



Plymouth County Sheriff's Department

Joseph D. McDonald, Jr. Sheriff

Policy 268

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SEXUAL ABUSE AND SEXUAL HARASSMENT OF INMATES

Section	PAGE
I. Purpose	2
II. Policy Statement	2
III. Definitions	2
IV. Facility Standards	5
V. Evidence Protocols and Investigations	8
VI. Training and Inmate Education	9
VII. Screening and Special Housing Assignments	11
VIII. Inmate Reporting and Exhaustion of Administrative Remedies	12
IX. Staff Reporting and Department Duties	13
X. Disciplinary Sanctions	16
XI. Medical and Mental Health	16
XII. Incident Review, Data Collection and Audits	17
XIII. Applicability	18
XIV. Responsible Staff	18
XV. Attachment List	19

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I. Purpose

The purpose of this document is to make clear policy concerning all forms of sexual abuse and sexual harassment of inmates, and to provide guidelines to prevent, detect, and respond to sexual abuse in the facility.

II. Policy Statement

It is the policy of the Plymouth County Sheriff's Department to have zero tolerance towards all forms of sexual abuse and sexual harassment.

III. Definitions

Agency Head: The principal Official of an agency.

Agency: The unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or safe keeps, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Allegation: Any event that has been reported to the Department, an employee, contractor or volunteer of the Plymouth County Sheriff's Department, but which has not yet been verified or investigated.

Contractor: A person who provides services on a recurring basis pursuant to a contractual agreement with The Plymouth County Sheriff's Department.

Credibility Assessment: An investigator's process of conducting interviews and weighing evidence to determine the truthfulness of victim, witness and suspect statements.

Department: The Plymouth County Sheriff's Department.

Detainee: Any person detained in a lockup, regardless of adjudication status.

Employee: A person who works directly for the agency, department or facility.

Exigent Circumstances: Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility: The Plymouth County House of Correction and Jail Complex. (The Plymouth County Correctional Facility)

Facility head: The principal Official of a facility.

Full Compliance: Compliance with all material requirements of each standard except for *de minimis* violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender Expression: A person's expression of his/her gender identity including appearance, dress, mannerisms, speech and social interactions.

Gender Identity: A person's internal, deeply felt sense of being male or female, regardless of the person's sex at birth.

Gender Nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate: Any person incarcerated or detained in a prison or jail.

Intersex: A person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Intimacy: Any behavior not defined as sexual contact or sexual abuse of an inmate, to including; kissing, touching parts of the body not defined under sexual abuse or other related acts, to include but not limited to; sending / receiving personal letters / cards, gifts, or receiving telephone calls from an inmate. Intimate relationships between employees and inmates are expressly forbidden.

Jail: A confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

LGBTIQ Population: Acronym for lesbian, gay, bi-sexual, trans-gender, intersex, and questioning inmates.

Lockup: A facility that contains holding cells, cell blocks, or other secure enclosures.

Medical Practitioner: A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental Health Practitioner: A mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Need To Know: A criterion for limiting access of certain information to individuals who require the information to make decisions or take action with regard to an inmate's safety or treatment or to the investigative process.

Pat-down Search: A running of the hands over the clothed body of an inmate, detainee, or safe keep by an employee to determine whether the individual possesses contraband.

PREA: Prison Rape Elimination Act: Federal Legislation (Public Law No. 108-79) enacted in 2003 to provide for analysis of the incidence and effects of prison rape, state and local institutions and to provide information, resources recommendations and funding to protect individuals from prison rape.

Prison: An institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Rape: *"The penetration, no matter how slight of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."*

Retaliation: Any adverse action taken against an individual who complains about sexual misconduct with inmates or cooperates in any investigation of sexual misconduct.

Security Staff: Employees primarily responsible for the supervision and control of inmates, detainees, or safe keep in housing units, recreational areas, dining areas, and other program areas of the facility.

Sexual Abuse includes:

1. Sexual abuse of an inmate, detainee, or safe keep by another inmate, detainee, or safe keep; and
2. Sexual abuse of an inmate, detainee, or safe keep by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or safe keep by another inmate, detainee or safe keep includes any of the following acts, if the victim does not consent, is coerced into such act by over or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or safe keep by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or safe keep:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described in paragraph (1)-(5) above;
7. Any display by a staff member, contractor or volunteer of his or her uncovered genitalia, buttocks or breast in the presence of an inmate, detainee, or safe keep, and
8. Voyeurism by a staff member, contractor or volunteer.

Voyeurism by a staff member, contractor or volunteer: An invasion of privacy of an inmate, detainee, or safe keep by a staff member for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily function; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes –

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive nature by one inmate, detainee, or safe keep towards another; and,
2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Misconduct with Inmates : Any behavior, including but not limited to, conversation, correspondence, or act of a romantic or sexual nature, or an attempt to commit such an act, directed toward an inmate by an employee, contractor, volunteer, or other Department representative whether on or off Department property.

Staff: A person who works directly for the agency, department or facility.

Strip Search: A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Substantiated Allegation: An allegation that was investigated and determined to have occurred.

Transgender: A person whose gender identity (i.e. internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unfounded Allegation: an allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation: an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer: An individual who donates time and effort on a recurring basis to enhance the activities and programs of The Plymouth County Sheriff's Department.

Voyeurism by a staff member, contractor, or volunteer: An invasion of privacy of an inmate, detainee, or safe keep by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

IV. Facility Standards

A. General Prevention Planning

1. The facility will designate a PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.
 - a. Conducts monthly meetings with the PREA review team
 - b. Reviews investigative packets
 - c. Reviews any memos, policies, or training that are related to PREA.
 - d. Reports any issues or recommendations to the Superintendent and Sheriff.
2. The facility will designate a PREA Manager with sufficient time and authority to coordinate compliance efforts. The PREA Manager:
 - a. Conducts investigations
 - b. Conducts rounds in the housing units
 - c. Interviews any inmates / detainees / safe keeps with PREA related concerns
 - d. Monitors for any instances of retaliation
 - e. Reviews PREA Risk Assessments
3. The facility will display PREA educational material and information throughout the facility as well as in inmate and staff handbooks. Staff members will also have available to them informational cards that outline the first responder requirements.

B. Contracting with Other Entities for the Confinement of Inmates

1. In accordance with Policy 132, contractual agreements for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.
2. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

C. Supervision and Monitoring

1. Pursuant to Policy 111, the facility will develop and document a staffing plan, taking into account a set of specific factors, that provide for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The factors are:
 - a. Generally accepted detention and correctional practices;
 - b. Any judicial findings of inadequacy;
 - c. Any findings of inadequacy from Federal investigative agencies;
 - d. Any findings of inadequacy from internal or external oversight bodies;
 - e. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
 - f. The composition of the inmate population;

- g. The number and placement of supervisory staff;
 - h. Institution programs occurring on a particular shift;
 - i. Any applicable State or Local laws, regulations, or standards;
 - j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - k. Any other relevant factors.
2. The staffing plan is reviewed on a daily basis to ensure the safety of staff and offenders is maintained. This is accomplished by maintaining minimum staffing agreements and by utilizing overtime when necessary to ensure those levels are maintained.
 3. Pursuant to Policy 402 and Policy 421, Supervisors will conduct and document unannounced rounds to identify and deter staff from sexual abuse and sexual harassment. These rounds are documented in the unit logs.
 4. Pursuant to Policy 402 and Policy 421, staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. This is communicated to staff through policy and training.

D. Limits on Cross Gender Searches and Viewing

1. Pursuant to Policy 506, the facility shall not conduct any cross-gender strip searches or cross-gender body cavity searches absent exigent circumstances. Searches of transgender inmates shall be conducted according to PCCF 506.
 - a. Transgender inmates / detainees / safe keeps shall be searched by an Officer of the same gender identity if the search requires an inmate / detainee / safe keep to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the Officer's gender identity shall be consistent with the inmates / detainees / safe keeps request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status.
 - b. Strip-searches of inmates / detainees / safe keeps are conducted in relative privacy by Correction Officers (two (2) security personnel) of the same sex as the inmate / detainee / safe keep, except in an exigent circumstance, rendering as much dignity to the process as possible. The officer conducting a strip-search will give the inmate / detainee / safe keep verbal instructions to ease and expedite the process.
 - c. Transgender inmates / detainees / safe keeps shall be: (i) addressed in a manner consistent with the inmates / detainees / safe keeps gender identity; (ii) provided with access to commissary items, clothing, programming, educational materials and personal property that is consistent with the inmates / detainees / safe keeps gender identity; (iii) searched by an Officer of the same gender identity if the search requires an inmate / detainee / safe keep to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the Officer's gender identity shall be consistent with the inmates / detainees / safe keeps request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status; and (iv) housed in a Correctional facility with inmates / detainees / safe keeps with the same gender identity; provided that the placement shall be consistent with the inmates / detainees / safe keeps request, unless the Commissioner, the Sheriff or a designee of the Commissioner or the Sheriff certifies in writing that the particular placement would not ensure the inmates / detainees / safe keeps health or safety or that the placement would present management or security problems.
2. Pursuant to Policy 402 and Policy 421, inmates / detainees / safe keeps shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell check.

3. Pursuant to Policy 402 and Policy 421, staff of the opposite gender shall announce their presence when entering an inmate / detainee / safe keep housing unit. This announcement is documented in the unit log.
4. Pursuant to Policy 620, the facility shall not search or physically examine a transgender or intersex inmate / detainee / safe keep for the sole purpose of determining the inmate's / detainee's / safe keep's genital status. If the inmates / detainees / safe keeps genital status is unknown, it may be determined during a conversation with the inmate / detainee / safe keep, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
5. Pursuant to Policy 216, security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates / detainees / safe keeps, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs.

E. Prohibitions on Sexual Misconduct with Inmates / Detainees / Safe Keeps

1. The Department prohibits all forms of Sexual Misconduct with Inmates / Detainees / Safe Keeps as defined by the 28 CFR 115 and M.G.L. Chapter 268.
2. The Department also prohibits conversations, correspondence, or acts of a romantic or sexual nature, or an attempt to commit such an act, directed toward an inmate / detainee / safe keep by an employee, contractor, volunteer, or other Department representative whether on or off Department property.

F. Inmates / Detainees / Safe Keeps with Disabilities and Limited English Proficient Inmates / Detainees / Safe Keeps

1. Pursuant to Policy 109, The Plymouth County Sheriff's Department shall take appropriate steps to ensure that inmates / detainees / safe keeps with disabilities (including, for example, inmates / detainees / safe keeps who are deaf or hard of hearing, limited reading skills, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. Such steps shall include, when necessary to ensure effective communication with inmates / detainees / safe keeps who are deaf or hard of hearing, and limited reading skills, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
3. In addition, The Plymouth County Sheriff's Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates / detainees / safe keeps with disabilities, including inmates / detainees / safe keeps who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.
4. Pursuant to PCCF 482, it is the policy of the Plymouth County Sheriff's Department to provide access to Interpreter Services when a language barrier exists between inmates / detainees / safe keeps and staff. These instances will be documented in OMS.
5. Pursuant to PCCF 482, the facility will utilize bilingual staff to interview inmates / detainees / safe keeps if the situation does not lend itself to the use of telephonic interpreter service during the course of an investigation.
6. Pursuant to Policy 513, the facility will not rely on inmate / detainee / safe keep interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, or an investigation. These instances will be documented in OMS.

G. Hiring and Promotion Decisions

1. Pursuant to Policy 201, The Plymouth County Sheriff's Department shall consider any incidents of sexual harassment or sexual assault in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates / detainees / safe keeps.
2. Upon hire, employees acknowledge their obligations to disclose current and past sexual abuse and misconduct. Through the application and / or interview process, employees must also confirm the statements of:

have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution and have not been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse.

Policy and the employee rulebook governs that an applicant or employee who provides false or inaccurate information or documentation in the application process shall be grounds for termination.

3. All staff also have a duty to report any contact with law enforcement by reporting it to their direct supervisor. The information will be submitted to the internal affairs department for investigation.
4. The Plymouth County Sheriff's Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates / detainees / safe keeps.

H. Upgrades to Facility Technologies

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, or upgrading any video monitoring system, electronic surveillance system or other monitoring technology, the facility shall consider the effect of the design, acquisition, modification upon the facility's ability to protect inmates from sexual abuse. Camera needs are identified through investigation reviews, recommendations from staff and considerations of how to implement security supervision.

V. Evidence Protocols and Investigations

- A. The facility begins investigations immediately following an allegation. Investigations are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These protocols are set out in Policy 513 and are in line with the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations, Adults / Adolescents 2nd Edition.
- B. Pursuant to Policy 513 and Policy 230, the Plymouth County Sheriff's Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- C. Pursuant to Policy 513, following an investigation into an inmate's / detainee's / safe keep's allegation that he suffered sexual abuse in the facility, the facility shall inform the inmates / detainees / safe keeps as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- D. The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and investigation outcome. The investigation folder is maintained in the PREA Manager's office.
- E. Following an inmate's / detainee's / safe keep's allegation that he or she has been sexually abused by another inmate / detainee / safe keep, The Plymouth County Sheriff's Department shall subsequently inform the alleged victim whenever:

1. The Plymouth County Sheriff's Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 2. The Plymouth County Sheriff's Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility
- F. Following an inmate's / detainee's / safe keep's allegation that a staff member has committed sexual abuse against the inmate / detainee / safe keep, The Plymouth County Sheriff's Department shall subsequently inform the inmate / detainee / safe keep (unless the allegation is unfounded) whenever:
1. The staff member is no longer posted within the inmate's / detainee's / safe keep's unit
 2. The staff member is no longer employed at the facility
 3. The Plymouth County Sheriff's Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility
 4. The Plymouth County Sheriff's Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility
- G. Pursuant to Policy 620, the facility will offer victims no-cost access to forensic medical examinations where evidentiary or medically appropriate.
- H. Pursuant to Policy 620 and Policy 650, the facility will attempt to make available a victim advocate from a rape crisis center. The facility has an MOA agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate / detainee / safe keep reference providing telephone numbers for various crisis centers and hotlines. The Rape Crisis Center Hotline number is a non-recorded number to allow inmates / detainees / safekeeps confidentiality while speaking with the counselors.
- I. Pursuant to Policy 620 and Policy 650, the facility will, if requested by the victim, make available a victim advocate, qualified agency staff person or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

VI. Training and Inmate / Detainee / Safe Keep Education

- A. Proper training is essential to combating sexual abuse in the facility. Pursuant to Policy 216, Policy 217 and Policy 485:
1. The Plymouth County Sheriff's Department shall train all employees who may have contact with inmates / detainees / safe keeps on:
 - a. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - c. Inmates' / detainees' / safe keeps' right to be free from sexual abuse and sexual harassment;
 - d. The right of inmates / detainees / safe keeps and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in confinement;

- f. The common reactions of sexual abuse and sexual harassment victims;
 - g. How to detect and respond to signs of threatened and actual sexual abuse;
 - h. How to avoid inappropriate relationships with inmates / detainees / safe keeps;
 - i. How to communicate effectively and professionally with inmates / detainees / safe keeps, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates / detainees / safe keeps; and
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- 2. The agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
 - 3. The agency shall document, through employee signature or electronic verification that employees understand the training they have received.
 - 4. The agency shall ensure that all volunteers and contractors who have contact with inmates / detainees / safe keeps have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates / detainees / safe keeps, but all volunteers and contractors who have contact with inmates / detainees / safe keeps shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received
 - 5. Investigators and medical practitioners receive training tailored to their specific roles.
- B. Inmates / Detainees / Safe Keeps, too, must understand the facility's policies and procedures in order to know that they will be kept safe and that the facility will not tolerate their committing sexual abuse. Pursuant to Policy 404 inmates / detainees / safe keeps will be informed of the facility's zero tolerance policy regarding sexual abuse and sexual harassment and education on how to report any such incidents.
- a. At intake into the facility, staff provide offenders with information through a PREA pamphlet, offender handbook (available in English, Portuguese, and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During the intake process, an informational video is playing that includes PREA information. The PREA information is provided again to the offender by staff during the Inmate Orientation Program either by video or in person. The offender acknowledges the training by signing the PREA Statement Receipt which is also signed by the staff member.
 - b. The Plymouth County Sheriff's Department shall provide inmate / detainee / safe keep education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates / detainees / safe keeps who have limited reading skills. These formats include communicating PREA information in closed captions, audio recordings and multilingual publications.
 - c. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates / detainees / safe keeps through posters, inmate handbooks, or other written formats.

VII. Screening and Special Housing Assignments

- A. Pursuant to Policy 401 and Policy 420, inmates / detainees / safe keeps will be screened for risk of being sexually abused or sexually abusive and that screening information will be used to inform housing, bed, work, education, and program assignments.
1. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:
 - a. Whether the inmate / detainee / safe keep has a mental, physical, or developmental disability;
 - b. The age of the inmate / detainee / safe keep;
 - c. The physical build of the inmate / detainee / safe keep;
 - d. Whether the inmate / detainee / safe keep has previously been incarcerated;
 - e. Whether the inmate's / detainee's / safe keep's criminal history is exclusively nonviolent;
 - f. Whether the inmate / detainee / safe keep has prior convictions for sex offenses against an adult or child;
 - g. Whether the inmate / detainee / safe keep is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - h. Whether the inmate / detainee / safe keep has previously experienced sexual victimization;
 - i. The inmate's / detainee's / safe keep's own perception of vulnerability; and
 - j. Whether the inmate / detainee / safe keep is detained solely for civil immigration purposes
 2. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.
 3. If the screening indicates that a prison inmate / detainee / safe keep has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate detainee / safe keep is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
 4. If the screening indicates that a prison inmate / detainee / safe keep has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate / detainee / safe keep is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
 5. Inmates / Detainees / Safe keeps may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section.
 6. Housing and bed assignments will be:
 - a. Reviewed during the classification process (In accordance with PCCF 420).
 - b. Assigned by the Housing Officer after a PREA assessment and a PREA designation is completed during the classification process
 - c. Be the cause for recommendations to the housing officer for such assignment.

- d. If an inmate / detainee / safe keep screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification officer, housing placement officer, and security supervisor to determine housing assignment. The PREA Manager is informed of the offender's risk level. If there is a housing placement concern, a PREA Risk Assessment Housing Conflict email is shared with all appropriate staff.
 - e. Housing and program assignments for transgender or intersex inmates / detainees / safe keeps in the facility are made on a case by case basis. They will be reassessed at least twice each year to review any threats of safety experienced by the offender.
7. Work, education, and program assignments will be made by utilizing classification information from the facility computer. Assignment information utilized will include, but not be limited to;
- a. Classification Levels,
 - b. PREA designations,
 - c. Incarceration history (current and previous).
- B. Inmates / Detainees / Safe keeps at high risk of victimization will be kept away from inmates / detainees / safe keeps at high risk of committing abuse.
- C. Pursuant to Policy 420 and Policy 421, victims of sexual abuse or sexual harassment will not be kept in segregated housing against their will unless a determination is made that there is no available alternative means of separation, and even then only under specified conditions outline in Policy 420.

VIII. Inmate / Detainee / Safe keep Reporting and Exhaustion of Administrative Remedies

- A. Inmate / Detainee / Safe keep Reporting
- 1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports of sexual abuse or sexual harassment.
 - 2. The facility will establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate / detainee / safe keep. This information is provided to inmates / detainees / safe keeps in the Orientation Handbook. Third Party Reporting methods include: the PREA Hotline, Plymouth PD, the department website, etc.
 - 3. The agency provides multiple ways for inmates / detainees / safekeeps to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate / detainee / safekeep to remain anonymous upon request. The Plymouth Police Department, Plymouth County District Attorney and the Rape Crisis Center information are all provided to inmates / detainees / safekeeps as a method for private reporting to an outside agency. This information is provided either in the inmate handbook and/or on poster in the housing units.
 - a. In addition inmates / detainees / safekeeps detained soely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- B. Exhaustion of Administrative Remedies
- 1. Pursuant to Policy 491, the facility will not impose a time limit on when an inmate may submit a grievance regarding allegations of sexual abuse.
 - 2. Pursuant to Policy 491, the facility shall not require an inmate / detainee / safe keep to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

3. Pursuant to Policy 491, an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
4. Pursuant to Policy 491, third parties including fellow inmates / detainees / safe keeps, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates / detainees / safe keeps in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such request on behalf of inmates.
5. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.
6. Policy 491 establishes a procedure for emergency grievances alleging that an inmate / detainee / safe keep is subject to a substantial risk of imminent sexual abuse.
 - a. After receiving an emergency grievance alleging an inmate / detainee / safe keep is subject to a substantial risk of imminent sexual abuse, The Plymouth County Sheriff's Department shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document The Plymouth County Sheriff's Department's determination whether the inmate / detainee / safe keep is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

IX. Staff Reporting and Department Duties

A. Staff Reporting

1. All staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against an inmate / detainee / safe keep or staff who reported such an incident, and any staff negligence or violation of responsibilities that may have contributed to an incident or retaliation.
2. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
3. Medical and Mental health practitioners shall report sexual abuse pursuant to Policy 620 and Policy 650 and shall inform the inmate / detainee / safe keep of their duty to report and the limitations of confidentiality at the initiation of service. Medical and Mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault / abuse occurred in the community setting previously, the staff may only report after the offender provides consent.
4. Staff shall be allowed to report sexual abuse and sexual harassment of inmates / detainees / safe keeps in the following ways:
 - a. Calling the PREA hotline
 - b. Mailing / submitting a report to the PREA Manager
 - c. Notifying a supervisor
 - d. When necessitated, notify an outside Law Enforcement Agency (normally the Plymouth Police Department).
5. Staff shall be allowed to privately report sexual abuse and sexual harassment of inmates / detainees / safe keeps in the following ways:
 - a. Calling the PREA hotline
 - b. Mailing / submitting a report to the PREA Manager
 - c. Utilize the department website (www.pcsdma.org/PREA)

- d. When necessitated, notify an outside Law Enforcement Agency (normally the Plymouth Police Department).

B. Plymouth County Sheriff's Department Protection Duties

- 1. When an agency learns that an inmate / detainee / safe keep is at substantial risk of sexual abuse, the PCCF will take immediate action to protect the inmate / detainee / safe keep by activating one of the following procedures:
 - a. Change the inmates / detainees / safe keeps housing assignment (when necessary)
 - b. Make an immediate medical referral
 - c. Make a mental health referral
 - d. Other referrals, as appropriate
 - e. Remove the offender to segregation
- 2. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigator.
- 3. If the inmate / detainee / safekeep is considered a vulnerable adult the Plymouth County Sheriff's department will report the allegation to the appropriate state agency.
- 4. Upon receiving an allegation that an inmate / detainee / safe keep was sexually abused while confined at another facility:
 - a. The Superintendent of the Plymouth County Correctional Facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
 - b. This notification should take place as soon as possible, but no later than 72 hours after receiving notification.
 - c. Such notification will be documented.
- 5. When an allegation is received from another agency or facility that an inmate / detainee / safe keep was sexually abused while in the custody of the Plymouth County Sheriff's Department:
 - a. The employee receiving the allegation will immediately report the allegation to their immediate supervisor, verbally and in writing.
 - b. The Supervisor will ensure that the PREA Team is contacted.
 - c. The PREA Manager will ensure that the allegation is investigated in accordance with these standards, (When necessary utilizing IPS Officers who are trained in sexual assault investigations).
- 6. The Plymouth County Sheriff's Department shall not enter into or renew any agreement that limits its ability to remove alleged staff abusers from contact with inmates / detainees / safe keeps pending an investigation or disciplinary proceeding.

C. Staff First Responder Duties

- 1. Pursuant to Policy 402, upon learning of an allegation that an inmate / detainee / safe keep was sexually abused, the first security staff member to respond to the report shall be required to:
 - a. Separate the alleged abuser from the alleged victim;
 - b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and,
 - d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.
 - e. In all instances, the alleged abuser and the alleged victim should be considered physical evidence and should be treated as such.
 - f. Security staff are provided with PREA Information cards outlining this process.
2. If the first responder is not a security staff member, the first responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

D. Coordinated Response

- 1. The facility shall maintain a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. (See attachment)
- 2. Pursuant to Policy 513, any allegation of sexual abuse or sexual harassment will be investigated properly, thoroughly, and objectively, and documented correspondingly, and must be deemed substantiated if supported by a preponderance of the evidence.
- 3. The PREA Review team meets every month to discuss and evaluate the process of investigations and response process.

E. Protection from Contact with abusers

- 1. The facility shall employ multiple protection measures, such as housing changes or transfers for inmate / detainee / safe keep victims or abusers, removal of alleged staff or inmate / detainee / safe keep abusers from contact with victims, and emotional support for inmates / detainees / safe keeps or for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- 2. Collective Bargaining Agreements governing facility staff state that the Sheriff or his designee shall have the right to discipline or discharge an employee for just cause.

F. Protection Against Retaliation

- 1. Retaliation against inmates / detainees / safe keeps and staff who report sexual abuse or sexual harassment or who cooperate with investigations is prohibited.
- 2. The PREA Manager shall monitor retaliation as follows:
 - a. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates / detainees / safe keeps or staff who reported the sexual abuse and of inmates / detainees / safe keeps who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates / detainees / safe keeps or staff, and shall act promptly to remedy any such retaliation.
 - b. The facility will review items such as inmate / detainee / safe keep disciplinary reports, housing, or program changes, or negative performance evaluations or reassignment of staff in monitoring for retaliation.

- c. The Plymouth County Sheriff's Department shall continue such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.
- d. The PREA Manager shall document information on why any housing, job, or program change was made to ensure the changes were not made for retaliatory reasons.

J. Post-allegation Protective Custody

Any use of segregated housing to protect an inmate / detainee / safe keep who is alleged to have suffered sexual abuse shall be subject to the requirements of Policy 420 and Policy 421.

X. Disciplinary Sanctions

- A. Pursuant to Policy 230, staff will be subject to discipline for violating agency policies regarding sexual abuse, with termination the presumptive discipline for actually engaging in sexual abuse. Terminations or resignations linked to violating such policies are to be reported to law enforcement (unless conduct was clearly not criminal) and to relevant licensing bodies.
- B. The agency shall provide information on substantiated allegations or sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work consistent with Massachusetts General Law.
- C. Pursuant to Policy 217 and Policy 485, Contractors and Volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates.
- D. Pursuant to Policy 430, inmates will be subject to disciplinary action for committing sexual abuse. Where an inmate / detainee / safe keep is found to have engaged in sexual contact with a staff member, the inmate / detainee / safe keep may be disciplined only where the staff member did not consent. Where two inmates / detainees / safe keeps have engaged in sexual contact, they will be disciplined for violating rules against sexual contact, however, discipline for sexual abuse will only take place if a determination was made that the activity was not consensual.

XI. Medical and Mental Health Care

- A. Pursuant to Policy 620 and Policy 650, the facility will provide timely, unimpeded access to emergency medical treatment and crisis intervention services, whose nature and scope are determined by practitioners according to their professional judgment.
 - 1. Health care services are provided twenty-four (24) hours a day, seven (7) days a week at the facility. Also emergency medical services are provided by the local hospital if needed. Medical and mental health staff are also on call as needed for emergencies.
 - 2. All alleged victims of sexual assault who require a forensic exam are taken to Beth Israel Deaconess Hospital in Plymouth for completion of the exam and emergency medical healthcare with no cost to the offender. The hospital has a twenty-four (24) hour emergency department with a SANE nurse on call. The facility has an agreement with the hospital for SANE services.
- B. Pursuant to Policy 605, inmate victims of sexual abuse while incarcerated will be offered timely information about, and timely access to sexually transmitted infections prophylaxis, where medically appropriate.
- C. Pursuant to Policy 650, if the screening indicates that a prison inmate / detainee / safe keep has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate / detainee / safe keep is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that a prison inmate / detainee / safe keep has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

XII. Incident Review, Data Collection and Audits

A. Sexual Abuse Incident Review

1. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The reviews will be conducted within thirty (30) days. The PREA Coordinator holds monthly meetings with the PREA team to review investigations, review any PREA concerns / issues, identify and recommend changes that will make the facility a safer environment. The monthly PREA team meeting is documented through meeting minutes.
2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
3. The review team shall include upper-level management Officials, with input from line Supervisors, Investigators, and Medical or Mental Health Practitioners.
4. The review team is appointed by the Superintendent. The review process includes:
 - a. A review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures;
 - b. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - c. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - d. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - e. Assess the adequacy of staffing levels in that area during different shifts;
 - f. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
5. The PREA Coordinator prepares a report of the findings, including but not necessarily limited to determinations made pursuant to the above criteria, and any recommendations for improvement and submit such report to the Superintendent.
6. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

B. Data Collection

1. The Plymouth County Sheriff's Department shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.
2. The Plymouth County Sheriff's Department shall aggregate the incident-based sexual abuse data at least annually.
3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
4. The Plymouth County Sheriff's Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident

reviews.

5. The Plymouth County Sheriff's Department also shall obtain incident-based and aggregated data, in accordance with Policy 132.
6. The Plymouth County Sheriff's Department will provide all such data from the previous calendar year to the Department of Justice upon request.

C. Data Review for Corrective Action

1. The Plymouth County Sheriff's Department shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis; and
 - c. Preparing an annual report of its findings and corrective actions.
2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Plymouth County Sheriff's Department's progress in addressing sexual abuse.
3. The Plymouth County Sheriff's Department's report shall be approved by the Sheriff and made readily available to the public through its website or, if it does not have one, through other means.
4. The Plymouth County Sheriff's Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

D. Data Storage, Publication and Distribution

1. The Plymouth County Sheriff's Department shall ensure that data collected is securely retained.
2. All aggregated sexual abuse data shall be made readily available to the public at least annually through the Plymouth County Sheriff's Department website or, if it does not have one, through other means.
3. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.
4. Sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

E. Audits

The facility will be audited once every three years for compliance with the Prison Rape Elimination Act (PREA) Standards.

XIII. Applicability

This policy applies to all department employees, contractors, visitors, vendors and inmates.

XIV. Responsible Staff

The PREA Coordinator and PREA Manager will be responsible for implementing and monitoring this policy.

XV. Attachment List

The following attachments are included with this document.

1. Appointment to PREA Review Committee
2. PREA Statement Receipt; Orientation
3. Transfer; PREA Assessment
4. Classification; Risk Assessment
5. Booking; Risk Assessment
6. Appointment of PREA Coordinator
7. Appointment of PREA Manager
8. Cover Sheet Investigations
9. PREA Statement
10. Acknowledgement of Receipt PREA Policy
11. PREA Re-Assessment Classification
12. Appointment of PREA Retaliation Monitor
13. PREA Coordinated Response Plan
14. PREA 90 Day Monitoring Form



The Commonwealth of Massachusetts

County of Plymouth Sheriff's Department

Plymouth County Correctional Facility

26 Long Pond Road

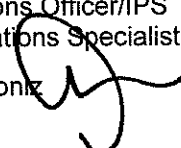
Plymouth, MA 02360
Telephone: (508) 830-6200
Fax: (508) 830-6201
www.pcsdma.org



Joseph D. McDonald, Jr.
Sheriff

Gerald C. Pudolsky
Special Sheriff


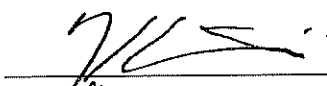
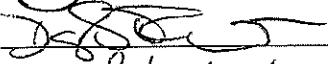

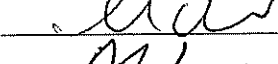
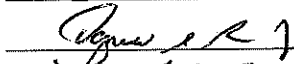
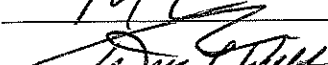
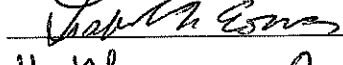

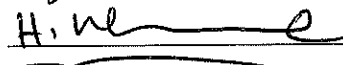

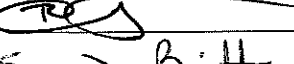
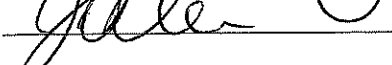
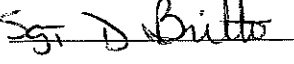


To: Principal & Counsel, HR / PREA Coordinator Isabel Eonas
 ADS, John Tamoosh, IPS/ PREA Manager
 ADS, Kevin Dimarzio, Operations
 Health Services Director Marcia Norat
 Medical Captain, Hilarie Pierre
 Director of Program Services Robin McGrory
 ADS of Classification Derek Webb
 Unit Manager, ADS Donald Banzi
 Major Paul Greenwood, Transportation/Booking
 ADS Douglas Rideout, Booking
 ADS John Sarris, IPS
 Brad Goldfarb, Housing Officer/Corrections Officer
 ADS Thomas Giove, Shift Commander
 Danette Britto, Corrections Officer/ Victim Advocate
 Matthew Pollara, Corrections Officer/IPS
 Ashley Bettencourt, Operations Specialist

From: Superintendent Antone Moniz 

Date: October 21, 2020

Subject: Appointment to PREA Review Committee

1. You are hereby notified that effective this date, I have appointed you, on recommendation of the PREA Coordinator to the PREA Review Committee.
2. You will be guided in the performance of your duties, and will become thoroughly familiar with Policy 268, including all attachments, protocols, programs, and other applicable laws, codes, policies and procedures.
3. You will acknowledge the appointment by affixing your signatures and dates to this document and returning the original to me.

<u>Acknowledged</u>	<u>Date</u>	<u>Acknowledged</u>	<u>Date</u>
	10-21-2020		10/21/2020
	10/21/2020		10/21/2020
	10/21/2020		10/22/2020
	10/21/2020		10/22/2020
	10/21/2020		10/22/2020
	10/21/2020		10/20/20
	10/22/2020		10/27/20
	10/22/20		

PREA STATEMENT RECEIPT

Inmate's Printed Name: _____ **ID #:** _____

I have received a copy of the Plymouth County Sheriff Department's PREA Statement and have been advised of my rights and responsibilities in accordance with the Prison Rape Elimination Act.

Inmate's Signature: _____ **Date:** _____

EL PREA DECLARACIÓN RECIBO

El Nombre Impreso de preso: _____ **ID #:** _____

Yo he recibido una copia del Condado de Plymouth la Declaración de PREA de Alguacil Departamento y me he aconsejado de mis derechos y responsabilidades de acuerdo con el Prisión Violación Eliminación Acto.

La Firma de preso: _____ **Fecha:** _____

PREA DECLARAÇÃO RECIBO

O Nome Impresso de ocupante: _____ **ID #:** _____

Eu recebi uma cópia do Município de Plymouth a Declaração de PREA de Xerife Departamento e fui aconselhado de meus direitos e responsabilidades conforme o Prisão Estupro Eliminação Ato.

A Assinatura de ocupante: _____ **Data:** _____

To be completed by PCCF Staff

I conducted the Inmate Orientation Program for the above listed inmate, and gave a copy of the PREA Statement to said inmate.

Staff Signature: _____ **Data:** _____

Check if applicable:

The above listed inmate refused to sign this acknowledgement form.

PREA STATEMENT

In accordance with the Prison Rape Elimination Act, it is a policy of the Plymouth County Sheriff's Department that Sexual Misconduct with and / or Sexual Abuse of inmates of any kind occurring at the facility or in any other work-related setting, will not be tolerated. Further, any retaliation against an individual reporting Sexual Misconduct with and / or Sexual Abuse of inmates is also unlawful and will not be tolerated.

Every inmate housed at the Plymouth County Correctional Facility has a right to be free from sexual abuse and assault. Information is available to you during the orientation process and includes prevention, intervention, self protection, how to report abuse or an assault and how to receive treatment and / or counseling.

The Plymouth County Sheriff's Department views allegations and concerns about Sexual Misconduct with and / or Sexual Abuse of inmates very seriously and will respond promptly and decisively to instances where complaints of such conduct are brought to our attention.

If at any time you feel that you are a victim of sexual abuse or assault you will need to speak with your Unit Officer, Caseworker or the Medical Staff to report any claims.

LA DECLARACIÓN DE PREA

De acuerdo con el Prisión Violación Eliminación Acto, es una política del Departamento del Plymouth Condado Alguacil que la Mala conducta Sexual con y / o Abuso Sexual de presos de cualquier ocurrir amable en la facilidad o en cualquier otra escena trabajo-relacionada, no se tolerará. Más allá, cualquier venganza contra una Mala conducta Sexual informando individual con y / o el Abuso Sexual de presos también es ilegal y no se tolerará.

Cada preso alojó al Condado de Plymouth que la Facilidad Correccional tiene un derecho para ser libre del abuso sexual y ataque. La información está disponible a usted durante el proceso de la orientación e incluye la prevención, intervención, misma protección, cómo informar abuso o un ataque y cómo recibir el tratamiento y / o aconsejando.

El Departamento del Plymouth Condado Alguacil ve alegaciones y preocupaciones sobre la Mala conducta Sexual con y / o Abuso Sexual de presos muy en serio y responderá rápidamente y decididamente a casos dónde se traen quejas de tal conducta a nuestra atención.

Si a cuando quiera usted siéntase que usted es una víctima de abuso sexual o asalta que usted necesitará hablar con su Funcionario de la Unidad, Asistente social o el Personal Médico informar cualquier demanda.

DECLARAÇÃO DE PREA

Conforme o Prisão Estupro Eliminação Ato, é uma política do Departamento do Plymouth Município Xerife que Comportamento impróprio Sexual com e / ou Abuso Sexual de ocupantes de qualquer acontecer amável na facilidade ou em qualquer outra colocação trabalhar-relacionada, não será tolerado. Mais adiante, qualquer vingança contra um Comportamento impróprio Sexual informando individual com e / ou Abuso Sexual de ocupantes também é ilegal e não será tolerado.

Todo ocupante morou ao Município de Plymouth Facilidade de Correctional tem um direito para ser livre de abuso sexual e agressão. Informação está disponível a você durante o processo de orientação e inclui prevenção, intervenção, proteção de ego, como informar abuso ou uma agressão e como receber tratamento e / ou aconselhando.

O Departamento do Plymouth Município Xerife vê alegações e preocupações sobre Comportamento impróprio Sexual com e / ou Abuso Sexual de ocupantes muito seriamente e responderá prontamente e decisivamente a exemplos onde são trazidas reclamações de tal conduta a nossa atenção.

Se a qualquer hora você tato que você é uma vítima de abuso sexual ou assalta que você precisará falar com seu Oficial de Unidade, Caseworker ou o Pessoal Médico informar qualquer reivindicação.

TRANSFER: PREA ASSESSMENT

Date: _____

Officer: _____

Inmate Name: _____ ID#: _____

Language Line Operator: _____

VULNERABILITY IDENTIFIERS		Yes	No
1.	Have you previously experienced sexual victimization?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you or have you ever been a victim of a sexual assault or rape while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been placed in protective custody for sexual acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any mental health limitations?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Physical Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any Developmental Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the inmate's crimes exclusively non-violent?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you claim to be gay or bi-sexual?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you a member of the LGBTIQ Community or Gender non-conforming? If YES: Identity: _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been sexually abused or victimized outside the correctional setting?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been placed in protective custody for violent acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever been involved in or been victimized by the sex industry?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you perceive yourself as vulnerable or easily taken advantage of?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the inmate being detained for Civil Immigration status only?	<input type="checkbox"/>	<input type="checkbox"/>

Observational Identifiers		Yes	No
15.	Is the inmate small in stature? (Defined as less than 5'6" tall and less than 140 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is this a first time incarceration? (If no, did the inmate serve less than 30 days)	<input type="checkbox"/>	<input type="checkbox"/>
17.	What is your current age? _____ Is the inmate under 18 years of age or over 65 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

KV = Inmate is identified and designated as a "Known Victim" for a yes answer to either question 1, 2 or 3.
 PV = Inmate is identified and designated as a "Potential Victim" for yes answers to five (5) or more questions (questions 4-18).
 ND = No Designation Note: A YES answer to question 1,2,3 requires an automatic referral to Mental Health

DESIGNATION

PREDATORY IDENTIFIERS		Yes	No
1.	Is the inmate a predator or have a history of predatory sexual behavior while incarcerated? (Documentation Provided?)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever touched someone sexually, against their will or forced anyone into sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any STG / Gang affiliation?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever physically assaulted anyone?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever physically assaulted anyone while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a history of strong-arming while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have an institutional history of violence?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been administratively segregated for violent acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a history of counseling or treatment for assaultive behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any anger management problems?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever received counseling or treatment for assaultive behavior?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are you a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have any prior convictions for rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever been charged with rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you have any prior convictions for domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you have any documented violations of a 209A order?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have a history of sexual activity while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever been administratively segregated for sexual acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>

KP = Inmate is identified and designated as a "Known Predator" for a yes answer to either question 1 or 2.
 PP = Inmate is identified and designated as a "Potential Predator" for yes answers to five or more questions (questions 3-18).
 ND = No Designation Note: A YES answer to question 1 or 2 requires an automatic referral to Mental Health

DESIGNATION

Inmate Confirmation

I confirm my answers to the above questions. I understand I have a right to be free from sexual abuse and sexual harassment.

Inmate's Signature: _____

Date: _____

Referral to PREA Yes No

Manager Signature & Title: _____

Date: _____

CLASSIFICATION: PREA RISK ASSESSMENT

Date: _____ Classification Officer: _____

Inmate Name: _____ ID#: _____

Date of Arrival: _____ Language Line Operator: _____

When completing this form: a "Yes" answer is an affirmation by the inmate to the question. "No", the inmate claims that he has never had any of the listed questions be true. The "SD" column is to be used when "Supporting Documentation" is available that answers the question in the affirmative. The totals of the "Yes" answers and the "SD" answers are to be tallied together to score if the inmate is Vulnerable or Predatory.

VULNERABILITY IDENTIFIERS		Yes	No	SD
1.	Have you previously experienced sexual victimization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you or have you ever been a victim of a sexual assault or rape while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been placed in protective custody for sexual acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any mental health limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Physical Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any Developmental Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the inmate's crimes exclusively non-violent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you claim to be gay or bi-sexual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you a member of the LGBTI Community or Gender non-conforming? If YES Identity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been sexually abused or victimized outside the correctional setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been placed in protective custody for violent acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever been involved in or been victimized by the sex industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you perceive yourself as vulnerable or easily taken advantage of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the inmate being detained for Civil Immigration status only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observational Identifiers		Yes	No	SD
15.	Is the inmate small in stature? (Defined as less than 5'6" tall and less than 140 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is this a first time incarceration? (If no, did the inmate serve less than 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	What is your current age? _____ Is the inmate under 18 years of age or over 65 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KV = Inmate is identified and designated as a "Known Victim" for a yes answer to either question 1, 2 or 3.
 PV = Inmate is identified and designated as a "Potential Victim" for yes answers to five (5) or more questions (questions 4-18).
 ND = No Designation Note: A YES answer to question 1,2,3 requires an automatic referral to Mental Health* **DESIGNATION**

PREDATORY IDENTIFIERS		Yes	No	SD
1.	Is the inmate a predator or have a history of predatory sexual behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever touched someone sexually, against their will or forced anyone into sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any STG / Gang affiliation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever physically assaulted anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever physically assaulted anyone while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a history of strong-arming while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have an institutional history of violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been administratively segregated for violent acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a history of counseling or treatment for assaultive behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any anger management problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever received counseling or treatment for assaultive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are you a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have any prior convictions for rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever been charged with rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you have any prior convictions for domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you have any documented violations of a 209A order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have a history of sexual activity while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever been administratively segregated for sexual acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ND = No Designation Note: A YES answer to question 1 or 2 requires an automatic referral to Mental Health* **DESIGNATION**

If a referral to Mental Health after intake was made and Mental Health met with inmate for same reason no further evaluation is necessary.

Inmate Confirmation

I confirm my answers to the above questions.

Inmate's Signature: _____ Date: _____

BOOKING: INITIAL PREA RISK ASSESSMENT

Date: _____ Booking Officer: _____

Inmate Name: _____ ID#: _____

Date of Arrival: _____ Language Line Operator: _____

VULNERABILITY IDENTIFIERS		Yes	No
1.	Have you previously experienced sexual victimization?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you or have you ever been a victim of a sexual assault or rape while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been placed in protective custody for sexual acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any mental health limitations?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Physical Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any Developmental Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the inmate's crimes exclusively non-violent?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you claim to be Gay or Bi-sexual?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you a member of the LGBTIQ Community or Gender non-conforming? If YES: Identity: _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been sexually abused or victimized outside the correctional setting?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been placed in protective custody for violent acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever been involved in or been victimized by the sex industry?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you perceive yourself as vulnerable or easily taken advantage of?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the inmate being detained for Civil Immigration status only?	<input type="checkbox"/>	<input type="checkbox"/>
Observational Identifiers		Yes	No
15.	Is the inmate small in stature? (Defined as less than 5'6" tall and less than 140 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is this a first time incarceration? (If no, did the inmate serve less than 30 days)	<input type="checkbox"/>	<input type="checkbox"/>
17.	What is your current age? _____ Is the inmate under 18 years of age or over 65 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

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 ND = No Designation Note: A YES answer to question 1,2,3 requires an automatic referral to Mental Health *
 DESIGNATION

PREDATORY IDENTIFIERS		Yes	No
1.	Is the inmate a predator or have a history of predatory sexual behavior while incarcerated? (Documentation Provided?)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever touched someone sexually, against their will or forced anyone into sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any STG / Gang affiliation?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever physically assaulted anyone?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever physically assaulted anyone while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a history of strong-arming while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have an institutional history of violence?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been administratively segregated for violent acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a history of counseling or treatment for assaultive behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any anger management problems?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever received counseling or treatment for assaultive behavior?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are you a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have any prior convictions for rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever been charged with rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you have any prior convictions for domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you have any documented violations of a 209A order?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have a history of sexual activity while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever been administratively segregated for sexual acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>

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 ND = No Designation Note: A YES answer to question 1 or 2 requires an automatic referral to Mental Health *
 DESIGNATION

Inmate Confirmation
 I confirm my answers to the above questions.
 Inmate's Signature: _____ Date: _____

OFFICER'S REVIEW / HOUSING ASSIGNMENT
 Orientation Unit Administrative Segregation Single Cell in Booking Pending Classification
 Housing in Administrative Segregation or Booking require pre-approval of the Shift Commander
 Officer's Signature & Title: _____ Date: _____



The Commonwealth of Massachusetts

County of Plymouth

Sheriff's Department

Plymouth County Correctional Facility

26 Long Pond Road

Plymouth, MA 02360

Telephone: (508) 830-6200

Fax: (508) 830-6201

www.pcsdma.org



Joseph D. McDonald, Jr.
Sheriff

Gerald C. Pudolsky
Special Sheriff

Accredited by:



American Correctional Association

TO: *Principal & Counsel Isabel N. Eonas*

FROM: *Superintendent Antone Moniz*

DATE: *Wednesday, January 22, 2020*

SUBJECT: *Appointment as PREA Coordinator*

- 1. You are hereby notified that effective this date, I have appointed you as the PREA Coordinator for the Plymouth County Sheriff's Department at the Plymouth County Correctional Facility.*
- 2. You will be guided in the performance of your duties, and will become thoroughly familiar with Plymouth County Sheriff's Department Policy 268: Sexual Misconduct with Inmates; including attachments, and all other applicable laws, codes, policies and procedures.*

You will acknowledge this appointment by affixing your signature, title / rank and the date to this form.

Acknowledged: *Isabel N. Eonas*

Title / Rank: *Principal & Counsel*

Date: *1/22/20*

The original will be maintained in the Policy File and a copy will be forwarded to personnel for inclusion in your personnel file.

cc. Distribution List
Policy 268



The Commonwealth of Massachusetts

County of Plymouth

Sheriff's Department

Plymouth County Correctional Facility

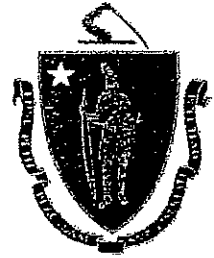
26 Long Pond Road

Plymouth, MA 02360

Telephone: (508) 830-6200

Fax: (508) 830-6201

www.pcsdma.org



Gerald C. Pudolsky
Special Sheriff

Joseph D. McDonald, Jr.
Sheriff

Accredited by:



American Correctional Association

TO: *ADS John Tamoosh*

FROM: *Superintendent Antone Moniz*

DATE: *Wednesday, January 22, 2020*

SUBJECT: *Appointment as PREA Manager*

1. *You are hereby notified that effective this date, I have appointed you as the PREA Manager for the Plymouth County Sheriff's Department at the Plymouth County Correctional Facility.*
2. *You will be guided in the performance of your duties, and will become thoroughly familiar with Plymouth County Sheriff's Department Policy 268: Sexual Misconduct with Inmates; including attachments, and all other applicable laws, codes, policies and procedures.*

You will acknowledge this appointment by affixing your signature, title / rank and the date to this form.

Acknowledged:

Title / Rank:

PREA MANAGER / ADS

Date:

1-23-2020

The original will be maintained in the Policy File and a copy will be forwarded to personnel for inclusion in your personnel file.

cc. Distribution List
Policy 268

PREA INVESTIGATION FILE

Name of Alleged Victim: _____

Name of Reporting Person if Different: _____

Date of Alleged Offense: _____

Date of Report: _____

Date of Notification to PREA Team: _____

Date of Medical/Mental Health Referral: **Victim** **Perpetrator**

Date Seen by Mental Health: **Victim** _____ **Perpetrator** _____

Advocate Requested / Used: Yes No Name: _____

Date of Plymouth PD Referral (if applicable): _____

Date Investigation Began: _____

Date Investigation Concluded: _____

Finding: **Unfounded**
 Unsubstantiated
 Substantiated

Date inmate notification sent: _____

Date Case Closed: _____

Date of 30 day review (if applicable): _____

Date of 90 day review (if applicable): _____

Comments: _____

PREA Managers Signature: _____

Concurrence of results **Incident Closed**

Comments: _____

PREA Coordinators
Signature: _____

PREA STATEMENT

In accordance with the Prison Rape Elimination Act (PREA), it is the policy of the Plymouth County Sheriff's Department to have zero tolerance towards all forms of sexual abuse and sexual harassment. Further, any retaliation against an individual reporting sexual abuse or sexual harassment will not be tolerated.

Every inmate housed at the Plymouth County Correctional Facility has a right to be free from sexual abuse and sexual harassment. Information is available during the orientation process and includes prevention, intervention, self-protection, how to report abuse or harassment and how to receive treatment and/or counseling.

The Plymouth County Sheriff's Department views allegations of sexual abuse and sexual harassment very seriously and will respond promptly and decisively to instances where complaints of such conduct are made. Reports of sexual abuse or sexual harassment can be made to staff verbally, in writing, anonymously, and from third parties.

The Plymouth County Sheriff's Department also provides an internal **CONFIDENTIAL HOTLINE** which may be accessed by any inmate to make a report. **DIAL * 9060 #** (star 9060 pound).

To report an incident of sexual abuse to Local Law Enforcement at:

Mail a written letter to:
The Plymouth Police Department
20 Long Pond Road
Plymouth MA 02360

Further, when The Plymouth County Sheriff's Department learns that an inmate is at substantial risk of sexual abuse, it shall take immediate action to protect the inmate.

LA DECLARACIÓN DE PREA

De acuerdo con el Prisión Violación Eliminación Acto (PREA), es la política del Departamento del Plymouth Condado Alguacil para tener cero tolerancia hacia todos los formularios de abuso sexual y acoso sexual. Más allá, cualquier venganza contra un abuso sexual informando individual o el acoso sexual no se tolerará.

Cada preso alojó al Condado de Plymouth que la Facilidad Correccional tiene un derecho para ser libre del abuso sexual y acoso sexual. La información está disponible durante el proceso de la orientación e incluye la prevención, intervención, mismo-protección, cómo informar abuso o fatiga y cómo recibir el tratamiento y/o aconsejando.

El Departamento del Plymouth Condado Alguacil ve alegaciones de abuso sexual y acoso sexual muy en serio y responderá rápidamente y decididamente a casos dónde las quejas de tal conducta son hecho. Pueden hacerse informes de abuso sexual o acoso sexual proveer de personal verbalmente, por escrito, anónimamente, y de terceras fiestas.

El Departamento del Plymouth Condado Alguacil también proporciona un **HOTLINE CONFIDENCIALES** interiores que pueden accederse por cualquier preso para hacer un informe. El **DIAL * 9060 #** (la estrella 9060 libra).

Para informar una casualidad de abuso sexual a la Entrada en vigor de la Ley Local a:

Mande por correo una carta escrito a:
El Plymouth el Departamento Policiaco
20 Camino del Estanque largo
Plymouth MA 02360

Más allá, cuando el Departamento de El Plymouth Condado Alguacil aprende que un preso está en el riesgo sustancial de abuso sexual, tomará la acción inmediata para proteger al preso.

DECLARAÇÃO DE PREA

Conforme o Prisão Estupro Eliminação Ato (PREA), é a política do Departamento do Plymouth Município Xerife para ter zero tolerância para todas as formas de abuso sexual e molestamento sexual. Mais adiante, qualquer vingança contra um abuso sexual informando individual ou molestamento sexual não será tolerado.

Todo ocupante morou ao Município de Plymouth Facilidade de Correctional tem um direito para ser livre de abuso sexual e molestamento sexual. Informação está disponível durante o processo de orientação e inclui prevenção, intervenção, ego-proteção, como informar abuso ou molestamento e como receber tratamento and/or aconselhando.

O Departamento do Plymouth Município Xerife vê alegações de abuso sexual e molestamento sexual muito seriamente e responderá prontamente e decisivamente a exemplos onde são feitas reclamações de tal conduta. Podem ser feitos relatórios de abuso sexual ou molestamento sexual prover de pessoal verbally, por escrito, anonimamente, e de terceiros.

O Departamento do Plymouth Município Xerife também provê uma LINHA DIRETA CONFIDENCIAL interna que pode ser acessada por qualquer ocupante para fazer um relatório. **DIAL * 9060 #** (estrela 9060 libra).

Informar um incidente de abuso sexual a Execução de Lei Local a:

Remeta uma carta escrita para:
A Polícia de Plymouth
20 Estrada de Lagoa longa
Plymouth MA 02360

Mais adiante, quando o Departamento de O Plymouth Município Xerife aprende que um ocupante está a risco significativo de abuso sexual, entrará em ação imediata para proteger o ocupante.



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Accredited by:



ACKNOWLEDGMENT OF RECEIPT

POLICY 268: SEXUAL ABUSE AND SEXUAL HARASSMENT OF INMATES

I have this date received training and a copy of Plymouth County Sheriff's Department regulations governing the prohibition of Sexual Abuse and Sexual Harassment of Inmates (Policy 268). I understand the training I have received on this date.

Position being filled by Subject

Printed Name of Receiving Subject

Signature of Receiving Subject

Date

I have personally delivered a copy of Plymouth County Sheriff's Department Policy 268,

to: _____
Printed Name of Subject Refusing to Sign

and trained this subject pursuant to the policy, however, s/he has refused to sign this acknowledgment form.

Printed Name of Delivering Employee

Date

Signature of Delivering Employee: _____

ABINGTON BRIDGEWATER BROCKTON CARVER DUXBURY EAST BRIDGEWATER HALIFAX HANOVER HANSON HINGHAM
 HULL KINGSTON LAKEVILLE MARION MARSHFIELD MATTAPOISETT MIDDLEBOROUGH NORWELL PEMBROKE PLYMOUTH
 PLYMPTON ROCHESTER ROCKLAND SCITUATE WAREHAM WEST BRIDGEWATER WHITMAN

PREA RE-ASSESSMENT: CLASSIFICATION

Date: _____ Classification Officer: _____

Inmate Name: _____ ID#: _____

Date of Arrival: _____ Language Line Operator: _____

When completing this form: a "Yes" answer is an affirmation by the inmate to the question. "No", the inmate claims that he has never had any of the listed questions be true. The "SD" column is to be used when "Supporting Documentation" is available that answers the question in the affirmative. The totals of the "Yes" answers and the "SD" answers are to be tallied together to score if the inmate is Vulnerable or Predatory.

VULNERABILITY IDENTIFIERS		Yes	No	SD
1.	Have you previously experienced sexual victimization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you or have you ever been a victim of a sexual assault or rape while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been placed in protective custody for sexual acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any mental health limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Physical Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any Developmental Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the inmate's crimes exclusively non-violent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you claim to be gay or bi-sexual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you a member of the LGBTI Community or Gender non-conforming? If YES Identity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been sexually abused or victimized outside the correctional setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been placed in protective custody for violent acts against you while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever been involved in or been victimized by the sex industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you perceive yourself as vulnerable or easily taken advantage of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is the inmate being detained for Civil Immigration status only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observational Identifiers		Yes	No	SD
15.	Is the inmate small in stature? (Defined as less than 5'6" tall and less than 140 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is this a first time incarceration? (If no, did the inmate serve less than 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	What is your current age? _____ Is the inmate under 18 years of age or over 65 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DESIGNATION

PREDATORY IDENTIFIERS		Yes	No	SD
1.	Is the inmate a predator or have a history of predatory sexual behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever touched someone sexually, against their will or forced anyone into sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any STG / Gang affiliation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever physically assaulted anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever physically assaulted anyone while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a history of strong-arming while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have an institutional history of violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been administratively segregated for violent acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have a history of counseling or treatment for assaultive behavior while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any anger management problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever received counseling or treatment for assaultive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are you a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have any prior convictions for rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever been charged with rape or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you have any prior convictions for domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you have any documented violations of a 209A order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have a history of sexual activity while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever been administratively segregated for sexual acts while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ND = No Designation Note: A YES answer to question 1 or 2 requires an automatic referral to Mental Health

DESIGNATION

Inmate Confirmation

I confirm my answers to the above questions.

Inmate's Signature: _____ Date: _____



The Commonwealth of Massachusetts

County of Plymouth

Sheriff's Department

Plymouth County Correctional Facility

26 Long Pond Road

Plymouth, MA 02360

Telephone: (508) 830-6200

Fax: (508) 830-6201

www.pcsdma.org



Joseph D. McDonald, Jr.
Sheriff

Gerald C. Pudolsky
Special Sheriff

Accredited by:



American Correctional Association

TO: *ADS John Tamoosh*

FROM: *Superintendent Antone Montz*

DATE: *Wednesday, January 22, 2020*

SUBJECT: *Appointment as PREA Retaliation Monitor*

- 1. You are hereby notified that effective this date, I have appointed you as the PREA Retaliation Monitor for the Plymouth County Sheriff's Department at the Plymouth County Correctional Facility.*
- 2. You will be guided in the performance of your duties, and will become thoroughly familiar with Plymouth County Sheriff's Department Policy 268: Sexual Misconduct with Inmates; including attachments, and all other applicable laws, codes, policies and procedures.*

You will acknowledge this appointment by affixing your signature, title / rank and the date to this form.

Acknowledged:

Title / Rank:

Date:

PREA Manager / ADS

1-23 2020

The original will be maintained in the Policy File and a copy will be forwarded to personnel for inclusion in your personnel file.

cc. Distribution List
Policy 268



The Commonwealth of Massachusetts
County of Plymouth
Sheriff's Department
 Plymouth County Correctional Facility

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PREA 90 Day Monitoring Form Pursuant to § 115.67

Inmate Name: _____ ID #: _____

Period of Monitoring: _____ To: _____

Monitoring Ended due to inmate transfer or release

Outcome of investigation: Substantiated Unsubstantiated

Reason for Monitoring: Victim Witness Other

Monitoring Criteria

Housing Changes: _____

Disciplinary Reports: _____

Program Changes: _____

Do any of these changes evidence retaliation? _____

Is there a need for monitoring to continue? Yes No

If Yes Explain: _____

NOTES

