

PREA Facility Audit Report: Final

Name of Facility: Baltimore Central Booking and Intake Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/27/2020

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Debra D. Dawson | Date of Signature: 12/27/2020 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------------------------|
| Auditor name: | Dawson, Debra |
| Email: | dddawsonprofessionalaudits@gmail.com |
| Start Date of On-Site Audit: | 10/29/2020 |
| End Date of On-Site Audit: | 10/30/2020 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Baltimore Central Booking and Intake Center |
| Facility physical address: | 300 E. Madison Street, Baltimore, Maryland - 21202 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|------------------------------|
| Name: | Dionne Randolph |
| Email Address: | Dionne.Randolph@maryland.gov |
| Telephone Number: | 410-209-4106 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|-------------------------------|
| Name: | Frederick Abello |
| Email Address: | Frederick.Abello@maryland.gov |
| Telephone Number: | 410-209-4106 |

| Facility PREA Compliance Manager | |
|----------------------------------|-------------------------------|
| Name: | Dionne Randolph |
| Email Address: | dionne.randolph@maryland.gov |
| Telephone Number: | O: (410) 545-8104 |
| Name: | Tennille Johnson |
| Email Address: | Tennille.johnson@maryland.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|---|--------------------------|
| Name: | Travis White |
| Email Address: | twhite@wexfordhealth.com |
| Telephone Number: | 505-450-5153 |

| Facility Characteristics | |
|---|------------------------|
| Designed facility capacity: | 946 |
| Current population of facility: | 794 |
| Average daily population for the past 12 months: | 625 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18-70 |
| Facility security levels/inmate custody levels: | Arrestee-MAX |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 740 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 200 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 19 |

| AGENCY INFORMATION | |
|---|--|
| Name of agency: | Maryland Department of Public Safety and Correctional Services |
| Governing authority or parent agency (if applicable): | N/A |
| Physical Address: | 300 E. Joppa Rd, Towson, Maryland - 21286 |
| Mailing Address: | |
| Telephone number: | 410.339.5000 |

| Agency Chief Executive Officer Information: | |
|---|----------------------------|
| Name: | Robert Green |
| Email Address: | robertl.green@maryland.gov |
| Telephone Number: | (410) 339-5099 |

| Agency-Wide PREA Coordinator Information | | | |
|--|----------------|-----------------------|-----------------------------|
| Name: | David Wolinski | Email Address: | david.wolinski@maryland.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Baltimore Center Booking & Intake Center (BCBIC) on-site was originally scheduled May 4 – 5, 2020. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the Lead Auditor. Ms. Jacqueline Kendall was assigned as support staff to assist in conducting on-site interviews and touring of the facility. DOJ Certified Auditor Ms. Crystal Norment was assigned as the Secondary PREA Auditor during the review of the submitted documentation. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and the assigned lead auditor through phone calls and emails. Due to the size of the facility and detainee population the on-site visit was scheduled for two days.

Pre-Audit Process

A PREA Manual was provided by the DPSCS PREA Coordinator. The PREA Manual is a comprehensive 393-page development of the Department Directives that provide policies and guidance for compliance of the PREA standards.

A line of communication began between the lead auditor and the BCBIC PREA Compliance Manager/Captain Tennille Johnson through emails and telephone calls on January 9, 2020 regarding the completion of the Pre-Audit Questionnaire (PAQ), posting of the audit notice and logistics of the audit process. The auditor's pre-audit preparations consisted of a thorough review of all documentation and material submitted by the facility utilizing the Online Automated System (OAS). Confirmation of the audit posting accessibility to all staff and inmate population was delivered through photographs with identified locations to the lead auditor on January 24, 2020. The postings were well more than the six-week requirement.

The lead auditor utilized various forms provided on the PREA Training and Resource Portal submission to the facility completion during the pre-audit process. Specifically, the PCM was provided with the following for completion: PREA Interviews -Specialized Staff; PREA Audit File Review; New Hires within 12 Months; Agency Contract Administrator; Immediate or Higher Staff; Inmates who report Sexual Abuse/Sexual Harassment; Allegations and Investigation overview; Request for rosters of security and non-security staff, random and targeted group inmates for scheduling of interviews and preparedness of file review during the on-site visit. This inquiry also included rosters of contract and volunteers.

The lead auditor received notification from the DPSCS PREA Coordinator on March 16, 2020, it was necessary to postpone the on-site visit due to the global pandemic of COVID-19 indefinitely. The DPSCS Commissioner responded to the global pandemic by indefinitely restricting entry into all Department correctional facilities as a precautionary measure to protect the health and safety of staff, the inmate population, and local communities. Specifically, DPSCS staff not assigned to BCBIC, visitors and volunteers were not allowed entry into the facility.

The 12-month review of documentation, practices and procedures was set for April 1, 2019 – April 1, 2020. The auditors, DPSCS PREA Coordinators and BCBIC PREA Compliance Manager continued with the pre-audit process through the submission and review of documentation in the OAS and continued communication through emails, phone calls and conference calls.

A joint determination was made to continue with the audit process by conducting several staff interviews virtually via Skype as a safety precautionary measure-based information provided by the Centers for Disease Control (CDC). Staff would be identified for interview by the lead auditor through utilization of current rosters submitted by the BCBIC PCM and the facility's completed forms provided by the auditor collected from the PREA Training and Resource Portal. This procedure of interviews was agreed upon by the DPSCS Commissioners, DPSCS PREA Coordinators, and lead auditor. An email was forwarded to the PREA Resource Center for input and/or guidance by the lead auditor that remained pending and a response was provided on November 30, 2020. Virtual interviews via Skype began on May 6 - 8, 2020 with specialized staff and supervisory staff. Additionally, interviews with staff and interviews the detainee population was conducted on-site on October 29-30, 2020, while maintaining social distancing safety precautions.

On September 24, 2020, the DPSCS PREA Coordinator requested approval for the auditing team to enter the facility and complete the on-site PREA audit. The lead auditor received final authorization from the DPSCS PREA Coordinator that entry had been granted to complete the on-site phrase of the audit. Conditions for entry allowance was based on pending a negative COVID-19 result within two weeks of arrival and the use of personal protective equipment as mandated by the facility.

On September 28, 2020, the new on-site visit was scheduled for October 29 -30, 2020. The revised notice of the on-site visit was forward to the BCBIC PCM on September 28, 2020 and posted on September 29, 2020. As the revised notice would not meet the requirement of six weeks posting prior to the on -site visit, the notice would remain posted for an additional two weeks after the on-site visit. The lead auditor did not receive any confidential correspondences from staff or the detainee population.

The BCBIC Staffing Plan addresses the eleven requirements as indicated in this provision. The average inmate count for the previous 12 months prior to the global pandemic of COVID-19 was 946. However, due COVID -19 the average daily population reduced to 675 as of March 2020, to reduce spread of the global pandemic to staff and the detainee population by ensuring proper social distancing practices. The detainee count on the first day of the on-site visit was 689.

The completed Pre-Audit Questionnaire (PAQ) was submitted timely for review prior to the site visit. It consisted of links to DPSCS Directives facility policies, inmate handbook, training curriculums, organizational charts, background checks, confirmation of staff and inmate PREA education and other PREA related material. Although the BCBIC PCM did a phenomenal job in submitting documentation in support of the standards, in several cases the documentation was not sufficient to support compliance with numerous standards. The auditing team identified standards that required additional documentation, that included policies, documentation of practice and procedures. This information was shared with the BCBIC PCM and DPSCS PREA Coordinators who worked as a team to submit the necessary material. The requested documentation was uploaded in the OAS supplemental files was continuously added throughout the post -audit phrase.

The PREA auditors reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for BCBIC. The lead auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI indicated the agency had not received any

correspondence from a detainee at BCBIC during the requested review period.

Day 1 Site Visit:

The on-site visit began on Thursday, October 29, 2020, at approximately 8:00 a.m. An entrance meeting for an introduction and to discuss the audit process. The following were in attendance: Debra Dawson DOJ PREA Auditor; Jacqueline Kendall PREA Auditor Support Staff; Tyrell A. Wilson, Sr Assistant Warden; James Flood Jr., Assistant Warden; David Wolinski DPSCS PREA Coordinator; Oparinde Funsho DPSCS Assistant PREA Coordinator; Daniel Oaunmodede Security of Chief; Tennille Johnson Captain/BCBIC PCM; Sheneil Buie Sergeant/Compliance; Aaron Wilson, Key Control, Crystal Figueroa Tool Control, and Tracey Ogar Audit Department. The auditor requested the inmate count which was identified as 689. A request was also made to have available upon returning from the tour various inmate rosters, and staff rosters for a selection of staff and inmate interviews upon returning from the tour. A request for private offices to conduct the interviews was also made and identified. The auditor advised the management staff that a minimum of 30 inmates to include (15 targeted and 15 random) would be interviewed and the selection of inmates would be from a selection of detainee identified from a current roster and those identified within the targeted groups.

Immediately following the entrance meeting, the auditing team was taken on a tour of the facility lead by Tyrell Wilson Sr. Assistant Warden; James Flood Jr., Assistant Warden; David Wolinski DPSCS PREA Coordinator; Oparinde Funsho DPSCS Assistant PREA Coordinator; Daniel Oaunmodede Security of Chief; Tennille Johnson Captain/BCBIC PCM; Sheneil Buie Sergeant/Compliance; Aaron Wilson, Key Control, Crystal Figueroa Tool Control, and Tracey Ogar Audit Department. The tour was conducted in the manner the arrestees are processed into the facility. The detainee incoming process was explained in detail by the escorting staff and/or staff assigned to various departments as supervisors and/or other staff within the department. This allowed the auditing team to obtain a clear understanding of the facility operations. The tour consisted of all the North, Center and South Ends of the facility 5 floors. These areas included: control rooms, direct intake, case management area, infirmary, detainee visiting area, administration offices, all 12 housing units, dietary, inmate property, male and female sallyports, medical areas, booking process areas, gym area, maintenance and repair shop, laundry, mental health unit/special needs unit. BCBIC does not have segregation housing unit. Staff was observed making opposite gender announces in a manner that could clearly be heard by the detainee population upon entering all housing units. The tour of the 12 housing units confirmed adequate staff supervision was provided throughout the various shifts during both days of the on-site. Confirmation of adequate staff supervision was based on a review of the staffing plan. Although COVID-19 has affected the operation of facility non-essential programs, there appeared to be no shortage of staff on those post assignments identified as critical.

The on-site auditing team conducted 10 informal interviews with the detainees that included both male and female within their housing units during the tour. A description of the areas toured are noted in the facility characteristics section.

A tour of the facility revealed PREA information in both English and Spanish was posted throughout the entire facility that included each of the five floors, all departments, elevators, areas upon exiting elevators, all detainee housing units, detainee visiting room, court commissioners' areas, departmental bulletin boards, front lobby bulletin boards, hallways, corridors, and staff offices. The PREA information included the DPSCS zero-tolerance policy, methods of reporting, the detainees right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline number was posted and/or stenciled on walls throughout the facility. The PREA Hotline number was tested by the lead auditor with no discrepancies noted. Advocate information was also noted

on the detainee's bulletin boards in all housing units and other areas throughout the facility. All information was professional placed in a manner that was eye catching to all. The auditing team was impressed in the continuous PREA presentations and the way it was presented to the staff, detainee population and all visiting personnel.

Housing unit designs varied between cells and the dormitory style. Therefore, the detainee population within these housing units also vary. All housing units consist of a single tier with an officer desk located at the front of the unit. The detainees' housing units outside of dormitory style have all-in-one toilet and sinks. The dormitory style housing units have toilets in single stalls and privacy is provided by full length shower curtains. All detainee showers in housing units are located in the common area of the housing unit. Those toilets that are not located in the detainees' cells are located in single stalls and are either located adjacent to the officer's desk at the front of the unit or in the rear of the housing units. This is also the case of all showers in the various housing units. The location of the showers and toilets are determined on the housing unit design. Privacy screens are allowed on all windows in cells when the detainee is using the toilet in a manner that still allows staff observation into the cell for security purposes. The installation of video monitoring, 180-degree mirrors and 360-degree mirrors, and placement of monitoring staff's desk was observed to eliminate blind spots in all the housing units. Detainees have accessibility to make telephone calls that are in their housing units. The PREA Hotline number is posted in the area of the telephones. The telephones are installed in a manner that the detainees are provided privacy during their calls.

The auditing team reviewed logbooks in all housing units and program areas during the tour. Supervisory staff were not to conduct rounds during each shift while notating your rounds in red ink. The rounds were noted as "Security/PREA" rounds.

A tour into the master control center and other control center areas with video monitoring capabilities was conducted by the auditing team. The facility has 247 cameras which are strategically located throughout the facility to include elevators, stairwells which was observed and identified during the tour. All cameras were pointed identified throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility. There was no camera footage that allowed a direct viewing into the detainee's cells, toilet areas, and/or shower areas. The auditing team also observed mirrors within the housing units were not angled in a manner that allowed the observation in the detainees' cells, cubical or their showering, change of clothing, performing bodily functions and/or use of the toilets.

In addition to video monitoring, mirrors were installed throughout the facility that allowed viewing of areas from a distance and the prevention of blind spots during staffing monitoring in housing units, program areas, hallways and corridors that aided in the security, staff and detainee safety, and the prevention of sexual abuse. Three hundred sixty-degree mirrors were recently added in the rear of the housing units to eliminate blind spots near the showers allowed staff to monitor the area without violating the detainees' privacy during showering.

The auditing team was observant to the fact that all storage areas, janitor closets, program areas and offices not occupied were secured during the walk through on all the facility floors. In addition to detainee restrooms being All detainee's restroom areas outside of housing units were single stalls behind a full door and only one detainee was allowed entry at a time.

At the completion of the tour, the lead auditor randomly selected detainees from each of the 12 housing units to include those within the target group for interviews. The auditing team was provided current

detainee rosters from each housing unit and a Post Assignment Worksheet (PAWS) of staff schedule for each day of the on-site visit. BCBIC is not a designation correctional facility, therefore detainees within all the target category were no longer housed at the facility during on-site visit. The lead auditor elected to begin interviews with specialized staff to accommodate their work schedules and the availability of staff.

Day 2 Site Visit:

Upon arrival to the facility, the auditing team continued with conducting random staff, random inmates, targeted detainees, and specialized staff interviews and a later review of documentation policies, practices and procedures.

Twenty-six random staff and 26 specialized staff interviews were conducted. Random staff interviews included security staff from the various shifts, a variety of non-security staff that included but not limited to maintenance staff, union representative, Chapel, mailroom staff, food service, case management, etc. The 26 specialized staff interviews included: (1) Agency Head (1) Warden; (1) Regional Director of Mental Health (State); (1) Assistant Director of Nursing; (Contract), (1) Director of Operations for CORIZON (Contract); (1) Security First Responder; (1) Volunteer; (1) Investigator; (2) Supervisory Human Resource Personnel; (1) DPSCS PREA Coordinator; (1) BCBIC PREA Compliance Manager; (1) JUST Detention International Representative; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (2) Local Hospital Charge Nurse (SANE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (3) Intake staff; (1) MCASA Representative. BCBIC does not have a segregation housing unit and does not house youthful offenders.

The lead auditor made a continuous effort to complete a full interview with a staff representative from MCASA utilizing the PREA Audit Supplementary Questionnaire on Community Advocate Engagement during the pre-audit, and post-audit process but was unable to get a committed confirmation for completion. However, the staff representative did acknowledge advocate services are available throughout the State of Maryland to include DPSCS through their agency. Confirmation was made by the local hospital emergency room charge nurse that victim advocate services are made available to all individuals who report to the hospital who allege sexual abuse.

BCBIC reported the inmate population of 689 detainees on the first day of the on-site visit. Therefore, 30 inmate interviews were required. Thirty-two detainees were interviewed during the on-site visit. There were no detainees housed at BCBIC during the on-site visit within the following targeted groups: youthful inmates; Limited English Proficient; intersex; inmates who reported sexual abuse; bi-sexual; lesbian; and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Current daily inmate rosters were utilized by the lead auditor for the selection of 24 random detainee interviews. Detainee identified for the targeted group categories was selected based on their identified category. Ten detainees within the targeted groups were interviewed as the following: (1) gay; (3) inmates who reported sexual victimization during risk screening; (1) physical disabled; (1) hearing impaired; (2) Transgenders. The auditing team did not receive any confidential coordinator from the staff and/or detainees at BCBIC. All detainees interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who conduct both administrative and criminal investigations. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards. There were 12 allegations of sexual abuse and 1

sexual harassment alleged during the audit cycle. There was zero substantiated allegation of detainee-on-detainee and/or staff-on-detainee PREA allegations determined by the IID Investigators during the review period. There were three Unsubstantiated allegations of detainee-on-detainee sexual abuse. Seven detainees reported sexual abuse allegations within the guidelines of receiving a forensic medical examination. However, 5 of these detainees recanted their statement and/or refused to receive the forensic examination after being offered. There were no criminal charges determined by the IID Investigators that warranted prosecution and other a referral to a staff member's licensing body.

Two detainees identified as transgender were provided forensic examinations. These examinations were completed at a local hospital, Mercy Medical Center. Documentation of the forensic examination was included in the detainees' investigative casefiles and was made available for review by the auditing team. The hospital medical staff documented one detainee as receiving advocate services. Mercy Medical Center medical staff also noted the second detainee stated advocate services were not provided to her. Interviews with Mercy Medical Center Emergency Room Charge Nurses indicated a Victim Advocate is part of the Sexual Assault Response Team and is always contacted to report to the hospital to provide victim advocate services to victims of sexual assault. Documentation of the detainees' receipt and decline of medication was also noted by the hospital staff. The detainees were no longer assigned to BCBIC and was not available for interview. The lead auditor made a recommendation to the facility that the escorting security staff who transport detainees to the local hospitals for a forensic examination submit a memorandum documenting services provided to the detainee for submission in the investigative case.

The auditing team reviewed inmate risk screening for sexual victimization and abusiveness for 72-hours and the 30-day follow-up. The initial 72-hour risk screening assessment are conducted by Traffic Officers who are scheduled 24/7 due to constant detainee/inmate movement. The Traffic Officers determine housing assignment according to score of the detainee/inmates. The risk screening forms were completed in accordance with the Department's policies and PREA standards. Those detainees who was identified as committed was screened using the PREA Intake Screening form that included both the 72 hours and 30-day risk screenings if applicable. BCBIC is an intake facility only and does not maintain the custody of detainee for an extended period of time. As explained by Case Managers due to the quick outgoing of detainees at the facility, the 30-day reassessments are conducted on the 7th day after the detainee's arrival. Those detainees who remain at the facility for a consecutive 30 days, are met by the Case Managers regarding any PREA concerns and/or upon awareness of new or additional information. Two detainees identified as transgender who were assigned at the facility during the on-site visit had been at the facility for less than two months. However, reviews of other detainees who were housed at BCBCI during the review period was also reviewed and they too were not housed at the facility continuously for a 6-month period.

The auditing team utilized rosters provided by the PCM to select random personnel files for staff, volunteers, and contract staff. Background checks and self-evaluation PREA forms for new hires and those staff promoted during the 12-month auditing period was reviewed. In addition to the review the confirmation of PREA training of those requested by the auditing team.

At the conclusion of the interviews, the lead auditor attempted to review the information uploaded in the OAS with the BCBIC PCM. However, there were difficulty in the utilization of the OAS system within the facility. The review continued via printed documentation. The auditor identified additional supporting documentation and explained the reasons of why they needed to be added to the supplemental files in attempt to meet compliance of numerous standards. A joint effort was established between the lead and secondary PREA auditors, DPSCS PREA Coordinator, DPSCS Assistant PREA Coordinator, and BCBCI PCM during the post-audit to achieve certification.

The auditing team conducted an exit briefing with on Friday, October 30, 2020. The following were in attendance: Debra Dawson DOJ PREA Auditor; Jacqueline Kendall PREA Auditor Support Staff; Tyrell A. Wilson, Sr Assistant Warden; James Flood Jr., Assistant Warden; David Wolinski DPSCS PREA Coordinator; Oparinde Funsho DPSCS Assistant PREA Coordinator; Daniel Oaunmodede Security of Chief; Tennille Johnson Captain/BCBIC PCM; Sheneil Buie Sergeant/Compliance; Aaron Wilson, Key Control, Crystal Figueroa Tool Control, and Tracey Ogar Audit. The auditing team thanked staff for their hospitality, the assistance and cooperation provided during the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. The lead auditor discussed the general observations and preliminary findings of the on-site visit. The continuation of the post-audit phrase was described that included the submission of identified documentation and any other documentation determined needed during the completion of the report. The lead auditor also discussed the timeliness in the delivering of the documentation upon request.

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AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Baltimore Central Booking and Intake Center is located at 300 East Madison Street Baltimore, MD 21202. The facility has received accreditation from the American Correctional Association. The facility is located downtown area of the Baltimore City is comprised of five floors and each has three sections identified as north, south and end within a high rise in downtown Baltimore. The facility is an intake facility only and does not maintain the detainee population for an extended period of time. The facility houses all security levels that include trustee to maximum. The facility has a capacity rate of 946 detainees. The average detainee count for the previous 12 months prior to the global pandemic of COVID-19 was 946. However, due COVID -19 the average daily population reduced to 675 as of March 2020, to reduce spread of the global pandemic to staff and the detainee population by ensuring proper social distancing practices. The detainee count on the first day of the on-site visit was 689.

The DPSCS mission statement is identified as "The Department of Public Safety and Correctional Services protects the public, its employees, and detainees and offender under its supervision.

The facility house both male and female detainees. The detainee age range is 18 -70 years old. There is absolutely no interaction between the male and female detainees. These detainees are secured, and all services provided are on separate floors within the facility.

There were 740 staff employed at the facility during the review period that included contract and non-security staff. On the first day of the on-site visit, there were 400 correctional staff. Correctional staff to include supervisors are assigned to the one of the various shifts; 6:48 am. 3:00 p.m.; 2:48 p.m. – 11:00 p. m; 10:48 p.m. – 7:00 p.m.; 7:00 a.m. – 3:00 p.m.; 3:00p.m. – 11:00 p.m., or 11:00 p.m. – 7:00 a.m.

BCBIC has 5 floors but the mission of the facility is divided into sections of North, South, and Center Floors. This separation allows the secure functioning of various departments and the processing of over 10,000 detainees yearly. Due to COVID-19, as of March 16, 2020, many non-essential programs have been postponed for the safety of staff, other law enforcement agencies and detainees in addition to staff absence due to COVID-19. The Warden indicated he receives an average of two calls per day from staff being affected by COVID-19.

There are two separate sallyports, one of male detainees and another for the female detainees. The male and female detainees have separate booking areas. Detainees were being processed within both areas. Staff within the area included both security and medical staff.

A tour of the hearing area was conducted in which the detainees attend a hearing process with the Court Commissioners. Prior to COVID-19, the hearings were held with Public Defenders and/or Attorneys. However, during the on-site visit, they were being conducted with the Court Commissioners. The Court Commissioners are staff with degrees who work for the court system not DPSCS. However, Public Defenders and Attorneys are still awarded the opportunity to call in during the hearings. The Court Commissioners are required to speak English and if a translator is required an approved individual will be allowed entry to provide services to include for sign language. Windows separate the Court

Commissioners and the detainee from physical interaction. At the conclusion of the hearings, the Court Commissioner determines whether the detainee will be released or committed to the facility.

The maintenance and repair shop are located next to the laundry area. The area is posted as a restricted area. An office and two large work areas are in the area with numerous tools and machinery.

The laundry area consists of one large workspace. Two staff and two detainees are normally assigned. There are no cameras inside the laundry area, however due to the physical layout of the open space, there were no blind spots.

The dietary area and staff dining room are adjacent to each other. The dietary area consists of open large work areas including a dishwashing area, staff office, detainee breakroom, food preparation and serving area, walk-in refrigerators, janitor's closet, and a hallway that leads to the rear loading door where food supplies are received. Although BCBIC complete the food preparation for serving, the meals are prepared at the Metropolitan Transition Center and transported to the facility. One camera is in the dietary that provide coverage of the hallway to the rear loading-door.

A tour was conducted in both the male and female areas which are separate. Medical staff are contracted through CROIZON. Security and medical staff were assigned in this area and provide coverage 24/7. The medical area for the male population is for those who have been classified as Committed detainees by the Court Commissioners. There are no toilets and/or shower facilities within the medical area. Medical services are provided in private offices within the medical area.

The medical area for the committed female population is located adjacent to their housing unit and consist of a counter area and office space. The office space allows privacy between medical staff and detainees receiving medical services.

The 1st Floor South provides entry and exit for civilians, attorneys, and the general public. The facility's main control, medical transportation (transport detainee to appointment), direct intake of detainees/inmates (receive inmates form court), case management office, public defender, states attorney and Baltimore City Police Department are housed within this area.

The 2nd floor (Center) consists of the men sally port, receiving arrestees from local law enforcement officers, beginning of the booking process, medical (accept or reflect process, searched area, booked area, fingerprint and Commissioner. Detainees transported to BCBIC by other law enforcement must be medically cleared for prior to accepting them. If the detainee is not medically cleared, he/she will be rejected. The transporting law enforcement officers are required to remain at the facility until the detainee is clear by medical. All arrestees are required to withstand 24 hours of the booking process. If the arrestee cannot withstand 24 hours booking process, the arrestee will be returned to the arresting officer for treatment at an outside hospital.

A male search area is designated as a custodial search area. In this area, staff will complete a separation of property, into four categories: cash, valuables, regular, and identification.

Arrestees are then taken to the Booking Window. The collection of information associated with arrest is entered in the Records Management system that includes the detainee demographic information and property designation.

A fingerprint capture is followed by electronic live scan ten print capture. Transmission to the State repository for print and comparison and designation of State Identification Number (SID) and an arrest updated is loaded into the arrestee's the criminal history record.

A photograph capture is followed with a scan wristband for all detainees that is associated with their fingerprints.

All arrestees are authorized to make a free phone call after the completion of the identification process.

Arrestees are taken to medical triage, provided medication needed to allow them to sustain the booking process and provided a mental health screening if needed. Registered Nurses and Physicians Assistants are on duty 24/7.

Arrestees are then placed in cells, where there they remain awaiting court commissioners' initial appearance hearings. The initial appearances are held within 24 hours of the time of arrest which is mandated by law rule 412. Upon verification of no outstanding warrant through a Criminal Justice Information Service (CJIS) check, the detainee may retrieve his/her property in preparation for release. All tracking numbers and paperwork must be verified by the releasing lieutenant.

Those detainees who are determined not eligible for release, are then processed by BCBIC security staff as committed detainees and escorted to the Intake Area for processing.

The 2nd floor (South End) consists of the infirmary, visiting area, Part 40 (courts, and holding cells) and the Administration Office.

The 3rd floor (3 South) consists of the dorm setting. The A-dorm has 50 bunks and is identified as the working men dorm. The B-dorm has 84 bunks and house general population inmates.

The 4th floor (South End) consists of dorm setting housing for the general population with an A and B pod. Each pod has 84 bunks.

The 5th floor (5 South) has a dorm setting for the female population, Both A and B dorm has 84 bunks.

The 1st floor (Center) consists of the Shift commander's office and other office space, the dietary food prep, officer dining and inmate property office.

The 3rd floor (3 Center) consists of general population/at risk for abuser inmates/detainees. The A and B dorms have 25 cells with 2 bunks per cell.

4th Floor Center house the female general population within the A and B dorm that has 2 bunks per 25 cells. The female Intake area is also located on this floor.

The 5th floor Center is designated as a gym area.

The 1st Floor North End is the entry and exit entrance for staff. The maintenance shop and laundry department are located on this floor.

The 2nd Floor North End is designated as an intake are, if committed, the detainee is sent to intake to start initial PREA Screening, Traffic Officers determine housing assignment according to score of the detainee/inmates. Traffic Officers assigned to the facility 24/7 due to constant detainee/inmate movement. The release area is located on this floor in addition to those detainees assigned to the facility at outside or other jurisdictions.

The 3rd Floor North (3 North) is designated as intake housing/ those at risk of victimization to include transgender if applicable. Traffic Officers assigned to the facility 24/7 due to constant detainee/inmate movement. There are an A and B dorm with 25 cells and 2 bunks per cell.

The 4th Floor North (4 North) is intake housing. There are an A and B dorm with 2 bunks per 25 cells.

5th Floor North End is designated as the Inmate Mental Health Unit/Special Need Unit. A-dorm has 22 cells with 2 bunks per cell and B - dorm has 21 cells with 2 bunks per cell.

BCBCI does not have a confinement segregation. Those detainees who require confinement segregation are transferred to Maryland Reception Diagnostic and Classification Center.

A court ordered substance Abuse program for women is conducted in a trailer outside the main facility. Two officers are always assigned regardless of the number of detainees attending the program.

A program for the detainee population titled Addicts Changing Together Substance Abuse Program was previously court ordered but has been changed to being a recommendation.

Both male and female detainees are offered the opportunity to complete the HiSET program. However, there is no interaction between the male and female detainees at any time.

The facility conducts no-contact visits, and the area consists of a large room with 20 individual booths. Due to COVID-19, the detainee population was restricted to conduct visitation via ZOOM. Three staff were assigned to this area both male and female.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 45 |
| Number of standards not met: | 0 |

115.11, Zero Tolerance of sexual abuse and sexual harassment: PREA Coordinator

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

115.16, Inmates with disabilities and inmates who are limited English proficient

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Evidence protocol and forensic medical examinations

115.22, Policies to ensure referrals of allegations for investigations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

115.66, Preservation of ability to protect resident from contact with abusers

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

115.81, Medical and mental health screenings, history of sexual abuse

115.82, Access to emergency medical and mental health services

115.83, Ongoing medical and mental health care for sexual abuse victims and abuser

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

| Standards |
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| Auditor Overall Determination Definitions |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| Auditor Discussion Instructions |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. BCBIC Organizational Chart and DPSCS Organization Chart 4. DPSCS.020.0026 PREA Rape Elimination Act- Federal Standards Compliance 5. Dental Policy 6. Mental Health Policy 7. Pharmacy Policy 8. Corizon Health Policy 9.. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited <p>7. Interviews with:</p> <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. BCBIC PMC <p>115.11(a) The DPSCS is supported by various contract agencies that provide services for the inmate population in the development of multiple comprehensive written policies and procedures. The contract agencies support the DPSCS's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. Mumby & Simmons Dental Consultants, Correct Rx Pharmacy Services, CORIZON General health Services Policy & Procedure, MHM Maryland, Inc., and The Correctional Mental Health Solution have developed policies that coincide with DPSCS in the requirement of PREA related training, the zero-tolerance written policy and procedures regarding the detection, prevention, and reduction of sexual abuse consistent with federal law.</p> <p>Executive Directive DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that</p> |

have participated in prohibited behaviors in the facility are outlined in the Directive. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.

115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties in addition to her position of Captain. The facility's organizational chart was provided for review. The chart shows the BCBIC PCM position as a dedicated position who reports directly to the Assistant Warden and Warden. The auditor interviewed the BCBIC PCM and confirmed she has time to oversee the facility's efforts to comply with the PREA standards. She continued in stating she prioritize her duties while ensuring her duties as the PREA Compliance Manager is fulfilled. The lead auditor was extremely impressed with the devotion, knowledge, and active involvement of the PCM in her position as the facility's PCM during entire audit process. She is highly respected by her co-workers and identified as being responsive to all PREA concerns to include educating staff and overseeing the fulfillment of the facility's mission and goal.

Based on the review of policies, organization charts, and interviews it is determined that the facility and Department meets the mandate of all provisions within this Standard.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. Threshold, Inc. Contract for Pre-Release Services 3. DPSCS Website 4. Threshold, Inc. 2015 and 2018 PREA Audit Reports 5. Interviews with the following: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator <p>The DPSCS has entered one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. Review of the contract confirmed it contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. The auditor also reviewed the 2015 and 2018 PREA Audit reports for Threshold on the DPSCS website @ Maryland.gov. Maryland Correctional Institution for Women does not contract for the confinement of inmates. Interview with the DPSCS PREA Coordinator indicated the agency does monitor compliance with the contract and he serves as the Agency Contract Monitor for this contract.</p> <p>Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.</p> |

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 3. DPSCS Staffing Analysis and Overtime Management Manual 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. 6. Post Assignment Worksheet (PAWS) 6. Log of unannounced rounds 7. BCBIC Staffing Plan 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. Intermediate and Higher-Level Supervisors <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels requirements and documentation of any deviations to these requirements. The BCBIC Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan addresses the items listed in section 115.13a. The facility's video monitoring is supported by 247 cameras positioned throughout the facility. Review of video monitoring confirmed the detainee's privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult female and male facility. Both female and male staff are assigned to each shift. Furthermore, it was indicated that the facility does consider each element of provision and that upper-level administration as well as the PREA Coordinator review the staffing plan. The average inmate count for the previous 12 months prior to the global pandemic of COVID-19 was 691. However, the number of incoming inmates has decreased from March 16, 2020 through August 2020 due to COVID-19. And began to return to mms. The facility's count on the first day of the on-site visit was 689. An interview with the Warden and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in the Staffing Analysis and Overtime Management Manual and meet to discuss and review it regularly. The location and need for additional cameras are often discussed and reviewed. An</p> |

interview with the Warden, indicated the Staffing Plan is required to be reviewed annually, but he reviews it daily. Staff shortages has increased due to COVID-19. The Staffing Plan addresses the more than 20% of staff shortages in which overtime is used to ensure coverage of critical post if needed.

115.13(b) Directive OPS.115.0001 provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Work Sheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The PAWS identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan.

Any deviations from the staffing plan are documented on the PAWS with an explanation. Correctional post is identified as level 1 - 4. Level 4 identifies critical post, and these posts are never vacated. Level 3 post can be vacated if necessary, but these are post where a second person would remain on the post such as a number 2 in the control center. Supervisory correctional on duty ensures the required post are always covered on the PAWS during each shift. The facility did not incur any deviation from the staffing plan regarding the vacating of critical post, and any level 4 post vacancies would be covered by hiring overtime. All deviations would be documented, on the PAWS however none have occurred. Utilization of the PAWS ensures the staffing levels are maintained at the required level. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. Per an interview with the Warden, the facility does not have any areas of non-compliance with the Staffing Plan. There are never vacate critical post assignments. Overtime is filled mostly by staff volunteering. However, in situations where staff does not volunteer, staff would be drafted (mandated to work). A review of PAWS did not detect any deviations from the staffing plan noted during the review period.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. BCBIC provided a copy of the Staffing Plan. A review of the 2020 Staffing Plan was submitted to the DPSCS Assistant Secretary identifying the addition of 20 specialized post added to the PAWS on October 23, 2019. The latest Staffing Plan was reviewed and signed by the Assistant Warden and DPSCS PREA Coordinator on February 25, 2020. There were no recommendations made. Interviews with the DPSCS PREA Coordinator, Warden and DPSCS PCM indicated the facility does conduct a review of the staffing plan regularly in addition to the annual review.

115.13(d) Facility Directive BCBIC.050.0030.1 require staff and supervision conducts unannounced rounds on all shifts and document round in logbooks. OPS.050.0001 indicates a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are

being conducted; and (iii) At a frequency established by the managing official” regarding the conduct of unannounced rounds. An interview with intermediate or higher-level staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by correctional supervisors and those in upper management positions at least weekly. These rounds are made by Sergeants, Lieutenants, Major, Chief of Security, Assistant Warden and Warden. These rounds are noted in the housing unit logbooks and are conducted on all shifts by correctional supervisors daily on all shifts. Staff entering the housing units to conduct rounds note their signature and document PREA rounds in the unit logbooks. The appropriate rounds were confirmed while touring the facility and review of logbooks for a variety of days and shifts throughout the review period.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. Observation during onsite tour 3. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. DPSCS Assistant PREA Coordinator c. BCBIC PCM <p>Interviews with the Warden, BCBIC PCM/Captain and DPSCS Assistant PREA Coordinator and observation during the on-site visit, BCBIC does not house youthful offenders (those under 18 years old).</p> <p>Review of the PAQ, policy and interviews, confirmed the facility does not house youthful offenders.</p> |

| 115.15 | Limits to cross-gender viewing and searches |
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| | <p data-bbox="252 168 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 398 1310 1164" style="list-style-type: none"> <li data-bbox="252 398 922 432">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 472 1310 506">2. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates <li data-bbox="252 546 956 580">3. BCBIC .0505.0030.1 Sexual Misconduct -Prohibited <li data-bbox="252 620 796 654">4. Opposite Gender Announcement Signs <li data-bbox="252 694 699 728">5. DPSCS Search exception cards <li data-bbox="252 768 501 801">6. Training records <li data-bbox="252 842 612 875">7. Observation while on-site <li data-bbox="252 916 485 949">8. Interviews with: <ol data-bbox="252 990 461 1164" style="list-style-type: none"> <li data-bbox="252 990 445 1023">a. BCBIC PCM <li data-bbox="252 1064 461 1097">b. Random staff <li data-bbox="252 1137 389 1171">c. Inmates <p data-bbox="252 1205 1485 1709">115.15(a) Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” Facility Directive BCBIC .050.0030.1 states “Cross-gender strip searches and cross-gender visual body cavity searches are not permitted but will be documented under exigent circumstances.” The policy also indicates female inmates shall be conducted by a female correctional officer; and male inmates may be conducted by either a male or female correctional officer provided a female officer does not touch the genital area of the inmate being searched. The facility reported zero cross-gender visual searches and zero cross-gender visual body cavity searches of inmates to include in exigent circumstances or by non-medical staff during the review period by non -medical staff.</p> <p data-bbox="252 1749 1485 2128">115.15(b) BCBIC has a rated capacity that exceed 50 inmates. Facility Directive BCBIC.050.0030.1 Sexual Misconduct – Prohibited indicates “The facility does not permit cross-gender pat-down searches of female inmates/detainees, except in emergency circumstances. The facility does not restrict female inmates/ detainees, access to programs or other out-of-cell opportunities based on this restriction.” Interviews with the inmate population and staff confirmed they are always on duty as indicated by the Warden; the facility’s staff is 85% female. Therefore, there is never any times in which female staff are not available to conduct pat-searches and/or visual strip searches. There were zero occasions reported during the 12-month review period in which female detainees were pat-search by male staff under</p> |

any conditions. Interviews with the female detainee population identified they have never been searched by a male staff member nor have they been denied the opportunity to participate in any out-of-cell activities and/or programs due to no female staff available to conduct a pat-search. An observation during the on-site visit confirmed an abundance of female staff are employed at the as correctional staff throughout the facility.

115.15(c) The BCBIC houses both male and female detainees. Directive BCBIC.050.0030.1 state "The facility does not permit cross-gender pat-down searches of female inmates/detainees, except in emergency circumstances. Cross-gender strip search and cross-gender visual body cavity searches are no permitted but will be documented under exigent circumstance. OPS.110.0047 references gender dysphoric inmates and states, unless a Personal Search Exception Card has been granted by the Warden an inmate will be search in accordance with the policies applicable to searches of the gender associated with the institution or housing assignment in which the inmate is assigned. The inmate is responsible to always carry the Person Search Exception card and to present this card to the correctional officer prior to the start of a personal search. if an inmate has been granted a Person Search Exception as described and produces a search exception card, the inmate be: (i) Strip searched by a correctional officer of the gender indicated on the card; (ii) In a location and in manner that ensures maximum privacy for the inmate being strip searched; and (iii) In the presence of an additional correctional officer of the gender indicated on the card. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by staff during a visual strip search.

115.15(d) Facility Directive BCBIC.050.003.1 state: staff is responsible for ensuring transgender and intersex inmates have an opportunity to shower separately from other inmates, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances. Staff are to ensure inmates/detainees of the opposite gender are viewed in a stage of complete or partial undress only in exigent circumstances of incidental to routine cell check. The policy notes staff of the opposite sex are to announce their presence when entering the various housing unit sections. The auditing team observed signage that stated "STOP Opposite Gender Announcement Required PREA 115.15" with a male and female image documenting the "PREA Hotline @ 410-585-3177" that was visible to all prior to entering all housing unit sections. Interviews conducted with both male and female detainees indicated they are provided privacy while changing clothes, showering, and performing other bodily functions. The on-site visit revealed privacy is provided for all detainees during their use of toilets whether in the detainee's cell or in the common area of the dormitories. Toilets in dormitories are provided a full-length shower curtain for privacy. The all-in-one lavatory/toilet in the detainees' cells are in a corner area, not directly in front of the entrance door. All detainee showers throughout the facility are in a single stall in the rear of the housing units and/or dormitories. These single stall showers are in the rear of the housing unit pods and shower curtains provide total privacy while in use. Although mirrors were installed to provide coverage of the shower areas to assist staff in monitoring the area, the installed shower curtains prevent inside viewing of the showers. A review of the video monitoring also confirmed staff had no viewing inside the showers when curtains are closed.

115.15(e) Facility Directive BCBIC.050.003.1 indicates inmates of the opposite gender are

viewed in a stage of complete or partial undress only in exigent circumstances or incidental to routine cell check and never for the sole purpose of determining genital status (meaning a search of the anal or genital opening). Executive Directive OPS.110.0047 notes a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmates' genital status. If an inmate's genital status is unknown, it is to be determined through (i) Conversation with the inmate; (ii) A review of available medical records; or (iii) Part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed indicated they were aware searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status are prohibited.

115.15(f) Per BCBIC PAQ and copies of employee training rosters, 100% of staff of security staff received training on conducting cross-gender pat-down searches of detainees identified as transgender and intersex in a professional and respectful manner, consistent with security needs. Prior to 2020, staff were required to complete the Maryland Police and Correctional Training Commissioner Lesson Plan on PREA in-service training annually. The procedure changed to coordinate with PREA standard and DPSCS policy of PREA training every two years. Training rosters course for completion in 2019 was presented for review. The lesson plan discusses all interactions with inmates would be of a professional nature communication with inmate s, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates should be no different. PREA requires that individual identifying as LGBTI be treated in a respectful, professional manner. Staff are advised to conduct pat-down searches of transgender and intersex inmates in a professional and respectful manner. Interviews with random staff confirmed their receipt of this training.

Based on policies, interviews, on-site visit, and analysis, the facility meets compliance for all provisions of this Standard.

| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Office of Equal Opportunity Limited English Opportunity (LEP) Plan 3. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 4. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II 5. Translation Services Documentation and Contract 6. Observation while on-site 7. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. Random staff c. Inmates with Disabilities <p>115.16(a)(b) DPSCS policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates.</p> <p>A course titled "Special Management Issues in Corrections" developed by the Maryland Police and Correctional Training Commissions is provided to all entrance level correctional employees in a lesson plan. This class provide training to staff on working with inmates with various disabilities to include mental disabilities.</p> <p>DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. The BCBIC also utilize services with Language Line Services, Inc. a solutions company in which the account was active effective November 6, 2019. A contact number, client ID number and instructions was presented. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook and PREA pamphlets that covers the agency's zero-tolerance policy in English or Spanish. A PREA</p> |

video is shown that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Staff are present during inmate orientation and conducted a question-and-answer session at the end of the presentation. Sign language and translation of vital documents services are available through Statewide Visual Communication Services. The auditing team was presented with copies of invoices that dated translation services provided to the detainee population through Ad Astra for Spanish speaking detainees. Several staff are certified to serve as translators and receive additional compensation for their services. The facility Chapel often serve as a translator.

BCBIC has established a wide variety of methods to establish a level of communicating with detainees who are identified as LEP. The facility has "I Speak" posters in intake and throughout for detainees to identify their language. Transcript is provided in 38 languages that allow detainees to identify as their own. These available languages are the following: (1) Arabic; (2) Armenian; (3) Bengali; (4) Cambodian; (5) Chamorro; (6) Simplified Chinese; (7) Traditional Chinese; (8) Croatian; (9) Czech; (10) Dutch; (11) English; (12) Farsi; (13) French; (14) German; (15) Greek; (16) Haitian Creole; (17) Hindi; (18) Hmong; (19) Hungarian; (20) Ilocano; (21) Italian; (22) Japanese; (23) Korean; (24) Laotian; (25) Polish; (26) Portuguese; (27) Romanian; (28) Russian; (29) Serbian; (30) Slovak; (31) Spanish; (32) Tagalog; (33) Thai; (34) Tongan; (35) Ukrainian; (36) Urdu; (37) Vietnamese; and (38) Yiddish.

The facility has access to other resources to include MHM Interpreter line @ 877-245-0386, and Mumby and Simon Interpreter Line @ 800-514-9237.

An interview with the agency head/designee, indicated that language line and sign language services are available to detainees. One was detainee identified to have a physical disability and was confined to a wheelchair. She had no difficulty understanding the PREA education provided to her. There were no detainees identified as LEP, hearing impaired, blind, vision impaired, and/or cognitive disabled during the on-site visit for interview.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. During interviews, staff indicated that they contact their supervisor to arrange for a staff translation or other approved translation services. Per the BCBIC PCM, a contract translator reports to the facility Monday - Friday from 6:00 a.m. – 8:00 a. m. to provide needed translation services to include during risk assessment screening. The translator's scheduled hours allow the detainees' initial 72 hours risk screening assessment timely to include those detainees arriving on Friday evenings. Translation services are also provided during the detainees' orientation as needed.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>BCBCI Completed Pre-Audit Questionnaire (PAQ)</p> <p>2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance</p> <p>3. Code of Maryland COMAR 17.04.14.10 and .20</p> <p>4. Code of Maryland COMAR 12.15.01.19</p> <p>5. PREA DBM DPSCS JOBAPS Application Form</p> <p>6. PREA Interview Questions</p> <p>7. Polygraph Questions for Mandated Positions</p> <p>8. DPSCS Interview form – Correctional Applicant</p> <p>9. Hiring and Promotional Records</p> <p>10. Criminal History Background Records Check Documentation</p> <p>11. Interviews with:</p> <p>a. PREA Coordinator</p> <p>b. Administrative (Human Resources) Staff</p> <p>115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. The applicants select the general geographic area in where they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is section of the Human Resource services Division. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant’s criminal background; previous employment history; review of current tattoos for possible gang affiliation; through identification of tattoos; psychological examination; physical examination;</p> |

completion of a polygraph examination; wanted person check; RAPS (MD CJIS); National Crime Information Center (NCIC) query; civil and criminal record check; consumer credit check; Interview with Background Investigator; reference checks with neighbors and others known by the applicant and more. A review of 9 background investigations and personnel documentation for new hires within the review period confirmed a thorough background is completed prior to the applicant being offered the applying position. The auditing team also reviewed 8 PREA self-declaration forms completed by staff who submitted applications for promotions. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was revised August 19, 2016 notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff. The Human Resource Service Division (Central Hiring) is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS. Per an interview with the BCBIC PCM background checks are completed at the facility for all vendors who are required to entry for repairs and/or installations and the Chief of Security is responsible for ensuring the background checks are completed. These individuals are always escorted by DPSCS staff and have no direct contact with the inmate population. Due to the confidentiality of these background checks, they are destroyed after entry. Records indicate that the contract applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. There were 25 new staff hiring and 9 promotions during the review period. The auditor reviewed 9 employee records and it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Per the PAQ identified 200 contract workers who had contact with the detainee population entered the facility within the review period. This number included vendors providing one day services but did not directly have contact with the detainees. The Chief of

Security is responsible for ensuring background checks are completed on all vendors. The DPSCS includes in the contracts with other agencies such as CORIZON, Centurium and Keefe that all background checks are required to be completed by the DPSCS Human Resource Services Division. Confirmation of contract staff with CORIZON and Centurium background checks was provided for review. The background checks were forwarded from the DPSCS Human Resource Service Division.

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors." Pursuant to COMAR 12.15.01.19 regarding the state "Rap Back" program, arrest reports are monitored for employee contact with law enforcement, on a continuous basis. The "Rap Back" program is a continuous real time monitoring program. If an employee has any contact with a law enforcement, the contact is immediately reported to the agency.

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a)-(b) states, "The HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B(3) of this directive in: (a) A written application or interview for employment or promotions; and (b) An interview or written self-evaluation conducted as a part of a review of a current employee." These questions are part of the PREA DBM DPSCS JOBAPS Application form, PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates form, Polygraph Questions for Mandated Positions, and DPSCS Interview form – Correctional Applicant. The agency's "continuing affirmative duty to disclose any such misconduct" is noted in The PREA Audit Manual. The DPSCS Standards of Conduct & Internal Administrative Disciplinary Process Section B (10) states, "An employee may not violate any state, federal or local law. An employee arrested or criminally charged shall notify or cause to be notified, in writing, his/her appointing authority via the immediate supervisor on his/her next scheduled workday, but in no case later than five calendar days following the employee's arrest or criminal summons. Upon adjudication of the criminal case, the employee shall notify or cause to be notified, in writing, his/her appointing authority via the immediate supervisor of the Court's disposition. This shall be done on the employee's next scheduled workday, but in no case later than five (5) calendar days following such action." The DPSCS Personal Interview – Correctional Applicant form also indicates a requirement for applicants to disclose the types of behavior indicated in this provision. Human resources staff interviewed indicate that hiring and promotion applications include these questions. This was confirmed via a review of application documents. Human resource staff also reported agency policy requires staff to report such conduct within 24 hours.

115.17(g) Directive DPSCS.020.0026, section .05F states, "A material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment." Additionally, the Application Form also contains the following language "I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, I shall be subject to immediate termination and/or my application will be disapproved, my name removed from the eligible list, and that I will not be

certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.”

115.17(h) Maryland’s Public Information Act (“PIA”), GP§ 4-311, states, “personnel records of an individual are protected; however, such records are available to the person who is the subject of the record and to the officials who supervise that person. An agency may not generally share personnel records with other agencies; however, it is implicit in the personnel records exemption that another agency charged with responsibilities related to personnel administration may have access to those records to the extent necessary to carry out its duties.” The documentation provided by the facility indicates that current practice does allow for the disclosure of substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. It was noted that these inquiries are processed by the agency’s human resources department rather than at the facility level.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.18 | Upgrades to facilities and technologies |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 932 875" style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. On-site visit observation 3. Memorandum from Assistant Warden 3. Interviews with: <ol style="list-style-type: none"> a. Warden b. Agency Head Designee c. BCBIC PCM <p data-bbox="252 916 1481 1420">115.18(a) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there have been no new additions and/or modification to the facility since the previous PREA audit in 2017. An interview with the agency head designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements and relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g. a prevalence if incidents), considers needs, past problem areas and evidence-based practices. Interviews with the Warden and PCM identified there have been no new additions to the facility since the previous audit in 2019, other than an upgrade to the fire alarm system.</p> <p data-bbox="252 1460 1481 1879">115.18(b) The Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire indicates that there has been no new installation of new cameras. However, per the BCBIC PCM, additional 360 mirrors were added to the rear of the housing units to assist the housing unit officers monitoring the rear of the units. An interview with the Warden indicated ensuring the safety of staff and inmates from sexual assault is consistently considered during the reviewed in the installation of additional cameras while considering statistics (e.g. a prevalence if incidents), past problem areas, blind spots and evidence-based practices.</p> <p data-bbox="252 1919 1345 1995">Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1461 1682" style="list-style-type: none"> <li data-bbox="252 400 922 434">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1425 508">2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing <li data-bbox="252 548 1461 582">3. DPSCS Executive Directive OSPS.200.0004 Inmate on Inmate Sexual Conduct- Prohibited <li data-bbox="252 622 1313 656">4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses <li data-bbox="252 696 831 730">5. COMAR 10-701 Internal Investigative Unit <li data-bbox="252 770 1054 804">6. National Protocol for Sexual Assault Forensic Examinations <li data-bbox="252 844 1114 878">7. Memo from Agency-Wide PREA Coordinator regarding Protocol <li data-bbox="252 918 499 952">8. MCASA Website <li data-bbox="252 992 927 1025">9. Maryland VAWA Forensic Compliance Guidelines <li data-bbox="252 1066 536 1099">10. Investigation Files <li data-bbox="252 1140 504 1173">11. Interviews with: <ol data-bbox="252 1214 1010 1682" style="list-style-type: none"> <li data-bbox="252 1214 483 1247">a. IID Investigator <li data-bbox="252 1288 387 1321">b. Warden <li data-bbox="252 1361 443 1395">c. BCBIC PCM <li data-bbox="252 1435 751 1469">d. BCBIC Assistant Director of Nursing <li data-bbox="252 1509 1010 1543">e. Regional Director of Mental Health for Baltimore Region <li data-bbox="252 1583 751 1617">f. Director of Operations for CORIZON <li data-bbox="252 1657 1007 1691">g. Mercy Medical Center Emergency Room Charge Nurse <p data-bbox="252 1722 1481 2145">115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the numerous Departmental policies: OPS.050.0001 § .05D & G; OPS.200.0005 § .05D, F & G; IIU. 110.0011 § .05C & D and IIU. 220.002. IIU 110.0011. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. A reported allegation of PREA related incidents is categorized as a Priority #2 on the Serious Incident Category Descriptions and is the part of beginning stage of the investigation by the on-duty security shift supervisor. The shift supervisor is responsible for contacting the IIU Duty Officer for a case</p> |

number. Per the IIU Investigator, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Per an interview with an IIU investigator, all reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, the investigative case is continued and closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IID investigator. Interviews with random indicated they were aware and understood DPSCS protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first responders duties that include securing the area, separating the alleged victim from the alleged abuser, contacting their supervisor, and attempting to prevent those involved from destroying any and all physical evidence on their person and the identified area.

115.21(b) The Maryland Violence Against Women Act (VAWA) 2005 reauthorization mandates that States certify that they meet the forensic requirements, it does not articulate to States the method of compliance. As a result, the Governor's Office of Crime Control and Prevention (GOCCP) in close partnership with the Maryland Coalition Against Sexual Assault (MCASA) convened a statewide workgroup and hosted a series of stakeholder meetings comprised of law enforcement professionals, prosecutors, victim advocates and forensic nurse examiners in order to develop statewide recommendations regarding the local jurisdictional implementation of VAWA compliance forensic exam policies and protocols in Maryland. Guidance for compliance has been developed to walk stakeholders through the process thereby ensuring their collective success. Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines. The Agency provided a copy of the Revised OSPS. 200.0004 Inmate on Inmate Sexual Conduct Prohibited dated November 13, 2015, the National Protocol "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, "overview and the Protocol Conformity.

115.21(c) Executive Directive Number: OPS.050.0001 sated If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. BCBIC use Mercy Medical Center for all forensic examinations. The lead auditor was unable after several attempts to contact a SANE and/or SAFE employee at Mercy Medical Center even after leaving voicemails requesting a returned call. However, the lead auditor was able to conduct an interview with the hospital Emergency Room Charge Nurse. The Charge Nurse explained the hospital has a Sexual Assault Response Team that is called in upon an incoming individual report of sexual assault. The forensic nurse examiners program at the hospital offer treatment 24 hours 7 days a week by trained forensic nurse examiners for sexual assault victims. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within 1 hour. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during

SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. However, the inmate must consent to receipt of a forensic examination and all medical treatment. Confirmation of the two detainees who received forensic examination was documented on the consent forms issued to them at the local hospital. A review of two forensic examination provided to detainees indicated that one accepted medication and the second detainee declined to receive all available medication

115.21(d) DPSCS utilizes the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. Inmates are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicate when receiving a SAFE the inmate will have to opportunity to receive advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. BCBIC uses the local Hospital (Mercy Medical Center) for all forensic examinations. After several unsuccessful attempts to conduct interviews with the hospital's SANE Coordinator, the lead auditor conducted interviews with two Emergency Room Charge Nurse from various shifts. Both interviews indicated SANE staff are not on duty 24-7 but are always on call and are required to report to the hospital within one hour of being notified. The Emergency Room Charge Nurses indicated hospital staff contact the Sexual Assault Response Team and members of the team who serve as victim advocates report to the hospital and offer support to the victim as an advocate upon acceptance by the victim. The PAQ indicates that there have been 7 forensic exams performed in the last 12 months. However, this number was later identified as incorrect. Of those 7 detainees who made sexual abuse allegations, but only two received forensic examination. Two detainees recanted their allegation of sexual abuse prior to departing the facility for the hospital and three detainees recanted their allegations of sexual abuse after reporting to the local hospital for the examination. An interview with a representative from MCASA also noted services as a victim advocate is arranged for inmates/detainees throughout the DPSCS.

115.21 (e) PREA Information Packet was reviewed and stated: If requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive (e). The Assistant Warden complete the PREA: Behavioral Health Care for Sexual Assault Victims in a Confined Setting offered through the National Institute of Corrections to serve as a facility victim advocate.

115.21 (f) The DPSCS Internal Investigative Unit (IIU) is responsible for investigations all sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.21 (g) Not applicable

115.21 BCBIC .050.0030.1 identifies the local outside hospital will make arrangements for the victim advocate service. Therefore, victim advocate services are offered by the Mercy Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team (SART) that includes a victim advocate. The members of the SART and provide all services relating to the forensic examination. This procedure was confirmed by the Mercy Medical Center Emergency Room Charge Nurses.

Interviews could not be conducted with the detainees who reported the allegations of sexual abuse and/or those who received forensic examination because they were no longer at BCBIC during the on-site visit. However, the forensic examinations and other medical paperwork completed by Mercy Medical Center medical staff was provided for review. Medical staff documented one detainee was provided services by a victim advocate. The second detainee advised medical staff he was not provided services by a victim advocate. However, an interview with the Mercy Medical Center Emergency Room Charge Nurses contradict the second detainee's statement by stating all victims of sexual abuse are provided a victim advocate when reporting to the hospital for a SANE examination and have the option of refusing the services if they choose. The lead auditor recommended that the escorting security staff who transport detainees to the local hospitals for a forensic examination submit a memorandum documenting victim advocate services provided be placed in the investigative casefile.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1417 1021" style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 5. 2019 and 2020 PREA Tracking Logs 6. Investigation Files 7. Interviews with: <ol style="list-style-type: none"> a. ID Investigator b. Warden <p data-bbox="252 1061 1485 1823">115.22(a) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 also indicates, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID and maintain an annual PREA tracking log of all reported sexual abuse and sexual reported allegations. The on-site visit was scheduled for May 4 – 5, 2020. However, as of March 16, 2020, entry into the facility was restricted to assigned staff only due to COVID-19, until October 2020. Due to the delayed entry, the lead auditor included a review of PREA reported allegations for 15 months rather than the original 12-month period. PREA reported allegations was reviewed from July 2019 – September 2020. There were 13 reported PREA allegations during this review period. All PREA allegations were completed as an administrative investigation. There were no criminal investigative findings.</p> <p data-bbox="252 1863 1481 2154">115.22(b) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” An interview with the Warden and IID Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID.</p> |

115.22(c) (d) (e) Per interviews with the Agency Head designed, Warden, IID Investigator, and review of PREA investigative case files, DPSCS IID investigators are responsible for investigations of sexual abuse and sexual harassment. Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency's website at <https://dpscs.maryland.gov/agencies/iid.shtml>. The website notes: "The Intelligence and Investigative Division conducts criminal and administrative investigations into allegations of serious misconduct within the Department of Public Safety and Correctional Services. In addition to conducting investigations within statutory authority, the agency is the department's liaison with allied federal, state, and local law enforcement agencies, providing investigative services and support. The contact information is noted as Intelligence and Investigative Division Main number: 410-724-5720; Complaint Phone Number: 410-724-5742 at P.O. Box 418 8520 Corridor Road Suite H Savage, Maryland 20763.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with the provisions of this Standard.

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| 115.31 | Employee training |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1437 1285" style="list-style-type: none"> <li data-bbox="252 400 932 434">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1426 553">2. Maryland Police and Correctional Training Commissions Lesson Correctional In-Service Training <li data-bbox="252 593 986 627">2. DPSCS 030.0001 Pre-Service and In-Service Training <li data-bbox="252 667 1437 701">3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited <li data-bbox="252 741 1254 775">4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited <li data-bbox="252 815 1326 848">5. COMAR 12.10.01.16 Correctional Training Commission requires annual training <li data-bbox="252 889 660 922">6. PREA Training Lesson Plans <li data-bbox="252 963 762 996">7. PREA Training Records and Rosters <li data-bbox="252 1037 485 1070">8. Interviews with: <ol data-bbox="252 1111 461 1285" style="list-style-type: none"> <li data-bbox="252 1111 349 1144">a. PCM <li data-bbox="252 1184 461 1218">b. Training Staff <li data-bbox="252 1258 461 1292">c. Random staff <p data-bbox="252 1326 1461 1662">115.31(a) Directive OPS.050.0001 states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” A similar requirement is included in Directive OPS.200.0005 which states , “the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that (1) An employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct.”</p> <p data-bbox="252 1700 1453 1991">Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31st of each calendar year. PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better to successful pass the training. The lesson plans cover the 10 topics specified in this provision.</p> <p data-bbox="252 2029 1477 2148">A review of staff training records confirm staff completed the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 2 in-service training. The training department tracks staff progress via computer-generated spreadsheet to</p> |

ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% of random staff interviewed reported that in-service training contains all the information required by this provision.

PREA education is abundantly placed throughout the facility in all areas to include elevators, corridors, all departments, staff offices, entrance areas that provided continued education to staff and available to visitors, and the inmate population.

115.31(b) The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. BCBIC houses male and female detainees.

115.31(c) The PREA Audit Manual states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies." BCBIC PAQ indicates that 100% of staff have received PREA training.

115.31(d) The PREA Audit Manual states, "The Department shall document, through employee signature or electronic verification that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission section F(3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. Completion of staff completing PREA training was presented through electronic verification noting the PREA course code and staff who completed it.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. Executive Directive OPSP.050.0001 Sexual Misconduct 3. DPSCS Volunteer Services Orientation Manual 4. PREA Training records and Rosters 5. DPSCS Website 6. Interviews with: <ol style="list-style-type: none"> a. BCBIC PCM b. Contract Staff c. Volunteer Staff <p>115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct." BCBIC .050.0030.1 indicates all facility volunteers/other contractors shall complete PREA education through the Volunteers Activities Coordinator (VAC). At the completion of PREA training, all contractors and Interns shall sign they received and understood PREA. The sign-off forms are maintained by the VAC. Mental health staff and medical staff complete additional PREA training. Medical staff also completed General Health Services Policy and Procedure title Responding to Sexual. Mental Health staff also complete have also received training from the Mental Health Services Manual Program and Services Mental Health Services Chapter 18. The PAQ and PCM identified the facility with a total of 219 contractors and volunteers. There are 200 contract staff at the facility. One hundred eighty-three contractors are either assigned to the medical (CORIZON) or mental health (Centurion). The remaining 19 contractors provide various services, to include Keefe, translation services and assist with the re-entry programs. All contract staff other than medical and mental health are always escorted.</p> <p>There are 19 approved volunteers at BCBIC and are always escorted. Volunteers have not been allowed entry into the facility since March 16, 2020 due to COVID-19. Volunteers complete an application to become a volunteer on-line through the DPSCS website. The led auditor verified an informative page on the DPSCS website specifically for volunteers, with</p> |

contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Rosters and signatures of volunteers acknowledging receipt of PREA training was provide for review.

Interviews conducted with medical contract staff and confirmed receipt of PREA training. Contract staff attend the Non-Academy Pre-service Orientation training for new employees in addition to annual pre-service. The contract Assistant Director of Nursing indicated staff attend PREA training before hiring, during in-service and every 6 - month through CORIZON, the contracting agency. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor.

Although most volunteers had not been allowed entry into the facility since March 16, 2020 due COVID-19, an Alternative Direction Volunteer was available for an interview. She indicated she receives PREA training every two years presented by Volunteer Activity Coordinator. She explained the areas of education she received. She expressed her awareness of duties as a volunteer first responder and her responsible to report all allegations of sexual abuse and/or sexual harassment to include inappropriate relationships between staff and detainees.

115.32 (b) Per the PCM, most contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Review of documentation indicated the volunteers and contractors have received training based on the services they provide and level of contact they have with inmates. Medical and mental health contract staff receive PREA training through both DPSCS and their contract agency, CORIZON and/or Centurion.

The Volunteer Coordinator is responsible for providing training to all volunteers. The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Pages 21 -23 in the Volunteer Orientation Manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. Additionally, the volunteer coordinator reviews PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The lead auditor was provided with 25 copies of receipt of PREA training by volunteers and contracting vendors for regular and irregular services.

115.32(c) Documentation of contract staff and volunteer completion and understanding of the PREA education received is confirmed by their signature on the PREA education acknowledgement form.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all provisions of this Standard.

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 3. DPSCS Executive Directive OPS.020.0032 LEP Policy 4. PREA Hotline signs (English and Spanish) 5. BCBIC Inmate handbook 6. PREA Sexual Assault Awareness Brochure (English and Spanish) 7. PREA Training Acknowledgement Inmate Education 8. MCASA Maryland Coalition Against Sexual Assault (MCASA) Brochures 9. Inmates Signatures Acknowledging Viewing PREA Video 10. Observation on site 11. Interviews with: <ol style="list-style-type: none"> a. BCBIC PCM b. Intake Staff c. Case Managers/Staff Assigned to Conduct Risk Screening d. Random inmates <p>115.33(a)(b) (c) Executive Directive OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. Per the PAQ and BCBIC PCM a total of 10,519 detainees arrived at the facility during the 12-month review period. However, 2067 was identified as receiving PREA information during intake and 764 detainees were housed at BCBIC for at least 30 days. BCBIC is a Booking and Intake facility and all adults arrested in Baltimore City are processed (booked) at the Center. Arrestees are placed in cells awaiting court commissioner’s initial appearance hearing. The initial appearances are mandated by law Rule 412 to be held within 24 hours of the time of arrest. Those determined not eligible for release are then classified as a Commit. Therefore, all incoming arrestees does not remain at the facility for 72 hours and/or 30 days. Once a detainee has been classified as a Commit, he/she will begin the security part at BCBIC. The PREA video and other department functions are continuously shown on the Booking Floor to all new arrivals in addition to PREA</p> |

education via posters, how to report PREA allegations, the PREA Hotline number, and available outside resources are provided to them upon their arrival.

An interview with intake staff indicated upon the arrival of committed detainees (who will remain at the facility 72 hours or more) the detainee receives a PREA pamphlet, The Prevention of Sexual Abuse in Prison "What the Inmates Need to Know." If the detainee has difficulty reading, staff go over the material with them. The detainee receives this information in private area with the intake staff. The Intake and Reception Sheet noting available outside resources is posted on the bulletin board and PREA educational posters are posted throughout the area with the PREA Hotline in large bold black stencil ink on the walls and columns, and/or large signs.

Committed detainees receive further PREA education during orientation within a week of their arrival by the Case Managers. At this point they are shown the PREA video again and receive a facility Detainee Handbook in English or Spanish that include PREA education. The detainees each sign an acknowledgment form confirming receipt of the material given detainees. Contract or certified staff provide translation services as needed.

BCBIC is a high traffic facility for incoming and outgoing detainees/inmates to include out to court and returning the same day. The auditing teams reviewed a variety of documentation that confirmed detainees' receipt of PREA education to include their acknowledgement by signature on the orientation forms, and PREA education forms and lastly through the documentation noted in the Offender Case Management System by Case Managers.

115.33(d) The PREA Audit Manual states, "The Department shall provide inmate 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 who have limited reading skills." Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary telephone interpretation services are needed, the available services are through the Language Line. There were no detainees at BCBIC identified as blind, low vision, hard of hearing, deaf, cognitive disabled, Limited English Proficient for interview during the on-site visit. However, the BCBCI PCM presented documentation of translation services provided by contract staff in the Spanish language for those detainees who were LEP. The contract translator regularly provides services Monday – Friday during orientation and risk assessment screening as needed. BCBIC also have staff that are certified to serve as translators during their assigned hours of work.

115.33 (e) The lead auditor requested a random selection of 45 inmate's documentation of PREA education. A review of the documentation revealed two transferred within hours of their arrival, two refused to attend orientation, 41 acknowledged receipt of PREA education. That included observance of the PREA video.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. The Intake and Reception Sheet which is posted in all housing units provide a variety of available resources for outside support services. handbook that list a variety of outside facility support services.

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| | Based on the review of policies, inmate files, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard. |
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| 115.34 | Specialized training: Investigations |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1281 947" style="list-style-type: none"> <li data-bbox="252 400 932 434">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 647 508">2. DPSCS PREA Audit Manual <li data-bbox="252 548 1254 582">3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited <li data-bbox="252 622 1110 656">4. Documentation of Specialized Training for Agency Investigators <li data-bbox="252 696 1281 730">5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses <li data-bbox="252 770 938 804">6. Lesson Plan – Specialized Training: Investigations <li data-bbox="252 844 485 878">7. Interviews with: <ol style="list-style-type: none"> <li data-bbox="252 916 485 949">a. IID Investigator <p data-bbox="252 987 1485 1664">115.34(a) Directive OPS.050.0001 states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations. Directive IIU.110.0011 states that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. Internal Investigative Division (IID) has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards to maintain law enforcement certification and are sworn officers. The IID will determine if the allegation will be investigated locally by facility staff or investigated by an IID detective. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training IID Investigators are issued a certificate of completion indicating that they have successfully completed training in conducting PREA: PREA Specialized Training.</p> <p data-bbox="252 1704 1469 2123">115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. In the “General Comments” section on page 2 states, “This lesson plan is intended for use with Department personnel assigned to investigate of an allegation of misconduct that involves a sex related offense. This lesson will give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act.” This includes the definition, purpose, and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigators is a 7-hour training program including a slide</p> |

presentation, video presentation, role play activities, handouts, and a comprehensive knowledge test. Staff must score 75% or better in order pass the training course.

115.34(c) The PREA Audit Manual states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The BCBIC PCM noted the facility has 36 investigators employed to conduct sexual abuse investigations. These 36 investigators are assigned to the IID and are assigned to institutions by regions. A computer-generated roster of all IID investigators training who have completed the specialized training was provided for review.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 5. Medical Staff (COR ZON) PREA Training Certificates 6. Mental Health (Centurion) PREA Training Certificates 7. Medical and Mental Health Training Presentation 8. Interviews with: <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Medical and the vast majority of mental health staff are contract employees who must complete the agency’s PREA training and specialized training received from the contractor (CORIZON or Centurion. The training is an on-line course. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. The auditor randomly selected 23 mental health staff and 27 medical staff for review of their completion of PREA training. Confirmation of training was provided through certificates for those selected. During interviews with medical and mental health staff they indicated they received PREA training from both BCBIC and their contracting agency while confirming the trainings covered the topics required by this provision. The auditor also reviewed training records and certificates.</p> <p>PREA training is also provide to medical staff of CORIZON General Health Services Policy & Procedures “Response to Sexual.” This course is a requirement for the America Correctional Accreditation (ACA).</p> <p>PREA training is included in the Mental Health Services Manual Programs and Services. Mental Health Services Chapter 18 PREA provides guidance of services and procedures when</p> |

addressing victims of sexual abuse.

115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at Mercy Medical Center.

115.35(c) (d) The auditor also reviewed training certificates indicating all medical and mental health staff successfully completed the specialized training.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence reviewed (documents, Evidence interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness 3. PREA Intake Screening Instrument 4. Inmate Screening Files 5. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. BCBIC PCM c. Traffic/Intake staff d. Case Managers assigned to conduct risk screening assessments e. Random inmates <p>115.41(a) (b) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring the development and procedures for use of the approved screening instrument protocol identified in all provisions of this standard to include ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictate case management staff are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness.</p> <p>115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually</p> |

abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictates case management staff who are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness. An interview with two Case Managers indicated due to the quick outgoing of detainees at the facility, the 30-day reassessments are conducted on the 7th day after the detainee's arrival. Those detainees who stay is 30 days, staff conduct floor rounds and communicate with them as to whether they have any PREA concerns.

Case managers and the traffic officers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. A random sample of 45 inmate PREA Intake Screening forms was selected for review. Those detainees who was identified as committed was screened using the PREA Intake Screening form that included both the 72 hours and 30-day risk screenings if applicable. As explained by Case Managers due to the quick outgoing of detainees at the facility, the 30-day reassessments are conducted on the 7th day after the detainee's arrival. Those detainees who stay is over 30 days, staff conduct floor rounds and communicate with them as to whether they have any PREA concerns.

The Intake Staff and Case Manager indicated the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Detainees are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral. Interviews with the detainee population recalled being asked questions related to the PREA Intake Screening form.

115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. A blank copy of the PREA Intake Screening form was provided with the PAQ. However complete forms were submitted in the supplemental files per request. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine a detainee's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the detainee and information from the detainee history during the initial screening.

115.41(d) The auditor reviewed the screening instrument and found it does address the identified nine criteria required by this provision. The PREA Intake Screening does not consider whether the inmate is detained solely for civil immigration purposes. The DPSCS does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes

including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. However, these reassessments are conducted well in advance of 30-days due to constant outgoing movement of the detainees. Interviews with 2 case managers indicated detainees leave the facility really fast. Therefore, staff conduct the reassessment at the 7th day to be ensured they have completed and updated with new information. A random sample of 45 inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. The review revealed detainees received a second 30-day reassessment within 7 days due to the quick outgoing movement of detainees. The PAQ indicated that BCBCI admitted 764 detainees whose stay was longer than 30 days. Most detainees interviewed recall being asked questions associated with the PREA Intake Screening form more than once to include by medical staff.

115.41(g) Directive OPS.200.0006, section .05B(4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Intake Screening form is utilized to conduct all re-assessment. Case manager indicated detainees must be classified within 7 days. Although the Case Managers conduct the 30-day reassessment on the 7th day of committed detainees, they meet with those detainees who have remained at the facility 30 days to discuss any concerns the detainee has and or any updated information received include information such as the detainee has been abused, harassed since the initial assessment.

115.41(h) Directive OPS.200.0006, section .05B (5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported the detainees are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Upon completion, the PREA Intake Screening form is placed in the inmate's base file. Inmate files are secured in the records room which is in the case managers' office areas and accessible is given to limited staff. Case Management staff ensure screening information is entered in Offender Case Management System (OCMS). The OCMS system has limited access, is password protected, and confined to case management staff with user profile access. Staff who perform risk screening indicated risk assessments are kept in the file room and that case managers, medical and mental health staff have access to the risk assessment results.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.42 | Use of screening information |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1469 987" style="list-style-type: none"> <li data-bbox="252 400 592 434">1. BCBIC Completed PAQ <li data-bbox="252 474 1469 551">2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness <li data-bbox="252 591 740 624">3. PREA Intake Screening Instrument <li data-bbox="252 665 671 698">4. Completed Risk Assessments <li data-bbox="252 739 485 772">5. Interviews with: <ol data-bbox="252 813 1278 987" style="list-style-type: none"> <li data-bbox="252 813 592 846">a. Agency Head Designee <li data-bbox="252 887 443 920">b. BCBIC PCM <li data-bbox="252 960 1278 994">c. Intake Staff and Case Managers/Staff assigned to conduct risk assessments <p data-bbox="252 1032 1481 1491">15.42(a) Directive OPS.200.0006, section 5C(1)(a) states, “The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from detainees who are determined to be at high risk of being sexually abusive.” The facility does not house victims and abusers together. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. Staff who perform screening reported detainees at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score.</p> <p data-bbox="252 1532 1481 1868">115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, “The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate.” As indicated above, the information from each inmate’s individual risk screening is reviewed and utilized to keep inmates safe. Interviews with two Case Management Staff indicated the information from the inmate’s screening is used to identify housing, programming, job assignments and ensuring separation of those at risk of victimization away from those at risk of being abusers.</p> <p data-bbox="252 1908 1481 2154">115.42(c) Directive OPS.200.0006 states, “When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems.” A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether a detainee is transgender or intersex. There were two detainees were identified as</p> |

transgender and there were zero who identified as intersex at BCBIC.

115.42(d) Directive OPS.200.0006,.05C(2) states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether a detainee is transgender or intersex. The BCBIC PCM and Case Managers who conduct risk assessment screening indicated all detainees identified as transgenders and/or intersex would be reassessed bi-annually, but normally the detainees are not at the facility for 6 months. The Case Managers confirmed the detainees identified as intersex and/or transgender own views with respect to their safety would be given serious consideration by the case management team. Interviews with two detainees identified as transgender and a review of their intake information revealed one had only been at the facility 1 ½ month and the other had not been at the facility a full month.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." Transgender and intersex inmates can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The two detainees identified as transgender received personal search exception cards requesting to be searched by female staff. Staff who perform risk screening reported when the facility receives a detainee identified as transgender and/or intersex inmate, their own views of safety would be considered. Per the BCBIC PCM, there has not been any detainees identified as intersex at the facility in several years.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately from other inmates. All showers are in individual stalls with shower curtains and/or doors that allow privacy. The BCBIC PCM indicated detainees identified as transgender or intersex are offered the opportunity to shower when the showers are closed to other detainees. There were no detainees identified as intersex at the facility. However, interviews with the two transgenders indicated they had no concerns with showering at the times of other detainees due to the privacy awarded with shower curtains and/or doors.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." BCBIC is a booking and intake facility for both male and females. The BCBIC PCM indicated detainees identified as lesbian, gay, bisexual, transgender, or intersex inmates report to the facilities but are never assigned to dedicated units or wings. The auditor interviewed two detainees who was identified transgender and one as gay. Each confirmed they have not been placed in designated housing units or wings. Direct observation and a review of housing assignments corroborated with detainee's statements. The State of Maryland does not have a consent decree.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DOC.100.002 Case Management Manual 3. Interviews <ol style="list-style-type: none"> a. Warden b. BCBIC PCM <p>115.43(a) The DOC– Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate’s documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only); or (f) Assignment to home detention (if eligible. The PAQ noted that there were zero detainees held in involuntary segregated housing in the past 12 months for less than 30 days. An interview with the Warden confirmed BCBIC does not have a segregation unit and therefore detainees are not housed in involuntary segregation. He continued the construction of the facility in which detainees are housed on different floors and do not interact, involuntary segregation for being at risk of victimization would not be implemented. He added detainees are not usually housed at the facility for long term sometimes 3 days to allow for the TB test. However, due to COVID-19 detainees must remain at a facility for at least 14 days before moving again.</p> <p>115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. However, per the Warden, BCBIC PCM, and observation of the facility, BCBIC does not have a segregation unit.</p> <p>115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. Per the Warden, BCBIC PCM and observation during the on-site visit, BCBIC does not have a segregation unit. Detainees identified as at a high risk of sexual victimization could be placed in a different</p> |

housing unit to include on a different floor. The detainees do not interact from different areas except for under direct supervision during mandatory classes. The assigned staff would be made of aware of detainee's status and the detainee would be monitored as much.

115.43(d) The DOC– Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. However, per interviews with the Warden, BCBIC PCM, and observation during the on-site visit, BCBIC does not have a segregation unit.

115.43(e) The DOC – Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing for longer than 30 days. BCBIC does not have a segregation unit.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited 4. Observation PREA Hotline Postings 5. Observation of PREA Posters 6. Observation of detainee's access to telephones and staff 7. Inmate Handbook 8. MCASA Brochure 9. Intake and Reception Sheet 10. Interviews with: <ol style="list-style-type: none"> a. Random staff b. BCBIC PCM c. Random Inmates <p>115.51(a) Executive Directive OPS.050.0001, section .05E (1) and OPS.200.0005 section 5 (E) discusses methods on how a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. A complaint of alleged inmate on inmate sexual conduct may be submitted by (a) the victim; (b) an individual with knowledge of an incident of alleged inmate on inmate sexual conduct; or (c) a third-party or other individual who has knowledge of the alleged inmate on inmate sexual conduct. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office, Inmate Handbook and the PREA and Sexual Assault Awareness brochure, PREA posters, and information on the inmate's housing units bulletin boards contain information on how to report sexual assault.</p> <p>On the day of arrival during intake the detainees receive the MDPSCS PREA and Sexual Assault Awareness, What Every Inmate Needs to Know brochure. The brochure provides reporting options of reporting to any staff they feel comfortable with, reporting incident to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting</p> |

through the Administrative Remedy Process (ARP) which would be investigated promptly.

The Intake and Reception Sheet is posted in all housing units on the detainee's informational bulletin boards that provides detainees methods to report PREA allegations both internally and externally. Internal methods include: (1) Inmates may report incidents to any staff member verbally or in writing; (2) Inmates may contact a third party to make a report on his or her behalf; (3) Reports may be made anonymously but doing so will make your complaint more difficult to investigate; (4) Inmates may make a free, confidential call to the PREA Hotline (410.585.3177) on any inmate telephone. After leaving a message your call will be screened by an operator from an outside agency that is not part of the Department of Public Safety & Correctional Services. Reports of sexual abuse will be forwarded to investigators who will respond to your complaint.

The Intake and Reception Sheet also provide information to outside confidential support services that states the following: The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving you mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential. These available services are: (1) TurnAround 18 N. Charles Street Suite 404 Baltimore, MD 21201 (443) 279-0379; (2) MCASA P. O. Box 8782 Silver Springs, MD. 20907 (301)328-7023/(800)-983-7273; (3) Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/(877)496-SALI; (5) JUST Detention International 1900 L. St, NW, Suite 601 Washing DC, 20036 (202) 506-3333; (6) RAINN Rape, Abuse & Incest National Network, No Written Correspondence (800) 656-4673.

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the facility on all five floors. This information is accessible to staff, visitors, and the detainee population. There is no area within the facility that did not provide continued PREA awareness, methods of reporting and the PREA Hotline number. Interviews with the staff and detainee population confirmed their awareness of methods to report PREA allegations. Most was able to recall the hotline number during the interview process. The most common method of detainees reporting PREA allegations was through the PREA hotline, although they did feel they could report directly to staff. Staff indicated they would report to a higher-ranking supervisor.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The detainee handbook also discusses methods of reporting that list the PREA Hotline at 410-585-3177. It also provides additional Agency Hotline: Rape Abuse and Incest National Network (RAINN) 1120 L. Street, NW suite 505 Washington DC 2005 (202)544-1034; National Sexual Abuse Hotline (800) 656-HOPE; and MCASA P.O, Box 8782 Silver Spring, Maryland 20907 (301) 328-7023. A copy of the MCASA brochure front and back

pages are posted on the detainee's informational bulletin boards in all housing units.

Baltimore Central Booking and Intake Center does not house detainees solely for civil immigration. ICE detainees enter the facility; the immigration department will pick up the offender with 48 hours from time of release initial charge except for weekends. Those detainees will not leave the booking area and remain separated from committed detainees until pick-up or release. However, there are several Immigration Enforcement Detention Facilities such as Worcester County, Frederick County, and Howard County. Information is located in the back of detainee handbook on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The information also references several consular officials for immigrant's detainees that can be contacted by Case Management if needed.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Detainees also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. Detainee interviews indicated they had watched the PREA video and was aware of various methods they could report sexual abuse and/or sexual harassment to include verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift.

115.51(d) Directive OPS.200.0005 The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline, notifying a supervisor, or calling IID as their primary ways to make a private report of sexual abuse or sexual harassment.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints 3. Interviews with: <ol style="list-style-type: none"> a. BCBIC PCM <p>Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, BCBIC PCM and to IID to be processed for investigation. Per the BCBIC PCM, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation.</p> <p>DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this Standard.</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited 4. Maryland Coalition Against Sexual Assault (MCASA) Brochure 5. DPSCS PREA and Sexual Assault Awareness Brochure 6. PREA Intake and Reception Sheet 7. PREA Posters 8. Interviews with: <ol style="list-style-type: none"> a. Random staff b. DPSCS Assistant PREA Coordinator <p>115.53(a) (b) Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA prior to departing Intake & Reception. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. The brochure is a guide for prisoners, advocates, and allies and includes information for inmates to report sexual misconduct to outside confidential support services. The services note in the brochure are as the following counselling services: (1) ALLEGANY Family Crisis Resource Center 146 Bedford St., Cumberland, MD 21502 Hotline (301) 759-9244; (2) ANNE ARUMDEL Sexual Assault Crisis Center 1517 Ritchie Hwy, Suite 101, Arnold, MD. 21012, Hotline: (410) 222-6068;(3) BALTIMORE CITY TurnAround, Inc., 1800 North Charles St., Suite 404, Baltimore, MD 21218, Hotline (401) 828-6390; (4) ST. MARY'S Walden-Sierra, Inc. 30007 Business Center Dr., Charlotte Hall, MD 20622 Hotline: (301)863-6661; SOMERSET, WICOMICO, WORCESTER Life Crisis Center, Inc. P.O. Box 387, Salisbury, MD 21803 Hotline: (410)749-4357; (5) WASHINGTON CASA, Inc 116 West Baltimore St. Hagerstown, MD 21740 Hotline: (301) 739-8975.</p> <p>The PREA Intake & Reception Sheet is not only posted in the Intake & Reception area, is also posted on inmate bulletin boards in their housing units. The facility provides inmates with access to outside victim advocate for emotional support service related to sexual abuse by giving them mailing addresses and telephone numbers including toll-free hotline numbers where available, of State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential. (1) YWCA of Annapolis & Anne</p> |

Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410)222-6800; (2) Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD. 20907 (301) 328-7023/(800) 983-7273; (3) Sexual Assault Legal Institute P. O. Box 8782 Silver Spring, MD 20907 (301)-564-2277/(877)-496-SALI; (4) Just Detention International 1900 L St, NW, Suite 601 Washington, DC, 20036 (202) 506-333; (5) RAINN Rape, Abuse & Incest National Network which does have accept written correspondence but provides a telephone number of (800) 656-4673.

The Detainee Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Rape Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505 Washington, DC 20005 @ (202) 544-1034; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023.

MCASA core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services." Some inmates were aware that advocacy, crisis intervention to include emotional support services were available as some recalled receiving the informational brochure and observing it on the inmate bulletin boards.

115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. On November 23, 2020, the DPCSC Assistant PREA Coordinator conducted a video conference with a work group from MCASA to establish a MOU that will strengthen the working relationship for both MCASA and all DPCSC facilities. An interview with the DPSCS Assistant PREA Coordinator indicated due to the frequent turnover of staff at MCASA negotiation have often had to restart prior to finalizing an official Memorandum of Understanding (MOU) agreement. The lead auditor reached out to the Supervisory staff at MCASA to collect an interview that included numerous emails back and forth, but the staff member was unavailable to complete the interview.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCIC Completed Pre-Audit Questionnaire (PAQ) 2. Intake and Reception Sheet 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. Detainee Handbook 5. DPSCS OPS.050.0001 Sexual Misconduct – Prohibited 6. DPSCS website <p>115.54(a) Directive OPS.050.0001 and Directive OPS.200.0005 states, “A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct.” Any employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal anonymous or from third parties. The Intake Reception Sheet provided to the detainees indicates they may contact a third party to make a report on his or her behalf. Methods of third party reported was also posted on bulletins boards and walls throughout the facility to include the detainee visiting area.</p> <p>The auditor reviewed the agency’s website. It contains the DPSCS PREA Coordinator contact information at the Office of the Chief of Staff 300 E. Joppa Road Suite 1000 Towson, MD 21286 with phone number listed as (410)-339-5091. The website also lists the contact information for the Internal Investigative Unit (../agencies/iiu.shtm1) and Compliant Number (410) 724-5742. Interviews with staff indicated they were aware of their responsibility of reporting all PREA allegations to include those reported by a 3rd party. All indicated they would immediately report the information received to their higher-ranking supervisor, Warden and/or IID investigator.</p> <p>Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. Completed PREA Investigative Casefiles 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents 7. Interviews with: <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. BCBIC PCM d. Medical Staff e. Mental Health Staff e. Random staff d. IID Investigator <p>115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred, notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related</p> |

incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 26 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All staff to include that they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift to report to the IID is also noted in OPS.020.0003.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff and only those who had the need to know such as BCBIC PCM, investigative staff, medical and mental health. When asked if the information would be documented in the housing unit logbooks, staff immediately responded it would not be due to the logbooks are accessible to everyone.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews confirmed that medical and mental health staff are aware of their duties required by this provision that includes their duty to report. The Regional Director of Mental Health indicated departmental staff are required to disclose their limitation of confidentiality and duty to report as it is a requirement of their state license. The Warden, medical staff, BCBIC PCM, and supervisory security staff is notified. She continued in stating mental health staff are required to report to her in which is reports to her supervisor, the Director of the State. She has not been informed of a PREA allegation directly by a detainee during the review period. An interview with Assistant Director of Nursing indicated medical staff does disclose limitation of confidentiality at the initiation of services to detainees and they report to the Medical Director, Custody Supervisor, Health Services Administration, and Director of Operations. She has never served as a 1st responder. An interview with the Director of Operations for CORIZON indicated health care providers must disclose limitations of confidentiality. Medical staff must report to custody supervisor, Director of Nursing, the Hospital Service Administrator, and the Regional Medical Director. He has not served as a 1st responder in his current role of 2 years.

115.61(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. Per interviews with the Warden, DPSCS PREA Coordinator, BCBIC PCM, staff and observation during the on-site visit, BCBIC does not house youthful inmates under the age of 18 years old. A review of an investigative casefile revealed

one detainee reported an allegation of sexual abuse that occurred prior to her incarceration at BCBIC and prior to the age of 18 years old. Documentation notes that the Department of Children Services was notified of the alleged incident.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmates sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a "third party or other individual who has knowledge of the alleged inmate on inmate sexual conducted. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a compliant received from an identified and may remain anonymous. An interview with the IID Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third party, by the alleged victim, and anonymously and are handled the same. review of 8 of the 11 completed PREA investigative packets confirmed the IID completed investigations of PREA allegations reported by third party that include the PREA hotline and letters submitted to outside resources. A review of 10 of the 16 completed PREA investigative packets confirmed the IID completed investigations of PREA allegations that was reported by third party, anonymously and the PREA hotline.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Division of Correction Manual: DOC.100.0002, Case Management Manual 5. Memorandum submitted by BCBIC PCM 6. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Warden c. BCBIC PCM d. Random staff <p>Executive Directives require that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives hold supervisors responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. Continued personal protection of the alleged victim shall be provided. This information is also covered in the PREA lesson plan. Directive OSPA.200.0005 states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual abuse. The Case Manager Manual section 18 provides guidance if an inmate claims to have an enemy within the Division of Corrections, the staff member receiving the claim shall notify case management staff, or a custody supervisor. If the enemy is housed at the same facility, a custody supervisor shall interview all inmates involved and determine whether the claimant shall be placed on administrative segregation pending further investigation. At the completion of the investigation, the case management specialist shall indicate on the Enemy Status form whether the inmate's claim has been verified, if the claim is verified, the information shall be entered on the OCMS Enemy Alert and Retraction screen. Further actions would be determined based on the findings of the investigation. The lead auditor presented a variety of scenarios to random staff during the interview process for response of their awareness to a detainee at substantiated risk of sexual abuse. In all scenarios, staff indicated, they would immediately remove the detainee from the area of threat, protect the detainee and notify their shift commander. Interviews with the Agency Head stated protective actions to an inmate identified as subject to a substantial risk imminent sexual abuse would immediately be separated from any threat that</p> |

could include being moved, assigned to different housing, reassignment of cellmate, transferred to another facility if necessary. The Warden indicated the detainee would immediately be removed from any area of threat. The physical layout of the facility with housing units are on various floors of the facility. The detainee could be assigned to a different cell and/or on another floor away from the area of threat. The detainee would be seen by medical and mental health staff and IID would be contacted to complete an investigation. A memorandum was submitted by the BCBIC PCM notating the reassignment of a detainee to a single cell and an ongoing investigation after the alleged victim made allegations against an alleged cellmate abuser.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. Email notifications to and from other facilities 4. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. Warden b. BCBIC PCM <p>115.63 (a-d) Executive Directive OPS.050.0001 states that If a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall notify: (i) If the incident occurred at another Department facility, the managing official of the facility where the incident occurred; (ii) If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and (iii) The IID, regardless of jurisdiction for the facility where the incident occurred and record the notifications made in accordance with this directive. An IID representative notified under this directive and the facility where the alleged sexual misconduct occurred (if it is a Department facility), shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed according to requirements established under this directive.</p> <p>An interview with the Agency Designee indicated when allegations are reported to another facility that is alleged to have occurred at the inmates' previous facility, the allegation is to be reported to affected institution with 72 hours of being reported. The information is then reported to the IID Duty Officer for the initiation of an investigation. During the review period, 4 detainees arrived at BCBIC reported PREA allegations to have alleged to have occurred at other DPSCS facilities and one allegation was reported to have previously occurred at BCBIC from another DPSCS facility. Documentation of notification was confirmed via emails to both facilities PCM dated within 24 hours of being notified.</p> <p>Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p> |

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. Review of PREA Investigations 6. Interviews with: <ol style="list-style-type: none"> a. Medical and Mental Health Staff b. Random staff interviews <p>115.64(a) Directive OPS.050.0001, addresses the requirements of this standard. It indicates the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is in Directive OPS 200.0005.</p> <p>The initial review period was scheduled for April 2019 – March 2020, in which the appropriate documentation was to be submitted. However, due to COVID-19 and the restrictions of visitation into the facility to conduct the on-site visit, the lead auditor extended the review to PREA allegations to September 2020. The PAQ identified 11 report of sexual abuse, however this information was incorrect. There were 12 reported allegations of sexual abuse reported during the review period. Of these allegations, there were 1 reported in which the first responder staff separated the alleged victim and abuser. There were 5 reported allegations where staff were notified within a time period to collect evidence and for a forensic medical examination by a SANE at a local hospital. Of these 1 was within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the alleged victim not take any action that could destroy physical including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating and 1 occasion where the first responder gave orders to the alleged abuser. Due to the short term of the detainee's assignment at BCBIC, who reported sexual abuse housed at the facility during the on-site visit for interviews.</p> <p>115.64(b) Directive OPS.0050.0001 states, "that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes,</p> |

urinating, defecating, drinking, or eating. "The PAQ identified 6 non-security staff who served as first responders. However, there were zero times in where the incident was reported within a time that allowed for the collection of physical evidence and the advisement of the alleged victim or abuser to not take any action that could destroy physical including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating. Staff were aware of their responsibilities as first responders. Each stated they would report immediately through their chain of command and the shift commander. There were no reported allegations of sexual abuse that was reported directly to non-security other than medical and mental health. Staff assigned to these departments immediately reported the incident to the shift commander and through their chain of command There were no PREA allegations reported to volunteers during the review period. No volunteers have been authorized to enter DPSCS facilities since March 16, 2020, due to the global COVID -19 pandemic.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. BCBIC.050.0030.1 Sexual Misconduct - Prohibited 3. Interviews with: <ol style="list-style-type: none"> a. Warden <p>An interview with the Warden identified the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is in the Facility Directive BCBIC.050.0030.1 details the requirements for custody staff first responders and for non-custody staff first responders upon learning of an allegation of sexual abuse. The policy includes various Appendix A- PREA Compliance Manager's Checklist; Appendix B -PREA Intake Screening/Referral; Appendix C - Sexual Abuse Incident Review Checklist; Appendix D – PREA First Responder Checklist; Appendix E - PREA Response and Containment Checklist regarding the facility's institutional plan</p> <p>Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland 3. AFSCMET MOU 4. Interviews with: <ol style="list-style-type: none"> a. Agency Head Designee b. Union Official <p>115.66(a) AFSCME Maryland Memorandum of Understanding between the American Federation of State County and Municipal Employees & the State of Maryland Effective January 1, 2018 through December 21, 2020 Article 3. Management rights indicated “The employer retains the sole and exclusive authority to for the management to its operation and may exercise all right, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but no limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article). Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland regarding management’s rights as provided by law was submitted for review. Items 1 through 8 documents specifically state the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees. The Agency Head designee reported that Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency’s ability to remove employee sexual abusers from contact with inmates.</p> <p>An interview with a union official confirmed management staff has the right to always assign staff, without interference from the union officials.</p> <p>Based on a review of the documents, interview and analysis, the facility has demonstrated compliance with this Standard.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. Facility Directive BCBIC.050.0030.1 Sexual Misconduct – Prohibited 4. Retaliation Monitoring forms 5. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. Warden c. BCBIC PCM/ Staff charged with Monitoring <p>115.67 (a) (e) Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. The BCBIC PCM and a Case Manager have been designated as staff assigned to monitor retaliation.</p> <p>115.67(b) The Directive states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. This was also described by the BCBIC PCM during the interview. She continued in stating she initiate meetings with the inmates. She meets with the detainee privately and discuss any concerns they may have. She indicated due to BCBIC being a booking and intake facility, the detainees are usually released and/or transferred during the monitoring period. She notes on the retaliation monitoring form the detainee's release date and/or transfer date and location of transfer. She would continue retaliation monitoring beyond 90 days if deemed appropriate. Per interviews with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated offering emotional support for the victim, removal of the abuser, and housing assignment observation are just some of the methods to provide protection from retaliation.</p> <p>115.67(c) (d)(f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable</p> |

or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The lead auditor requested documentation of 10 random selected retaliation monitoring. All retaliation monitoring was documented in accordance with the provisions of this standard. Staff and the inmate note their initials on the form documenting their meeting. One detainee remained at the facility and completed a 90-day retaliation monitoring period. Others were determined unfounded and monitored discontinued in addition to detainees being released and/or transferred to other DPSCS facilities during the monitoring cycle. Emails documentation support notification of the PREA case was forwarded to the detainee receiving institution. No detainees placed on extended monitoring during the review period. There were no detainees remaining at BCBIC who were placed on retaliation monitoring status during the on-site visit.

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DOC 100.0002 Case Management Manual 3. Interviews with: <ol style="list-style-type: none"> a. Warden b. BCBIC Compliance Manager <p>115.68 (a) DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.</p> <p>In an accordance with the PAQ, Warden, BCBIC PCM and observation during the on-site visit, BCBIC does not have a segregation housing unit. Therefore, detainees are not placed a segregated housing unit for involuntary segregation. Detainees who report allegations of sexual abuse would be relocated to a different cell and/or housing unit on a different floor. The inmate victim would have to make a request for placement in segregation and at that time the detainee would be transferred to another DPSCS. An alleged abuser would be placed in administrative segregation pending an investigation at another DPSCS facility if appropriate.</p> <p>Per the PAQ and interview with the BCBIC PCM, one detainee who reported allegations against a staff member requested protective custody and was transferred to another DPSCS facility as requested.</p> <p>Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this Standard.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1426 875" style="list-style-type: none"> <li data-bbox="252 400 1241 434">1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited <li data-bbox="252 474 1289 508">2. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses <li data-bbox="252 548 1426 582">3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited <li data-bbox="252 622 668 656">4. PREA Investigative Casefiles <li data-bbox="252 696 730 730">5. IID Investigators Training Rosters <li data-bbox="252 770 424 804">6. Interviews <ol data-bbox="252 844 483 875" style="list-style-type: none"> <li data-bbox="252 844 483 875">a. IID Investigator <p data-bbox="252 916 1477 1722">115.71 (a) Directive OPS. 050.0001 states to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal. She indicated the investigators have 10 days in which they are required to begin the investigation. PREA allegations that require a forensic examination are investigated immediately. Also, there are times when others could be delayed based on the lack of information given and the severity of allegations made. A review of 10 investigative cases, revealed that not all was continued for investigation by an IID Investigator within 10 days after being created at the facility level, but in most cases, the investigations were complete within 30 days of being reported. All third party and anonymously PREA allegations are conducted in the same manner as those directly reported and are not handled any different. However, information provided anonymous is sometimes limited in what information received. A review of the completed PREA investigative packets revealed the majority elected to report directly to staff. One detainee reported an allegation through the PREA Hotline. One detainee elected to have his allegation reported through third party (family member).</p> <p data-bbox="252 1762 1477 2136">115.71 (b) The PREA Audit Manual indicates the Department where sexual abuse is alleged, the Department shall use investigator who have received special training in sexual abuse use investigators pursuant to standard 115.34. OPS. 050.0001 and OPS.200.0005 states Department personnel assigned to conduct the investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in the correctional setting. An interview with an IID Investigator confirmed all IID Investigators are sworn law enforcement officers inducted by the Attorney General in Baltimore. The investigators attend training established by the Maryland Police and Correctional Training Commission for police to maintain certification, as well as</p> |

advance training in investigative techniques. Training is related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The interviewed Investigator serves as one of the instructors who provide training. The auditor training roster of all IID Investigators who have completed the required course "PREA: PREA Specialized Training." This course is identified as a seven-hour course in which a passing score is required by each participant.

115.71 (c) & (d) Directive OPS.200.0005 notes "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contact, Department or agency procedures, or other reasonable accepted standards related to: a) collecting and preserving evidence; b) interviewing victims, witnesses, and suspected perpetrators; c) conducting and using polygraph examination; d) identifying suspects; e) preserving an individual's person dignity and legal rights; f) and maintaining confidentiality of the investigation. An interview with an IID Investigator confirmed their methods of conducting investigations include those described in a – f. She added review available video footage, review phone calls of both the alleged victim and alleged perpetrator, conducting staff interview. The Investigator would also report to the local hospital if there was a need for the alleged victim to be transported for a forensic examination for the DNA sample. She explained the DNA sample results could take several months.

The IID Investigators are sworn law enforcement by the Attorney General in Baltimore. Per an interview with the IID Investigator, they are authorized to do indictments and the suspect would be advised of their Miranda rights, but they are not required to consent with the prosecutors on whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71.(e) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.0011. page 8 section e. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. The IID investigator explained during the interview, her determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video surveillance, monitored phones, staff's logs, interviews, photographs, bed sheets, medical records, DNA collected and all other available evidence. She continued in stating at no time would the continuation to proceed with the investigation be based upon an alleged victim requirement to submit to the polygraph or truth-telling device. A sexual abuse alleged victim would never be asked to submit to a polygraph or truth-telling device. Ten PREA reported allegations cases was reviewed, however none of the detainees were housed at the facility during the on-site visit for interviews. There was no documentation within the casefiles that acknowledged the victim and/or alleged abuser were asked to submit to a polygraph or truth-telling device by the investigative staff. A review of the 10 investigative case files confirmed the credibility assessment of findings for each investigative case appears to be based on the evidence collected throughout the investigative process.

115.71 (f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D 6 states, "Conduct post-incident investigation action to a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings' with regard to 115.71 (f). An interview with an IID Investigator indicated all PREA investigation are initially opened as a criminal case and treated as such in the gathering and collection of evidence and those involved. At any time during the investigation there was evidence to support staff did not perform their rounds or was not on post and or falsify the logs, an administrative investigation would be initiated on that staff while documenting their actions contributed to the prohibited act. A review of completed PREA cases did document staff and detainees actions as noted by video. However, no staff was noted as not appropriately performing their assigned duties and manning their assign post that could have contributed to an alleged incident.

115.71 (g) Directive IIU.110.0011 states An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly describes, physical, testimonial, and documentary evidence; (b) Explain the reasoning behind credibility assessment; (c) Include facts and findings; and (d) When appropriate, include related documents and (e) the report is maintained according to an established retention scheduled, which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. Directive OPS.050.0001 reference upon the IID Investigator completing an investigation of a complaint of alleged sexual misconduct, the investigator shall: (a) Thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution; (b) Include in the report a determination indicating the complaint of alleged sexual misconduct to be Substantiated (the investigation determined the sexual misconduct occurred); Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or Unfounded (the investigation determined that the alleged sexual misconduct did not occurred).

115.71 (h) Directive 200.0005 Upon completing an investigation of a complaint of alleged inmate on inmate sexual conduct, the investigator: thoroughly document all aspects of the investigation in a written report so as to best support subsequent administration and action, if appropriate, referral for criminal prosecution Directive IIU.110.0011 indicate if an investigation finding is appropriate, the investigator shall work with the prosecutor to develop the case for criminal prosecution. An interview with the IID Investigator indicated that all PREA allegations are initially opened as a criminal case until it is proven no criminal activity was committed. At that time, the case is completed as an administrative investigation. There were zero allegations of sexual abuse determined as Substantiated by the IID investigative staff. No allegations of sexual abuse and/or sexual harassment were referred for criminal prosecution during the 15-month review of sexual abuse cases. The lead auditor extended the review period from 12 months to 15 months because of the delay between the pre-audit phase and the on-site visit due to the global spread of the pandemic COVID-19.

115.71 (i) OPS.050.0001 and OPS.200.0005 requires the investigative files be filed and

maintained in accordance with an established retention schedule which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. An interview with an IID Investigator confirmed the retention schedule of the investigative files.

115.71 (j) Directive IIU.110.0011 states an investigation under this directive may not be terminated based on victim or suspect departure for Department employee or custody. The IID investigator confirmed whether staff is terminated or resigns, the investigation continues. The investigative staff would either go to staff's member home or request they report to the investigative staff. If a detainee is transferred, or released, an investigative staff would continue with the investigation. This procedure was confirmed during the review of the investigative cases, as BCBIC is not a time building facility.

115.71 (k) (l) All administrative and criminal sexual abuse and/or sexual harassment investigations are conducted by the Department IID investigators. These investigators are sworn law enforcement officers with the State of Maryland. Therefore, this provision is not applicable.

Based on the review of policies, observation, supporting documentation, interviews, and analysis, BCBIC is complaint with all applicable provisions of this standard.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 2. Review of Completed PREA Casefiles <p>115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of 10 investigative files to include sexual abuse and sexual harassment, the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect. The review of the investigative files confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated. An interview an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.</p> <p>Based on a review of the relevant policy, review of investigative files and interview, it is determined that BCBIC is compliant with the provision of this Standard.</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses</p> <p>115.73. (a) IIU.110.0011 states upon concluding an investigation involving an inmate as victim of sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation if the investigation resulted in the incident being Substantiated, Unsubstantiated, or Unfounded.</p> <p>The IID Investigator indicated there are occasions in where the detainee is notified of the investigative findings during the interview process based on the evidence previously collected prior to the interview. In other cases, the IID Investigator notifies the PCM upon determining an investigative conclusion of whether Substantiated, Unsubstantiated or Unfounded and the PCM makes notification to the detainee. The IID Investigator then documents all notifications in the summary of the investigative report. The summary of PREA investigative casefiles was documented as such.</p> <p>115.73 (b) DPSCS conducts its own administrative and criminal investigations that includes all sexual harassment and sexual abuse reported allegations. Therefore, this provision is not applicable.</p> <p>115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no long employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if know, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were zero Substantiated sexual harassment and/or sexual abuse allegations against staff determined at BCBIC during the review period of 15 months rather than 12-months due to the delay of the on-site visit because of restricted entry into the facility under COVID-19 precautions.</p> <p>115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was zero Substantiated allegation of detainee -on- detainee sexual abuse/sexual abuse during the extended review period of 15-months.</p> <p>115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. The lead auditor requested a random selection of 10 notifications for review. The summary of the investigative cases documented notification to the detainee by the BCBIC upon being informed by the IID</p> |

Investigator.

115.73 (f) IIU.110.001 states the victim reporting requirements under this standard shall terminate at the time the victim inmate is released for the DPSCS custody. The review of PREA investigative casefiles documented notification by the PCM to the alleged victim to include those investigative reports completed from allegations made at other DPSC facilities.

Based on the review of policies, investigative summaries, interviews conducted and analysis, the facility has demonstrated compliance with all provisions with this Standard.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. DPSCS Executive Directive OPS.505.001 Sexual Misconduct – Prohibited 2. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 3. Review of Investigative PREA casefiles <p>115.76 (a) (b) (c) and (d) Executive Directive OPS. 050.0001.05 notes the Department does not tolerate sexual misconduct by an employee, by either omission or commission; and consider alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to including termination of employment with the Department; Criminal prosecution; and if applicable, notification to a relevant licensing authority.</p> <p>There were no substantiated allegations of staff sexual misconduct with the past 15-months of PREA case file review. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body. A review of the investigative PREA investigative casefiles confirmed there were no substantiated allegations of sexual misconduct involving staff.</p> <p>Based on the review of policy, interviews, and review of PREA investigative files, the facility meets the provision of this Standard.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive 200.0005 Inmate on Inmate Sexual Conduct - Prohibited 4. Volunteer Orientation Manuel 5. PREA Investigative Casefiles 6. Interviews with: <ol style="list-style-type: none"> a. Warden <p>115.77(a) Executive Directive OPS.050.0001 Executive Directive OPS.200.0005 identifies an employee an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction. OPS.050.001 states an employee may not: commit, participate in, support, or otherwise condone sexual misconduct.</p> <p>115.(b) The Volunteer Orientation Manual states that the Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, coercion, or sexual violence.</p> <p>Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with detainee population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. In the past 15 months of review of PREA allegations, there have been no allegations made or substantiated against contractors and/or volunteers.</p> <p>Based on the review of policies, interviews policies and analysis, the facility is compliant with all provisions of this Standard.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. OPS.050.0001 Sexual Misconduct - Prohibited 2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited 3. DPSCS.020.0026 Executive Directive PREA Rape Elimination Act - Federal Standards Compliance 4. Interview with <ol style="list-style-type: none"> a. Warden b. Regional Director of Mental Health c. BCBIC PCM <p>115.78(a) DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other international touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the PAQ zero detainees were noted being subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. No detainees were subject disciplinary sanctions after a formal disciplinary of an administrative finding of guilt for a violation of sexual abuse.</p> <p>115.78(b) & (c) An interview the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. No detainees received a disciplinary sanction and/or was found guilty of sexual abuse during the review period. An interview with the Warden indicated detainee who are determined to have the committed the prohibited act would be transferred to their designated facility as detainees are housed at BCBIC normally less than 30 days. However, an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.</p> |

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Per an interview with the Regional Director of Mental Health for the Baltimore Region, because BCBIC is not a designation facility, detainees usually do not stay at BCBIC longer than 30 days. However, the detainees would not be required to participant in counseling, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse.

115.78(e) OPS.200.005 states inmates, "May be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct." There were no substantiated cases of sexual abuse for staff on inmate and no incidents in which inmates were disciplined for sexual abuse for sexual abuse with staff only if it was determined that the staff did not consent to the sexual conduct. No detainees were disciplined for sexual conduct with a staff member.

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct." Per the PCM zero detainees received disciplinary sanctions for inmates who was determined to have filed a false report or lied during the reported allegation of sexual abuse and sexual harassment.

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. Per the PAQ and an interview with the PCM, zero detainees received disciplinary sanctions for participating in sexual conduct activities that was not determined to be sexual abuse.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this Standard.

| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness 4. Corizon Guidelines for Sexual Assault 5. Mental Health Referral Forms 9. Interviews with: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Medical and Mental Health staff c. Staff who conduct risk screening d. Inmates that disclose during PREA Screening <p>115.81 (a) OPS.050.0001 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department. Interviews with intake staff and those staff who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and inmates who were identified as an abuser. The PAQ indicated 84% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. Some of the referred detainees declined services, were released and/or transferred prior to receiving a follow-up service with mental health. A mental health tracking chart was presented for review in addition to a requested number of referrals. The lead auditor requested a random selection of 20 detainees PREA follow-up completed by mental health. One detainee redacted his allegation and refused to be seen. A review of the 19 referrals confirmed the detainees met with a mental health practitioner well within 14 days (five or less) of the initial screening. Confirmation of timeliness was revealed by dates and signatures on the referrals. The lead auditor also interviewed 3 detainees who reported prior sexual victimization, and all confirmed they were seen by mental health staff within a few days of being referred.</p> <p>115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates</p> |

who have scored as an abuser. The PAQ indicated that 16% of detainees based on the number of detainees provided by the BCBCI PCM who previously perpetrated sexual abuse, as indicated during the initial screening was offered a follow-up meeting with a mental health provider. Documentation of the completed referral was submitted for review. The referral was completed within 14 days of the screening.

115.81(c) BCBIC is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with the PCM, she indicated that the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and that access is strictly limited to those with a need to know.

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault says that, "medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified they would be required to obtain an informed consent from inmates before reporting sexual abuse that did not occur in an institutional setting by completing appendix G and H of the Medical Records Manual (consent forms). BCBIC does not house detainees under the age of 18 years old.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this Standard.

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| 115.82 | Access to emergency medical and mental health services |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 398 1453 1066" style="list-style-type: none"> <li data-bbox="252 398 932 432">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 472 1238 506">2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. <li data-bbox="252 546 1453 624">3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness <li data-bbox="252 665 879 698">4. CORIZON Health PREA Training Lesson Plan <li data-bbox="252 739 1246 772">5. Inmates who reported sexual abuse medical and mental health follow-ups <li data-bbox="252 813 485 846">6. Interviews with: <ol data-bbox="252 887 1094 1066" style="list-style-type: none"> <li data-bbox="252 887 349 920">a. PCM <li data-bbox="252 960 716 994">b. Medical staff/ Mental Health Staff <li data-bbox="252 1034 1094 1068">c. Inmates who disclosed prior victimization during risk screening <p data-bbox="252 1106 1485 1352">115.82(a) OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.</p> <p data-bbox="252 1364 1477 2080">Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Assistant Director of Nursing and the Director of Operations for CORIZON verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The detainee would receive emergency medical treatment as soon medical staff are notified. They both added the medical care is based on community standards and professional judgement. Mental health staff and medical staff are on duty 24/7 and is part of the intake process. Detainees are seen by mental health and medical staff upon their arrival at the facility. An interview with the Regional Director of Mental Health for Baltimore Region indicated identified if a detainee reports a PREA incident the victim is made a priority and is seen upon becoming aware. She identified services provided are determined according to her professional judgement. There were no detainees at the facility who reported sexual abuse allegations during the on-site visit. However, documentation of detainees' medical and mental health services was provided for review by the auditing team.</p> <p data-bbox="252 2121 1422 2154">115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of</p> |

sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe, contact the shift commander and the detainee would be escorted to medical. An interview with a security first responder indicated he arrived at the area prior to an incident occurring. He removed a young detainee who had only been at the facility for 2 days. The young detainee was separated from the other detainee.

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." Inmate victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. A review of two forensic medical examinations indicated one detainee accepted medications from the local hospital which continued upon their return to the facility. The second detainee refused all medication.

115.82(d) OPS 200.0004 indicates that medical treatment, "if evidentiary or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with the medical staff also verified the services would be provided to prisoners at no cost.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <div data-bbox="252 165 896 203" data-label="Text"> <p>Auditor Overall Determination: Meets Standard</p> </div> <div data-bbox="252 244 523 282" data-label="Section-Header"> <p>Auditor Discussion</p> </div> <div data-bbox="252 322 991 360" data-label="Text"> <p>Evidence Reviewed (documents, interviews, site review):</p> </div> <div data-bbox="252 398 1453 987" data-label="List-Group"> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness 4. CORIZON Health Policy on Federal Sexual Abuse Regulations 5. Medical/Mental Health Follow-ups 6. Interviews with: <ol style="list-style-type: none"> a. BCBIC PCM b. Medical staff and Mental Health Staff </div> <div data-bbox="252 1104 1477 1480" data-label="Text"> <p>115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault addresses the requirements of this standard. Per Section I, Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.” CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff, indicated they would ensure the victim is stable and then provide follow up treatment plans per the physician or local hospital.</p> </div> <div data-bbox="252 1518 1477 1854" data-label="Text"> <p>Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient’s medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial offsite medical visit regarding the allegations of sexual assault. Mental health staff are on duty 24/7. An interview with mental health staff indicated staff would meet with the victim within minutes of awareness and offer supportive counseling.</p> </div> <div data-bbox="252 1892 1477 1971" data-label="Text"> <p>However, staff who provide counseling services work schedule is Monday – Friday. Therefore, the detainee would be seen upon their first day of returning to work.</p> </div> <div data-bbox="252 2009 1477 2130" data-label="Text"> <p>115.83(b) The facility offers medical and mental health evaluation as appropriate treatment to all inmates who have been victimized by sexual abuse. Inmate sexual abuse casefiles confirmed inmates are seen by and follow-up services are conducted with medical and mental</p> </div> |

health staff through documentation of services. Confirmation of continued community follow-up services is arranged prior to the inmate's departure from the facility. Per mental health staff, mental health follow-up services are offered through Chimes, and TurnAround for domestic abuse and sexual abuse. Per medical staff a team of discharge planners coordinate continued services through John Hopkins and the Mercy Medical Center.

115.83(c) In an interview with the Assistant Director of Nurses and Regional Director Mental Health for Baltimore Region indicated the level of care provided to the detainees are consistent with the community level of care.

115.83(d) & (e) BCBIC houses male and female detainees. CORIZON Health policy on Sexual Abuse states females would be provided a pregnancy test and comprehensive information regarding options and if needed treatment for sexually transmitted diseases. There were no reported allegation of sexual abuse involving the penetration of a male genital with a female inmate. The completion of a pregnancy test was not applicable.

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. Two inmates who received forensic examinations received testing relevant to the circumstances of their reported allegation of sexual abuse while at the outside hospitals. One of the detainees refused full testing. There were no reported allegation of sexual abuse involving the penetration of a male genital with a female inmate.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Signed medical services forms signed by the two detainees who received forensic medical examination noted the detainees would be charged for the medical services. Per medical staff, the detainees are never held responsible for the financial cost of medical treatment resulting from a reported allegation of sexual abuse to include from local community hospitals.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. An interview with a Case Manager, who performs risk screening for victimization or abusiveness, indicated that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to mental health. The inmate is given the option of being evaluated but a referral is made whether the detainee chooses to participate or not. The Regional director of Mental Health indicated depending on the circumstances of the case, staff attempts to get the abuser into a program upon departing BCBIC as detainees are not held at BCIC for long term.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this Standard,

| 115.86 | Sexual abuse incident reviews |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness 4. CORIZON Health Policy on Federal Sexual Abuse Regulations 5. Medical/Mental Health Follow-ups 6. Interviews with: <ol style="list-style-type: none"> a. BCBIC PCM b. Medical staff and Mental Health Staff <ol style="list-style-type: none"> 1.BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 3. PREA Investigations Tracking and Review 4. PREA Incident Reviews 5. Interviews with: <ol style="list-style-type: none"> a. Warden b. BCBIC PCM c. Incident Review Team Member <ol style="list-style-type: none"> 1.BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 3. PREA Investigations Tracking and Review 4. PREA Incident Reviews 5. Interviews with: <ol style="list-style-type: none"> a. Warden b. BCBIC PCM |

c. Incident Review Team Member

115.86(a)(b)(c) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed. During the extended review period of 15 months due to delayed on-site visit created by COVID-19, three allegations of sexual abuse was determined to be Unsubstantiated. There were zero allegations of sexual abuse determined to be Substantiated. The incident reviews for 3 Unsubstantiated allegations of sexual abuse were reviewed. The incident reviews were conducted with 30 days of the completed PREA investigation. An interview with the Warden indicated the incident review team often consists of the Warden, mental health, medical, security staff, chapel, investigative staff, and shift commander. A review team consist of the Warden, Assistant Warden, Mental Health Staff, Health Services Administrator, Case Management Staff, and the BCBIC PCM who is a line supervisor (Captain) while reviewing the investigative reports submitted by the IID Investigator for input regarding any security concerns for recommendations.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and BCBIC PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. An interview with the BCBIC PCM a member of the incident review team indicated the committee take all factors in to consideration. The committee look at the identified areas to see if there are any blind spots, if additional mirrors are needed, or more staff is need. Also consider if additional cameras are needed. The Warden indicated the incident review team determine if policy and procedures were followed and if any red flags were overlooked in determining if the facility could have done better. He also noted the committee is to consider the above-mentioned factors as stated by the BCBIC PCM during the review. There were no recommendations made on the report.

115.86(e) OSP.S020.0027 requires the managing official shall work with the facility's PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Per review of the completed incident reviews, there were no recommendations made in the reports.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

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| 115.87 | Data collection |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1410 725" style="list-style-type: none"> <li data-bbox="252 400 932 434">1. BCBIC Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1410 508">2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review <li data-bbox="252 548 496 582">3. DPSCS Website <li data-bbox="252 622 485 656">5. Interviews with: <ol style="list-style-type: none"> <li data-bbox="252 696 628 730">a. DPSCS PREA Coordinator <p data-bbox="252 770 1474 1144">115.87(a) OSPS.020.0027 says that the Department's Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigations and for developing the forms to collect such data. Documentation provided included an information sheet entitled Incident-Based Data Collection. This outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victim's information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.</p> <p data-bbox="252 1184 1453 1435">115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He indicated he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.</p> <p data-bbox="252 1476 1474 1592">115.87(c) The DPSCS provided a copy of their most recent SSV-2 report that demonstrated that the data collected is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.</p> <p data-bbox="252 1632 1481 2007">115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.</p> <p data-bbox="252 2047 1469 2125">115.87(e) Directive OSPS.020.0027, section .03B states, "The Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under</p> |

the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.” The Maryland Department of Public Safety and Correctional Services contracts with “Threshold, Inc.” for its pre-release services. The DPSCS does aggregate incident-based sexual abuse data for “Threshold, Inc.” at least annually. The annual reports contained aggregated data for “Threshold, Inc.” These annual reports are published online and can be found on the agency website.

115.87(f) Directive OSPS.020.0027, section .03B states, “The IID shall: (4) By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.” The DPSCS PREA Coordinator, provided a copy of the most recent SSV-2 which demonstrate that the information is submitted to the Department of Justice timely.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Website 4. 2019 Annual PREA Report 6. Interviews <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. Agency Head <p>115.88(a-d) Section .05 C of OSPS.020.0027 addresses the requirement of this standard. The Directive indicates the DPSCS PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assess the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication.</p> <p>Per an interview with the DPSCS PREA Coordinator, the data is collected, on all cases, by IID, every year, and forwarded to him. He aggregates the data and compare to previous years' data, looking for patterns or for anything unusual or noteworthy. He writes the annual report for the Secretary's review and signature. Upon the Secretary approval and signature, it is published on the agency web site. He also indicated he does not typically include information that needs to be redacted.</p> <p>The auditor reviewed the website and verified the 2019 annual report was signed by the Secretary and published. A review of the report indicated a comparison of 2018 and 2019 data. The report is professionally written and addresses the requirement of this standard.</p> <p>Based on a review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. BCBIC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. Agency website 4. 2019 Annual PREA Report 5. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator <p>Section C of OSPS.020.0027 addresses the requirements of this standard. The directive indicates the DPSCS PREA Coordinator is responsible for completing an Annual report and when approved by the Secretary it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related personal identifiers. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. Maintain sexual abuse data for at least 10 years from the date received.</p> <p>Per an interview with the DPSCS PREA Coordinator, he stated he writes the report that is published on the Department website. He does not include any information that presents a clear and specific threat to the safety and security of a correctional facility or personal identifiers in the report, so he does not have to redact anything. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2019 annual report was published. A review of the report indicated there were no personal identifiers included in the final report.</p> <p>Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.401 a b. DPSCS. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the third PREA audit for BCBIC and the first year of the third cycle.</p> <p>115.401.h,i,m,n The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions, and practices in the various departments, in addition to inmates movement, activity in programs and housing. The auditor and support staff were provided with separate offices to conduct private interviews with both staff and inmates. The auditor did not receive any correspondence from the detainee population and/or staff. An interview with mail-room staff acknowledged that inmate mail is sealed by the inmate prior to placement in the outgoing mail. This procedure allows the inmate population confidentiality in communicating with the auditor just as with legal counsel.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.403 In accordance with DPSCS Directives and a review of the Department's website, PREA Audit Reports for the 24 correctional facilities overseen by the Department was posted on the website for the past three years precede this audit. The most recent PREA Audit Report posted on the website, at the time of this report was dated May 4, 2020. |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for | yes |

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| | adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

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| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

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| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual | yes |

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| | abuse and sexual harassment, including: inmates who are blind or have low vision? | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |

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| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

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| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

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| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

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| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

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| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |

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| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

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| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
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| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | no |

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| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |

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| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |

| 115.43 (a) | Protective Custody | |
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| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |

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| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

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| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |

| 115.52 (e) | Exhaustion of administrative remedies | |
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| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | na |

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| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

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| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

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| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

| 115.67 (c) | Agency protection against retaliation | |
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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |

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| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | no |

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| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | na |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

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| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |

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| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

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| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

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| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

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| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | na |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

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| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |