervision. In addition, each unit has an ADA accommodation cell for special need inmates.

In addition, the Intake area has five (5) cells with the following designations: (2) holding cells ,(1) singled cell for special medical or mental health watches and (2) cells is a sub-section for female arrestees until their transported to a female facility the next business day, which was confirmed with Court Ordered documentation that was provided to the Auditor.

The Pre-Release/ Minimum Building houses Minimum (28) / Pre-Release (12) level custody male inmates in a residential style setting and is helpful for keeping inmates engaged in providing treatment, education, and work as well as release and re-entry planning back into to the community. Prior to being assigned to this unit, inmates are thoroughly screened to be appropriate for this placement setting.

This facility does not house youthful offenders per state law (Chapter 119 Section 58 effective: September 2013). The age span of offenders is 18-74. This facility utilizes technology with maintaining surveillance one hundred and seventy-six (176) cameras throughout the facility to enhance security coverage and officer safety. Additional twenty-two (22) cameras are budgeted for the next fiscal year to improve security coverage. The facility provides programming, classification, and treatment to encouraged self-improvement. The facility also provides offenders with detail assignments to include avocation vocational programs. Recreation activities and programs are available to all offenders. The facility design allows for separation of offenders and or staff subsequent to an allegation of Sexual Abuse Harassment.

The security line staff work eight hour shifts: 07:00-15:00, 15:00-23:00 and 23:00-07:00. Specialized staff work a flexible work schedule. Currently the staffing compliment is two hundred and ten (210).

The facility Health Service Department currently holds an accreditation with the National Commission on Correctional Health Care (NCCHC) November 2014.

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Food Service and Medical Staff are County Employees at the facility. The Education and Mental Health services are contracted employees. Volunteers are also recruited to provide programs to the inmate population.

The facility is constructed and operated to efficiently utilize staff and the delivery of services to the inmate population. In addition, the facility was very clean and well maintained.

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## **SUMMARY OF AUDIT FINDINGS**

The one hundred and eighty (180) day Corrective Action period was until Saturday, June 3, 2017. On Wednesday, March 1, 2017, The facility satisfied the last remaining Corrective Action item and completed the PREA audit process. Franklin County Sheriff's Office is in full compliance with the PREA Standards.

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

TRAINING CURRICULUM ENTITLED PRISON RAPE ELIMINATION ACT  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #2,3,5 PAGES 6-9 REVISED 10/5/16  
DETAINEE/ INMATE HANDBOOK #20 PROHIBITED BEHAVIOR PAGE 34 VERSION 1.9 REVISED 4/5/16

FACILITY ORGANIZATIONAL CHART 2015-2016  
PRE-AUDIT QUESTIONNAIRE  
INFORMAL DISCUSSIONS WITH FACILITY STAFF  
INTERVIEWS:  
PREA COORDINATOR  
SUPERINTENDENT

The facility policy, outlines the Prison Rape Elimination Act mandates zero tolerance of sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Prohibited acts are clearly defined. Staff duties are defined within the policy. The facility PREA Coordinator/Compliance Manager ADS Goodell was familiar with his respective responsibilities to ensure compliance to policies by staff. ADS Goodell indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required in dual roles, which was also clear to the Auditor. ADS Goodell reports directly to the Superintendent in his role as the PREA Coordinator and Compliance Manager, which was confirmed through the interview process and a review of the organizational chart. ADS Goodell is dedicated in his roles and a leader of achieving PREA compliance/ sexual safety at this facility.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**X Not Applicable**

Based on documentation provided and interviews with the Superintendent and PREA Coordinator, it was determined that the facility does not contract offenders to other confinement facilities.

**Standard 115.13 Supervision and monitoring**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#510 STAFFING ANALYSIS REVISED 12/9/13  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 5-6 REVISED 10/5/16

STAFFING PLAN  
SHIFT ROSTERS  
SHIFT LOGS  
INTERVIEWS:  
SUPERINTENDENT  
SUPERVISORY STAFF THAT CONDUCT UNANNOUNCED ROUNDS

A review was conducted of the staffing plan and standards criteria items that the facility takes into consideration. While examining their plan, it was discussed with the Superintendent and ADS Goodell. The staffing plan is established by shift, and based on operational needs based on housing, programming and custody levels of Offenders with appropriate Supervisory oversight. The facility has documented and made its best efforts to comply daily with a staffing plan that provides for adequate levels of staffing as described by this standard. Staffing levels are monitored daily by review of shift rosters. Any time the plan is not followed it would be documented. There are no reported instances of non compliance with the staffing plan in the past twelve (12) months. Overtime is used to ensure staffing levels do not fall below the minimum required essential positions. The plan is reviewed annually by the Superintendent per policy. Intermediate and higher level staff are required by facility policy to conduct and document unannounced rounds, a process that is obviously conducted in daily operation as evidenced through inmate and staff interviews as well as facility logs. Supervisory level staff making rounds throughout the facility were observed during the site audit tour.

Corrective Action Update on 11/21/16:

Superintendent annual review report of staffing plan was submitted in accordance with Standard requirements.



**Standard 115.14 Youthful inmates**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**X Not Applicable.**

Based on documentation provided and staff interviews, the facility only houses adult offenders and does not house pre-trial or sentenced youthful offenders. In addition, a facility population census report was reviewed during the on-site audit and confirmed this finding. In addition, Massachusetts legislation (Chapter 119 Section 58 effective: September 2013) documentation was also submitted to the auditor prohibiting the housing of youthful offenders in an adult facility. Therefore, this Standard is deemed to be not applicable.

**Standard 115.15 Limits to cross-gender viewing and searches**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

- FRANKLIN COUNTY SHERIFF’S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGE 14 REVISED 10/5/16
- FRANKLIN COUNTY SHERIFF’S OFFICE GENERAL ORDER#506 SEARCH POLICY SECTION # 5-11 PAGE REVISED
- HOUSING UNIT DIRECTIVE GENDER ANNOUNCEMENT ISSUED 11/25/13

- STAFF TRAINING RECORDS
- INTERVIEWS:
- RANDOM STAFF
- RANDOM INMATES
- SUPERINTENDENT

The facility houses male offenders, based on facility policy, training curriculums, staff and inmate interviews, and documentation provided in logs, does not conduct cross gender strip searches and/or cross-gender body cavity searches. There have been no instances to date but, in the event any occur, staff are aware of the procedures and

that policy defines the requirement to document such searches. Inmates are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing these evolutions, especially curtains for the shower areas and privacy barriers in the toilet areas.

The facility cameras are appropriately positioned to ensure privacy while maintaining a secure overall environment. Opposite gender staff are required by policy to announce their presence prior to entering the housing areas, and this was observed throughout the tour. Interviews with staff and inmates revealed that opposite gender announcements are common practice at the facility. Staff were aware of the prohibition of searching or examining a transgender or intersex inmate for the purpose of determining the inmate's genital status. As there are currently no transgender inmates at the facility, policy, training documentation and staff interviews show that staff are familiar with the search procedures for this population.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #4 PAGE 9 REVISED 10/5/16

INTERPRETER SERVICES/ ERO LANGUAGE SERVICES ACCESS RESOURCE CENTER  
TDD EQUIPMENT ON SITE-MASS RELAY ADA SERVICES FOR SPEECH AND HEARING IMPAIRED  
PREA INFORMATION WAS POSTED THROUGHOUT THE FACILITY IN ENGLISH AND SPANISH  
DETAINEE/ INMATE HANDBOOK IN ENGLISH AND SPANISH VERSION 1.9 REVISED 4/5/16

**INTERVIEWS:**

PREA COORDINATOR

INTAKE STAFF

RANDOM STAFF INTERVIEWS

STAFF INTERPRETOR WAS UTILIZED FOR A RANDOM INMATE INTERVIEW WITH LIMITED ENGLISH PROFICIENT  
DISABLED/ SPECIAL NEEDS INMATE

Although documentation reveals that inmates with disabilities are not generally housed at the Franklin County Jail and House of Correction, the facility takes appropriate steps to ensure that inmates with any disabilities have an equal opportunity to participate in or benefit from all aspects of and efforts to prevent, detect and respond to sexual abuse and harassment. There have also been cases of limited English proficiency due to education, not due to country of origin. The facility makes available written information in English and Spanish if needed. Through staff and inmate interviews, it is clear that staff are available to ensure effective communication with inmates having difficulty reading or understanding information provided. Staff are aware of the language line service is available for translation. Emails and instruction brochure confirmed this service contract. In addition, there are several staff that are fluent in other languages and were utilized in a random inmate interview, due to a language barrier with the Auditor. Several inmate ADA accommodation examples were provided to the Auditor.

**Standard 115.17 Hiring and promotion decisions**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER #201 SELECTION AND HIRING REVISED 1/25/16  
PROMOTIONS ARE ADDRESSED IN SECTION 6-C PAGE 4 OF THIS POLICY  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #6 PAGE 9 REVISED 10/5/16

APPLICATIONS FOR EMPLOYEES, CONTRACTORS, VOLUNTEERS  
REVIEW OF CRIMINAL RECORDS AND BACKGROUND CHECKS

INTERVIEWS:  
SUPERINTENDENT  
PREA COORDINATOR  
HUMAN RESOURCE STAFF

Review of facility policy, interview with the staff responsible for Human Resources functions and documentation review, it was found that the facility does not hire, promote, or enlist the services of any contractor who may have contact with inmates if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a), or had any incidents of sexual harassment. New employees and potential contractors receive criminal background checks and those are renewed every 5 years through the NCIC system. Applicants for hire, specialized assignment or promotion are asked directly about misconduct through a separate reporting form during the application process. The auditor reviewed random samples of this documentation and confirmed the practice. In July 2013, all current staff had Criminal Background checks completed, which was verified with NCIC activity log. The Facility reports twenty-eight (28) staff were hired in the past twelve (12) months.

Requests from employers concerning former employees are responded to by the staff responsible for the facility HR functions when a background information release is retained.

**Standard 115.18 Upgrades to facilities and technologies**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 5-6 REVISED 10/5/16

INTERVIEW:  
SUPERINTENDENT  
PREA COORDINATOR

During this audit cycle, there have been no structural modifications, but the Digital Video Recorder (DVR) storage has been upgraded for the facility camera system. An extensive facility assessment and planning process was conducted for a capital project video camera system upgrade to ensure camera placement was appropriate and adequate to enhance the facility's sexual safety. Observations during the tour made it evident that this type upgrade would improve several areas of the facility. This camera upgrade will be addressed in the upcoming fiscal budget. The vendor quote for twenty-two (22) cameras was presented to the Auditor.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 5-6 REVISED 10/5/16  
ADULT SEXUAL ASSAULT LAW ENFORCEMENT GUIDELINES ISSUED 2009 BY THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF STATE POLICE GENERAL ORDER#PRI-07 DETAINEE SEXUAL ABUSE AND SEXUAL HARASSMENT FACILITY RESPONSE PLAN FOR SEXUAL ASSAULT CHECKLIST AND NOTIFICATION  
MOU WITH COOLEY-DICKINSON HOSPITAL  
MOU WITH VICTIM ADVOCATE/RAPE CRISIS CENTER-NEW ENGLAND LEARNING CENTER FOR WOMEN IN TRANSITION (NELCWIT) 5/8/14

INTERVIEWS:  
SUPERINTENDENT  
HEALTH SERVICE DIRECTOR  
SANE REGIONAL COORDINATOR FOR WESTERN MASSACHUSETTS  
MENTAL HEALTH  
RANDOM STAFF  
SUPERVISORY STAFF  
PREA Audit Report

STATE POLICE DETECTIVE  
FACILITY INVESTIGATOR

Any allegation of sexual abuse will be referred to the Northwestern District Attorney's Office and Massachusetts State Police Detectives for follow-up by a Detective with specific training in sexual abuse investigations. In the event it is determined that there is no crime or not enough evidence to support substantiation of a crime, it will be referred back to the facility for Administrative follow-up. All on-site staff have been trained in the collection and preservation of usable evidence and were able to well verbalize the steps required. The facility follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence. Any inmate who is a victim of, or alleges, sexual assault will be offered access to a forensic examination at no cost at the Cooley-Dickinson Hospital where a SAFE/SANE is available as referenced in facility's memorandum of understanding. In the event of need or request by a victim, a trained victim advocate would be made available through the facility.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #3 PAGES 13 REVISED 10/5/16  
ADULT SEXUAL ASSAULT LAW ENFORCEMENT GUIDELINES ISSUED 2009 BY THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF STATE POLICE GENERAL ORDER#PRI-07 DETAINEE SEXUAL ABUSE AND SEXUAL HARASSMENT

CRIMINAL AND ADMINISTRATIVE INVESTIGATIVE REPORTS  
PREA POSTERS WERE AVAILABLE IN MAIN LOBBY  
AGENCY WEBSITE PREA SECTION: <http://www.fcso-ma.us/PREA.html>  
INTERVIEWS:  
SUPERINTENDENT  
FACILITY INVESTIGATOR

Facility policy requires that an investigation be conducted for any allegation of sexual abuse or harassment. Any allegation will be forwarded to the Northwestern District Attorney's Office and Massachusetts State Police Detectives to be reviewed for investigation and prosecution as warranted. All requirements of the standard are outlined in policy and are posted on agency's website.

**Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGE 6 REVISED 10/5/16

REVIEWED PREA/ TRAINING CURRICULUM POWER POINT PRESENTATION  
 FACILITY PREA TRAINING ATTESTATION LOGS  
 FACILITY PREA TRAINING ATTESTATION SHEETS FOR RANDOMLY SELECTED EMPLOYEES  
 PREA TRAINING CURRICULUM

INTERVIEWS:  
 PREA COORDINATOR/ COMPLIANCE MANAGER  
 TRAINING COORDINATOR  
 SUPERVISORY STAFF INTERVIEWS  
 RANDOM STAFF INTERVIEWS  
 SPECIALIZED STAFF INTERVIEWS

All staff receive initial local training upon hiring, plus in-service training, as well as an annual refresher course on the specific standards outlined in sections 1-10 of standard 115.31(a), as well as specific training on being first responders. The random staff and first responders interviewed confirmed identifying elements from the standards regarding incident response. Although it was evident during the staff interviews, as well as upon review of training documentation that staff had actually received the required training. Review of curricula showed that training is tailored to the male, female, intersex and transgender inmates. Training documentation reveals that the staff acknowledged their understanding of the training received. All documentation is maintained within the facility files and the individual training files.

**Standard 115.32 Volunteer and contractor training**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

PREA Audit Report

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #5 PAGES 6 REVISED 10/5/16

PREA TRAINING VOLUNTEER/ CONTRACTOR ATTESTATION SHEETS  
PREA TRAINING VOLUNTEER/ CONTRACTOR POWER POINT PRESENTATION

INTERVIEWS:

PREA COMPLIANCE MANAGER  
TRAINING DIRECTOR  
HEALTH SERVICE DIRECTOR  
MEDICAL STAFF  
VOLUNTEER  
CONTRACT EMPLOYEE

All contractors and volunteers receive training on their responsibilities under the facility's sexual abuse and harassment prevention, detection and response policies and procedures. Training included potential disciplinary and criminal or administrative procedures for violations. Training records and acknowledgment forms were reviewed to ensure compliance with the level of training required for the level of contact of the volunteer or contractor. During interviews, a contract employee and volunteer confirmed receipt of the training and communicated the requirements of reporting and response. In addition, the power point slides were reviewed by the Auditor. The facility reports that they currently utilize seventy-six (76) volunteers/ contractors.

**Standard 115.33 Inmate education**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #4 PAGES 8-9 REVISED 10/5/16  
OFFENDERS' GUIDE TO SEXUAL MISCONDUCT REVISED 8/6/13

PREA POSTING NOTICE, INFORMATIONAL VIDEO AND PREA INFORMATIONAL BROCHURES/ ENGLISH & SPANISH  
PREA ZERO-TOLERANCE/REPORTING POSTINGS/ ENGLISH & SPANISH  
DETAINEE/ INMATE HANDBOOK AVAILABILITY AND SIGNED RECEIPT  
INMATE ACKNOWLEDGEMENT FORMS FOR PREA EDUCATION

INTERVIEWS:

PREA COMPLIANCE MANAGER  
RANDOM STAFF  
RANDOM INMATES  
LIMITED ENGLISH PROFICIENT INMATE  
DISABLED INMATE

INTAKE STAFF  
CLASSIFICATION STAFF  
PREA COORDINATOR  
ADA COMPLIANCE COORDINATOR

Prior to arrival at Franklin County Jail and House of Correction, while in the Booking/Intake process, all inmates are supposed to receive the PREA-required information concerning sexual safety, to include reporting, response and retaliation in person. Training/Education is documented in the inmate file. The facility intake nurse is also involved in asking the PREA-related questions during Intake.

During the intake process, inmates receive additional comprehensive information explaining the zero tolerance policy regarding sexual abuse and harassment and how to report incidents or suspicions of sexual abuse or harassment. The information is also disseminated during Orientation in a pamphlet format, as well as in the inmate handbook. Additional postings and signage are located throughout the facility, readily and continuously available in English and Spanish if needed.

Documentation was provided to prove inmate participation in educational sessions concerning sexual safety and a viewing of the PREA video. This process was observed during the on-site audit in the Orientation housing unit (Pod A).

Franklin County Jail and House of Correction does not ordinarily receive inmates who have limited English proficiency, or who are deaf, visually impaired or otherwise disabled. In the event such an inmate is received, staff are available to personally assist the inmate with accessing services which are available through the Facility ADA Compliance Coordinator. In addition, several line staff are bi-lingual which was demonstrated during a random inmate interview.

#### **Standard 115.34 Specialized training: Investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGES 14-16 REVISED 10/5/16  
DEPARTMENT OF STATE POLICE GENERAL ORDER#PRI-07 DETAINEE SEXUAL ABUSE AND SEXUAL HARASSMENT  
ADULT SEXUAL ASSAULT LAW ENFORCEMENT GUIDELINES ISSUED 2009 BY THE COMMONWEALTH OF MASSACHUSETTS  
STATE POLICE DETECTIVE TRAINING RECORDS  
FACILITY INVESTIGATOR TRAINING RECORDS

INTERVIEWS:  
PREA COMPLIANCE MANAGER  
SUPERINTENDENT



FACILITY INVESTIGATOR

STATE POLICE DETECTIVE ASSIGNED TO THE NORTHWESTERN DISTRICT ATTORNEY'S OFFICE

Based on review of the facility policy, training curriculum and investigative staff interviews, investigative staff have received additional specialized training in conducting investigations in a confinement setting in addition to the general training provided for all employees. In the event of an allegation, the Facility would conduct an Administrative Investigation and a Criminal Investigation would be conducted by the Northwestern District Attorney's Office, State Police Detectives. Facility Investigators and State Police Detectives have received specialized training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All training is documented and was presented during the on-site audit.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

MEDICAL STAFF TRAINING RECORDS  
MOU WITH COOLEY-DICKINSON HOSPITAL  
INVESTIGATIVE REPORTS

INTERVIEWS:  
PREA COMPLIANCE MANAGER  
TRAINING COORDINATOR  
HEALTH SERVICE DIRECTOR  
MEDICAL STAFF  
MENTAL HEALTH STAFF

Specialized training is provided as required for all medical and mental health staff. It was verified through review of policy requirements, training records and interview of medical staff that training is received concerning how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding, and how and to whom to report. Forensic examinations are not conducted by on-site staff. Medical staff receive annually thirty-two (32) hours of specialized PREA medical protocol training. Offender medical files are kept in a secure and limited access area, which was confirmed by a review of electronic card reader access records for #1329 and #1327 doors. Professional Credentials were provided to Auditor. The facility reports eighteen (18) Medical Staff and two (2) Mental Health staff are the current staffing level. The Medical coverage is twenty-four (24) hours seven (7) days a week and Mental Health coverage is business hours Monday-Friday and on-call after hours and weekends.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF’S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 6-8 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF’S OFFICE GENERAL ORDER#420 CLASSIFICATION SECTION #8 PAGE 6 REVISED 9/29/16

CLASSIFICATION AND INTAKE SAMPLES  
TRACKING FORM  
REVIEW OF THE INTAKE AND CLASSIFICATION PROCESS

INTERVIEWS:  
INTAKE STAFF  
CLASSIFICATION STAFF  
RANDOM INMATES

As required by Standard, all inmates are supposed to be screened upon intake for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. During intake immediately upon arrival there was a screening tool utilized which considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, previous victimization, and whether the inmate is detained solely for civil immigration purposes, whether the inmate is or is perceived to be gay, bisexual, transgender, intersex or gender nonconforming, as well as his own perception of vulnerability.

Inmates are not disciplined for refusing to answer, or for not disclosing information in response to questions from the screening tool. All information is maintained appropriately and sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Information collected is restricted to staff making housing, work or program assignments via computer access permissions.

**Standard 115.42 Use of screening information**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 6-8 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#420 CLASSIFICATION REVISED 9/29/16  
REVIEW OF THE INTAKE AND CLASSIFICATION PROCESS AND RANDOM SAMPLES  
REVIEW OF THE INTAKE AND CLASSIFICATION PROCESS WITH TRANSGENDER/ INTERSEX INMATES AND HOUSING ASSIGNMENT HISTORY.  
NOTE: NO TRANSGENDER / INTERSEX INMATES WERE IN CUSTODY DURING ON SITE AUDIT, BUT PREVIOUS HOUSING ASSIGNMENTS WERE REVIEWED

**INTERVIEWS:**

PREA COMPLIANCE MANAGER  
CLASSIFICATION STAFF  
INTAKE STAFF

As required by Facility policy, and indicated through staff interviews, Franklin County Jail and House of Correction used available information from the risk screening to determine housing, bed, work, and program assignments with the goal of separating inmates determined at high risk of being sexually victimized from those at risk of being sexually abusive. Additionally, identification of potential predators or victims results in the swift notification to senior staff for individualized determinations of how to ensure the safety of each inmate. This identification is enhanced by the participation of the nurse in the Intake screening process.

For the purpose of protecting the offender, this information can only be accessed by authorized restricted staff (Booking Staff, Facility Investigators, PREA Coordinator and the Superintendent via the Offender Management System (OMS). Based on the outcome of the risk assessment form, the facility's classification will also notify the PREA Coordinator if it is determined that the individual may be abusive or at risk of being a victim. Classification and Intake staff confirmed formal tracking system is currently in use and the current tracking form was provided to Auditor.

Upon receipt of this information the PREA Coordinator and Classification Staff will determine the best possible housing option and job assignment for the offender. The PREA Coordinator oversees the system in place. Offender Booking files are kept in a secure and limited access area, which was confirmed by a review of electronic card reader access records for #1353 door .

On occasion, transgender or intersex inmates would be admitted to this facility, the services and resources for housing and programming assignments would ensure the inmate's health and safety. In the event of an admission to this facility, placement and programming assignments will be reassessed at least twice per year to review any threats to safety, with the inmate's own views of safety given serious consideration. Although the facility does not currently have any transgender or intersex inmates, at this time, facility policy provides the opportunity to shower separately from other inmates and facility staff were familiar with this requirement. Inmates are not placed in dedicated facilities, units or wings solely on the basis of the identification or status of lesbian, gay, bisexual, transgender, or intersex. In addition, a review of past inmate housing confirmed this finding. The facility has no consent decree in place for transgender inmates.

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 6-8 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#420 CLASSIFICATION REVISED 9/29/16

REVIEW OF INTAKE AND CLASSIFICATION PROCESS  
REVIEW OF CLASSIFICATION PROCESS INCLUDING OFFENDER FILE REVIEW AND INTERNAL MOVEMENT PLACEMENT HISTORY.

INTERVIEWS:  
SUPERINTENDENT  
CLASSIFICATION STAFF  
PREA COORDINATOR

Facility policy outlines procedures to ensure inmates at risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made. Staff and inmate interviews, and file documentation revealed no incidents of involuntary segregated housing have been used for this purpose at this facility. There have been no incidents or allegations at this facility in the past twelve (12) month. Staff were aware of the requirements of the standard as well as the facility policy. Staff would utilize housing placement in the Intake Area single cell to protect the Offender.

#### **Standard 115.51 Inmate reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

THE DETAINEE/INMATE HANDBOOK VERSION 1.9 REVISED 4/5/16, INMATE INFORMATIONAL PAMPHLET, AND WALL

**SIGNAGE OUTLINED REPORTING INFORMATION**

DURING THE ONSITE TOUR, SEVERAL PHONE CONTACTS WERE MADE VIA INMATE PHONE SYSTEM TO THE REPORTING MECHANISM IN PLACE, WHICH WERE CONFIRMED  
REVIEW OF INVESTIGATIVE FILES

**INTERVIEWS:**

RANDOM STAFF  
RANDOM INMATES

Multiple avenues are provided to the inmate population for reporting purposes, to include mail, free telephone services to internal or external agencies, and directly to any staff member or third party who may report back to the facility. The contact information for the external agency is posted throughout the facility and listed in the inmate handbook; all inmates interviewed were aware of the number. Inmates may remain anonymous if desired, by using the external agency. Staff knew the methods to report and all interviews stated that they would be comfortable doing so.

**Standard 115.52 Exhaustion of administrative remedies**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 11 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#491 INMATE GRIEVANCES REVISED 3/31/14

**REVIEW OF GRIEVANCES**

INMATE/DETAINEE HANDBOOK VERSION 1.9 REVISED 4/5/16

**INTERVIEWS:**

PREA COORDINATOR  
GRIEVANCE OFFICER  
RANDOM INMATES  
RANDOM STAFF

The facility has administrative procedures in place through Inmate Grievances. The requirements for this standard are met and a review of the grievances during the on-site revealed zero (0) grievances were submitted in regards Sexual Abuse in the previous twelve (12) months . In addition, the Inmate/ Detainee Handbook outline these procedures. Interviews with staff and inmates confirm that grievances are readily available.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 13 REVISED 10/5/16

MOU WITH RAPE CRISIS CENTER-NEW ENGLAND LEARNING CENTER FOR WOMEN IN TRANSITION (NELCWIT) 5/8/14 INMATE/DETAINEE HANDBOOK VERSION 1.9 REVISED 4/5/16 AND INFORMATIONAL BROCHURE

INTERVIEWS:  
RANDOM INMATES

The facility via medical staff provides the inmate population with access to outside victim advocates for emotional support services related to sexual abuse through the Rape Crisis Center-New England Learning Center for Women in Transition (NELCWIT). As viewed during the facility tour and documented in the information services brochure, detainee/ inmate handbook and facility policy, mailing addresses and toll-free hotline numbers are provided to the inmate population. This was observed during the Auditor tour and facility postings. In addition, random inmates and staff interviews confirmed this finding. Auditor contacted Director from (NELCWIT) and confirmed Memorandum of Understanding and services provided.

**Standard 115.54 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

DETAINEE/INMATE HANDBOOK VERSION 1.9 REVISED 4/5/16 AND AGENCY WEBSITE PREA SECTION DEPARTMENT OF STATE POLICE GENERAL ORDER#PRI-07 DETAINTEE SEXUAL ABUSE AND SEXUAL HARASSMENT PAGE 3 ADDRESSES REPORTING MECHANISM

**INTERVIEW:**

PREA COORDINATOR

STATE POLICE DETECTIVE ASSIGNED TO NORTHWESTERN DISTRICT ATTORNEY'S OFFICE

The facility provides contact information concerning third party reporting to inmates through the Northwestern District Attorney's Office, as well as on postings for the inmate population in the telephone area of each housing unit. In addition, the information is also listed on the Agency's website, inmate handbook and PREA informational brochure. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated. The facility reports there have no third party complaints regarding PREA allegations in the past twelve (12) months. State Police Detective assigned to the Northwestern District Attorney's Office confirmed the system in place.

Corrective Action Update on 1/3/17:

Agency web site was updated with third party contact information.

**Standard 115.61 Staff and agency reporting duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 11 REVISED 10/5/16

AGENCY WEBSITE PREA SECTION  
REVIEW OF CONSENT FORM

**INTERVIEWS:**

MEDICAL STAFF

MENTAL HEALTH STAFF

PREA COORDINATOR

FACILITY INVESTIGATOR

Facility requires all staff (to include medical and mental health practitioners unless precluded by law) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. Confidentiality is reinforced in policy and training. Random staff interviews (Medical and Mental Health) confirmed awareness of their responsibility for the immediate reporting requirement and to not disclose information of allegations except in the investigation.

**Standard 115.62 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGES 11-12 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#423 SPECIAL MANAGEMENT SECTION #4 PAGE 3 REVISED 11/30/15

INTERVIEWS:  
SUPERINTENDENT  
TRAINING COORDINATOR  
RANDOM STAFF

The facility policy requires staff to take immediate action to protect any inmate subject to risk of imminent sexual abuse. During interviews, staff were aware of the steps to take to protect an inmate as well as first responder procedures. Extensive training concerning this topic was evident throughout all positions at the facility. Random questions to staff during the tour gave the same results, that they were aware of the steps and processes required. If necessary in order to protect an inmate, transfer options would be explored to boarding county facilities. The facility reports that no instance of imminent sexual abuse has occurred since the implementation of the PREA Standards.

**Standard 115.63 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 11 REVISED 10/5/16



REVIEW OF INVESTIGATIVE FILES  
REVIEW OF NOTIFICATION CORRESPONDENCES TO OUTSIDE AGENCIES

INTERVIEWS:  
SUPERINTENDENT

Facility policy requires that documented notification by the Superintendent occur within seventy two (72) hours to the appropriate agency upon receiving an allegation that an inmate was sexually abused while confined at that facility, in order to ensure it was investigated. There have been instances to date, during the interview with the facility Superintendent and PREA Coordinator, where familiar with the required procedure was demonstrated. A review of investigative files and notifications confirmed this practice.

**Standard 115.64 Staff first responder duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGES 11-12 REVISED 10/5/16

REVIEW OF INVESTIGATIVE REPORTS  
FACILITY RESPONSE PLAN FOR SEXUAL ASSAULT CHECKLIST AND NOTIFICATION  
CRIME SCENE TRAINING RECORDS

INTERVIEWS:  
RANDOM STAFF  
SECURITY & NON-SECURITY STAFF 1<sup>ST</sup> RESPONDERS  
SUPERINTENDENT

Facility policy specifically outlines the detailed procedures for all staff to respond to an allegation that an inmate was sexually abused in accordance with the standard. All facility staff are trained as first responders. Random staff interviews confirmed their awareness and expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. In addition, training documentation confirmed this finding. No Allegations of sexual abuse have warranted the separation of a victim/ perpetrator and the collection of evidence have occurred in the previous twelve (12) months.

**Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

PREA Audit Report

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGES 11-13 REVISED 10/5/16  
FACILITY RESPONSE PLAN FOR SEXUAL ASSAULT CHECKLIST AND NOTIFICATION  
MOU WITH COOLEY-DICKINSON HOSPITAL

INTERVIEW:  
SUPERINTENDENT  
PREA COORDINATOR  
SPECIALIZED STAFF  
LINE SUPERVISORS

The facility has developed and implemented an institutional plan through the facility policy to coordinate the actions of staff in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each. In addition a checklist was provided during the on-site audit and training documentations were also reviewed.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 11 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#220 EMPLOYEE CONDUCT REVISED 9/21/10  
3 COLLECTIVE BARGAINING AGREEMENTS:  
INTERNATIONAL BROTHERHOOD OF CORRECTIONAL OFFICERS LOCAL #1-045 EFFECTIVE: 7/14  
NATIONAL CORRECTIONAL EMPLOYEES UNION LOCAL #106 EFFECTIVE: 7/14  
NON UNIT EMPLOYEES ASSOCIATION EFFECTIVE: 7/14  
REVIEW OF INVESTIGATIVE FILES

INTERVIEW:

PREA Audit Report

## SUPERINTENDENT

The Agency has not entered into any collective bargaining agreements limiting the Facility's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of discipline warranted. Employees are subject to disciplinary sanctions up to termination for violating the The Franklin County Sheriff's Office policy regarding sexual abuse and harassment. Leadership interviewed stated that no agreements that included such limitations would be entertained, according to both PREA Standards and facility policy.

### Standard 115.67 Agency protection against retaliation

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGE 15 REVISED 10/5/16

INTERVIEWS:  
SUPERINTENDENT  
PREA COORDINATOR-MONITORING RETALIATION

As defined in facility policy multiple protection measures such as housing changes, transfers to bordering county facilities, emotional or harassment from retaliation. In the event of an allegation of sexual abuse, monitoring for retaliation would be currently monitored by the PREA Compliance Manager. Monitoring is ongoing for a minimum of 90 days with periodic status checks unless additional time is warranted or the monitoring is terminated due to the allegation being determined unfounded. An example of monitoring documentation was provided to the Auditor.

### Standard 115.68 Post-allegation protective custody

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER# 423 SPECIAL MANAGEMENT SECTION #4 PAGE 3 REVISED 11/30/15

INTERVIEWS:  
SUPERINTENDENT  
PREA COORDINATOR

At the Franklin County Jail and House of Correction there have been no inmates placed in involuntary restrictive housing for protection following an allegation of sexual abuse. Facility policy outlines that housing in involuntary restrictive housing occurs only when no alternatives are available for separation and safety purposes. Policy also states that the segregation, if used, will be very short-term or will include the provision of programs and privileges being offered. Generally, an inmate would be transferred to the neighboring facility for housing to ensure safety if needed. Interviews with specialized staff confirmed this procedure and understanding of policy. The facility would utilize the Intake area single cell in these type of circumstances as a temporary measure. The facility reports that no occurrences of a need for post allegation protection housing has occurred in the past twelve (12) months.

**Standard 115.71 Criminal and administrative agency investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGE 14 REVISED 10/5/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#519 STAFF SEXUAL CONTACT WITH INMATES #7 PAGE 5 REVISED 10/20/11

SEXUAL ABUSE/ HARASSMENT IN CUSTODY SETTING TRAINING RECORDS FOR STATE POLICE DETECTIVES AND FRANKLIN REVIEW INVESTIGATIVE CASE FILES  
STATE POLICE PROTOCOL FOR SEXUAL INVESTIGATIONS

INTERVIEWS:  
STATE POLICE INVESTIGATOR ASSIGNED TO THE NORTHWESTERN DISTRICT ATTORNEY'S OFFICE  
FACILITY INVESTIGATORS  
THE PREA COMPLIANCE MANAGER

Any allegation of sexual abuse, no matter the method used to report it, is immediately referred to the State Police Detectives assigned to the Northwestern District Attorney's Office for investigation, with cooperation from facility staff and leadership. In the event the incident cannot be proven, it may be referred back to the facility for Administrative follow-up. It was determined that substantial training had been received concerning sexual abuse investigations, evidence collection and preservation. All investigators and senior staff interviewed stated that any

allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victim would not terminate the investigation. Facility policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any inmate status.

Complete investigative reports are required to be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Law enforcement investigation records are retained in accordance within time frame requirements and a copy is maintained at the facility by the PREA Coordinator. The facility reports that no allegation was referred for prosecution in the past twelve (12) months.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGE 14 REVISED 10/5/16  
REVIEW INVESTIGATIVE CASE FILES

INTERVIEWS:  
FACILITY INVESTIGATOR  
PREA COORDINATOR

Franklin County Sheriff's Office policy requires that the 'preponderance of evidence' standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff interviewed verified the measure they utilize. A review of five (5) 2015 Investigations, one (1) substantiated finding, policy and interviews regarding assessment of this standard confirmed compliance. During a follow-up site visit at the facility by the Auditor two (2) Administrative Investigations and one (1) substantiated finding, that were completed in December 2016 were reviewed and are in compliance with Standard.

**Standard 115.73 Reporting to inmates**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #9 PAGE 15 REVISED 10/5/16  
REVIEW INVESTIGATIVE CASE FILES 5 FROM 2015  
INVESTIGATION FINDING NOTIFICATION DOCUMENTATION

**INTERVIEWS:**

STATE POLICE DETECTIVE ASSIGNED TO THE NORTHWESTERN DISTRICT ATTORNEY'S OFFICE  
SUPERINTENDENT  
PREA COORDINATOR

Per facility policy, Franklin County Sheriff's Office has the responsibility to inform the reporting inmate as to whether his allegation was determined to be substantiated, unsubstantiated or unfounded. Following an allegation that a staff member has committed sexual abuse/ harassment against the inmate, the agency will inform the inmate in writing if the staff is no longer posted in the unit or no longer employed at the facility; and if they have been indicted or convicted. If it involved another inmate, while in custody, the victim would be notified in writing whenever the alleged abuser was indicted or convicted. Several inmate correspondence notifications concerning investigation findings were reviewed during the on-site audit.

**Standard 115.76 Disciplinary sanctions for staff**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #9 PAGE 15 REVISED 10/5/16

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#220 EMPLOYEE CONDUCT REVISED 9/21/10

REVIEW INVESTIGATIVE CASE FILES

**INTERVIEWS:**

STATE POLICE DETECTIVE ASSIGNED TO THE NORTHWESTERN DISTRICT ATTORNEY'S OFFICE  
SUPERINTENDENT  
PREA COORDINATOR

At Franklin County Sheriff's Office staff are subject to disciplinary sanctions to include termination for violating the PREA Audit Report

facility sexual abuse or harassment policies. Termination is the presumptive disciplinary sanction for staff and that policy is reaffirmed in staff training and on acknowledgement documents with staff signatures throughout the hiring process. Disciplinary sanctions for violations related to sexual abuse are commensurate with the circumstances of the acts and all terminations (in-lieu of resignations) related to sexual abuse will be reported to local law enforcement and relevant licensing bodies, unless determined to be not criminal acts. Departure of the staff does not halt the investigative process. The facility reports that no staff have been disciplined in the past twelve (12) months.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF’S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #2 PAGE 2 REVISED 10/5/16

INTERVIEW:  
PREA COORDINATOR  
VOLUNTEER  
CONTRACTOR  
TRAINING COORDINATOR

Facility policy clearly designates that sexual abuse of an inmate by a contractor, volunteer or staff member is reported to law enforcement agencies and relevant licensing bodies, and such persons will be prohibited from further contact with inmates. There have been no incidents involving volunteer or contractor sexual abuse of an inmate. Interviews with a contractor employee and volunteer reinforced that they are trained in the facility’s policy. The stated consequences, as well as related training information on preventing, recognizing, and reporting signs of abuse by others. All volunteer and contractor staff sign acknowledgement forms regarding these policies, actions and consequences. The facility reports that no contractor or volunteer have been corrected or removed for sexual abuse or sexual harassment in the past twelve (12) months.

**Standard 115.78 Disciplinary sanctions for inmates**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #8 PAGE 11 REVISED 10/5/16

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#519 STAFF SEXUAL CONTACT WITH INMATES #10 PAGE 6 REVISED 10/20/11

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#430 INMATE DISCIPLINE REVISED 9/14/15  
DETAINEE/ INMATE HANDBOOK VERSION 1.9 REVISED 4/5/16

**INTERVIEWS:**

PREA COORDINATOR

DISCIPLINARY HEARING OFFICER

MENTAL HEALTH STAFF

In accordance with the Standard as documented in facility policy and accurately reported during random and supervisory staff interviews, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that an inmate engaged in sexual misconduct. The disciplinary process does consider whether an inmate's mental disability or illness contributed to his behavior when determining the type of sanction, and all sanctions are to be commensurate with the nature of the abuse committed, the inmate's history, and comparable offenses of other inmates. The disciplinary process clearly defines the ability to hold an inmate accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. All interviews mentioned that good faith reports of sexual abuse based on a reasonable belief would not constitute false reporting.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #5 PAGES 6-8 REVISED 10/5/16

SCREENING FORM

REVIEW OF MEDICAL FILES CONFIRMING FOLLOW-UP TREATMENT

TRACKING FORM FOR MEDICAL AND MENTAL HEALTH FOLLOUP



**INTERVIEWS:**

HEALTH SERVICE DIRECTOR  
COMPLIANCE MANAGER  
MEDICAL STAFF  
MENTAL HEALTH STAFF  
CLASSIFICATION STAFF

Any inmate disclosing prior sexual abuse whether the victim or perpetrator while incarcerated or at any other time will be seen by a medical or mental health practitioner very quickly after disclosure. Informed consent is obtained prior to reporting victimization of adults which occurred outside the institution setting. Upon interview of medical staff and review of facility policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and program/housing assignments. The facility reports one hundred (100) percent compliance with follow-up evaluations from Medical and Mental Health. The Auditor reviewed completed consent forms, medical files and treatment tracking forms during the on-site audit in compliance with Standard.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #8 PAGE 11 REVISED 10/5/16  
CONSENT FORMS  
REFERRALS  
MOU WITH COOLEY-DICKINSON HOSPITAL  
REVIEW OF MEDICAL FILES CONFIRMING FOLLOW-UP TREATMENT MEDICAL/ MENTAL HEALTH

**INTERVIEW:**

HEALTH SERVICE DIRECTOR  
MEDICAL STAFF  
MENTAL HEALTH STAFF

Facility policies mandate immediate and unimpeded access to medical and mental health services, to include crisis intervention and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, for any alleged victim of sexual abuse at no cost to the inmate. Although emergency care may be provided at a local hospital (20 miles from the facility), if a situation required extensive or long-term treatment other options will be explored. Memorandum of Understanding with Cooley-Dickinson Hospital located at 30 Locust Street, Northampton, Massachusetts 01060 is in place to provide Medical and Mental Health services updated on 04/10/15. No occurrence has resulted for the need for emergency treatment for an abuse allegation.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
SECTION #8 PAGE 12 REVISED 10/5/16  
CONSENT FORMS  
REFERRALS  
MOU WITH COOLEY-DICKINSON HOSPITAL  
REVIEW OF MEDICAL FILES AND TRACKING FORM CONFIRMING FOLLOW-UP TREATMENT MEDICAL/ MENTAL HEALTH

INTERVIEW:  
HEALTH SERVICE DIRECTOR  
SANE REGIONAL COORDINATOR FOR WESTERN MASSACHUSETTS  
MEDICAL STAFF  
MENTAL HEALTH STAFF

Based on medical staff interview and relative policy the facility will offer medical and mental health evaluation, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any correctional setting. The evaluation and treatment of such victims will include appropriate follow-up services, treatment plans, and referrals when necessary; and all are to be consistent with the community level of care. Inmates receive access to sexually transmitted infection prophylaxis and emergency medical or treatment services at no cost. This is in place with a local hospital and clinical Mental Health support services. The facility reports that no instance has occurred requiring on-going Medical/ Mental Health care in the past twelve (12) months.

**Standard 115.86 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

**corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #9 PAGE 15 REVISED 10/5/16

INTERVIEWS:  
SUPERINTENDENT  
PREA COMPLIANCE MANAGER

Facility policy requires a sexual abuse incident review within thirty (30) days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The Superintendent and PREA Coordinator review all incidents and make appropriate changes as needed. Although there has not been an incident review team established to date, the Superintendent and PREA Compliance Manager, confirm familiarity with the policy requirement and all considerations that must be reviewed in compliance with the standard.

Corrective Action Update on 11/21/16:

A Medical and Mental Health representative has been assigned to the facility Incident Review Team.

**Standard 115.87 Data collection**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #6 PAGE 9 REVISED 10/5/16

INTERVIEWS:  
SUPERINTENDENT  
PREA COMPLIANCE MANAGER

Based on PREA Coordinator interview and policy requirements listed the facility will collect accurate uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by June 30<sup>th</sup> annually. Survey for 2015 was submitted to the Department of Justice. The Franklin County Sheriff's Office does not contract the confinement of its inmates to any private facility.

**Standard 115.88 Data review for corrective action**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #6 PAGE 10 REVISED 10/5/16

INTERVIEWS:  
SUPERINTENDENT  
PREA COMPLIANCE MANAGER

Facility policy requires the review of data collected and aggregated to assess and improve the effectiveness of its abuse prevention, detection, and response policies and training. A report is prepared annually for the facility to compare the current and prior year's data. Additional aggregate information is reviewed to seek improvements and submitted.

**Standard 115.89 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The following information was utilized to verify compliance with this standard:

FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#155 INMATE RECORDS SECTION #7 PAGE 4 REVISED 6/21/16  
FRANKLIN COUNTY SHERIFF'S OFFICE GENERAL ORDER#518 SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION SECTION #6 PAGE 9 REVISED 10/5/16  
AGENCY WEBSITE PREA SECTION <http://www.fcso-ma.us/PREA.html>

INTERVIEWS:  
SUPERINTENDENT  
PREA COMPLIANCE MANAGER

Facility policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment and/or counseling are securely retained. Agency's website is updated with aggregated sexual abuse data readily available to the public at least annually, following the removal of all personal identifiers.

Corrective Action Update on 11/5/16:

Sexual Abuse data for 2015 is posted on the Agency website which was confirmed by the Auditor.

**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.

Timothy Kortez



March 1, 2017

Auditor Signature

Date