

PREA Facility Audit Report: Final

Name of Facility: Baltimore Central Booking and Intake Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/05/2019

Date Final Report Submitted: 08/26/2019

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: Krista J. Callear	Date of Signature: 08/26/2019

AUDITOR INFORMATION	
Auditor name:	Callear, Krista
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Email:	kcallear@pa.gov
Telephone number:	
Start Date of On-Site Audit:	12/05/2018
End Date of On-Site Audit:	12/07/2018

FACILITY INFORMATION	
Facility name:	Baltimore Central Booking and Intake Center
Facility physical address:	300 E. Madison Street, Baltimore, Maryland - 21202
Facility Phone	410-209-8106
Facility mailing address:	

Primary Contact	
Name:	Dionne Randolph
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Telephone Number:	410-209-8106

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
Name:	
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Name:	Tennille Johnson
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Facility Health Service Administrator On-site	
Name:	Travis White
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Telephone Number:	505-450-5153

Facility Characteristics	
Designed facility capacity:	946
Current population of facility:	900
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
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:	463
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

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:	Stephen T. Moyer
Email Address:	Stephen.Moyer@maryland.gov
Telephone Number:	410.339.5005

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.

A Prison Rape Elimination Act (PREA) Audit of the Baltimore City Booking and Intake Center (BCBIC), located at 300 E. Madison Street, Baltimore, Maryland 21202, was conducted on Wednesday, December 5, 2018 through Friday, December 7, 2018 to determine compliance with the Prison Rape Elimination Act standards. This was in accordance with a circular audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and the Wisconsin Department of Corrections. The facility was last audited for PREA during 10/31/2016 to 11/1/2016. During the current audit, the PREA Audit Team consisted of Krista Callear, Lead auditor, David Radziewicz, Secondary Auditor, and Linda Chismar. The facility PREA Compliance Manager, Lieutenant Tennille Johnson, was the audit team's main point of contact. The higher headquarters of the BCBIC is the Maryland Department of Public Safety and Correctional Services located at 300 E. Joppa Rd, Towson, Maryland - 21286.

Pre-Audit Process:

The pre-audit process began on August 8, 2018 with auditor contact information being provided to the PREA Coordinator. On October 3, 2018 auditors met and reviews of the agency's PREA Audit Manual began as well as the PREA Jail Standards. The standards were divided between the primary and secondary auditor with each reviewing assigned standards and primary documentation while using the auditor tool as a guide. Six weeks prior to the on-site visit, during the week of 10/15/2018, the facility was provided with Audit Notices for posting during the week of 10/22/2018. Posters were provided in both English and Spanish, and included auditor contact information, for posting throughout the facility for inmates to contact the audit team. No letters were received prior to the visit to BCBIC. It was inquired of the facility if the mail room was instructed to treat any associated outgoing mail as legal mail. A response is pending. The facility was requested to send photos of the posted notices on 10/30/2018. The facility provided photos of the posted notices to this auditor to demonstrate that they had been posted and were received on 11/1/2018. Since the photos were not date stamped, it is not known if they were posted 6-weeks prior to the audit. As the photos are close ups of the audit notices, it is difficult to determine the placement of the notices within the facility. A phone conference took place on October 25, 2018 and preliminary logistics were discussed with facility staff. The Pre-Audit Questionnaire from the facility became available to this auditor on Saturday, December 1, 2018.

Entrance Interview Thursday, December 6, 2018:

The onsite facility audit at BCBIC began with inmate and staff interviews on Wednesday, December 5, 2018. Due to the unanticipated National Day of Mourning for the passing of President George H.W. Bush, the entrance interview and tour began at BCBIC on Thursday, December 6, 2018. The audit team was greeted by Assistant Warden, James Flood, Jr., Security Chief Tyrell Wilson, PREA Compliance Manager, Lieutenant Tennille Johnson, along with other facility staff. Also attending was the State PREA Coordinator, David Wolinski, special assistant to Secretary Stephen T. Moyer. The PREA audit team was introduced, along with an audit overview, explaining the purpose and framework of the audit process, as

well as the expectations and requirements necessary for a thorough audit. The audit plan for the onsite phase of the audit was explained prior to the conclusion of the Entrance Interview. The facility tour began shortly after the Entrance Interview.

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.

Shortly after the Entrance Interview, the audit team was given a tour of most areas of the facility. Other portions of the tour concluded on Friday, December 7, 2018, with multiple areas of the facility being visited during the onsite phase. Areas visited included: booking/intake/screening areas; all housing units, including celled units and dormitories; gym; medical; mental health units which are staffed 24/7, including the medical area of the female unit, as well as the dispensary; educational areas including the Substance Abuse Program (D/A) trailer and the program area for the female unit; as well as a housing unit that was being renovated. Multiple other areas of the facility were visited and included: Case Management, dietary, staff dining area, laundry, maintenance and repair shops, Administration offices, visiting area, and the hearing area. It was learned during formal and informal discussions with staff that the facility's mental health unit is a hub for mental health treatment and inmates from other facilities may be transferred here for treatment. The facility's medical services provide initial health care and determine if transport to the hospital is needed for more urgent health care services.

The first floor of the facility holds the lobby, central control center, security offices, transportation and sally port, group holding cells, single holding cells, files storage, Case Management office area, property storage, dietary, staff dining, laundry, general storage, and the maintenance and repair shops. The second floor holds the Administration area, visiting area, Inmate Services, medical, temporary single and group holding cells, booking and intake, women's booking area, hearing area to include offices for the State's Attorney and Public Defenders, and Traffic Control. The building is long and narrow, with sloping elevation on the first-floor hallway. Movement between floors occurs by elevator. The hallways and elevators have sufficient camera coverage and within these areas, there is extremely limited opportunity for sexual abuse to go undetected. The cameras cover all of these areas and are constantly monitored by staff. This was observed during the facility tour. Starting with the third floor through the fifth floor, the building segments into towers with a South tower, Center tower, and North tower. Predominantly, housing units occupy these towers. South tower has a total of six (6) dormitory housing units. Center tower has four (4) celled housing units and a gym on the 5th floor is used as a dormitory style housing unit. The North tower has a total of six (6) celled housing units. Cells are both single and double occupancy. Within each tower on each floor, upon exiting the elevator, the audit team encountered a lobby in the center with a housing unit on each side of the lobby (Unit A and Unit B). A Lobby Officer is posted at a control desk and operates the entrance/exit to each housing unit on the floor among other duties.

Housing unit designs vary between cells and dormitory style; populations vary depending on the design. All housing units consist of a single tier with an officer control desk at the front of the unit. Showers and toilets are either located adjacent to the control desk or at the back of the housing unit, depending on the housing unit design. The housing unit design is generally rectangular. Depending on design, maximum populations of the housing units vary: 50 or 70 or 84. The mental health unit and special needs unit, which are not protective custody, have lower maximum populations of 32 and 20, respectively. There is no segregation unit. Informal interviews with multiple staff confirm that there is no protective custody or segregation units at the facility. Presently, the gymnasium is being used for overflow housing with a

maximum capacity of 30-inmates. These are inmates that have completed intake and are pending housing assignments. At the time of the audit, a housing unit being renovated caused up to 100-beds to be unavailable. This was observed by the audit team during the audit. Within the housing units, inmates have up to 3-hours of out of cell time which is spent on the housing unit. Within each housing unit, inmates have access to phones, television, laundry (if operable), toilets and showers during their out of cell time. Program areas are limited to one classroom adjacent to the female housing units and the outdoor Substance Abuse Program (D/A) trailer. There is an outdoor exercise area adjacent to the gym however it is not in use due to the indoor gym being used as housing.

The gym and the outdoor exercise area adjacent to the gym were visited during the tour. The gym was described as “not in use” by facility staff prior to the audit team’s observation of it. The 5th floor of the Center tower consists of a storage area, a staff control center, and the indoor gymnasium with a bathroom containing a single toilet. Across the hallway from the gymnasium is a large room which was mostly empty and it contained a shower and another toilet. At the end of the short hallway is the outdoor recreation area. Cameras were observed in all 4-corners of the indoor gym and the outdoor recreation area. 2-security staff were on duty in the staff control center. From the staff control center, staff had observation into the gym and across the hallway into the large room containing the shower and a toilet. Cameras did not have direct line of sight into the toilets or shower, however inmates were not afforded privacy to change clothes. This presented concerns about opposite gender viewing not only by any female security staff assigned to the gym but also by any female staff monitoring the security camera images. PREA information was posted on a wall in the gym where the inmates could easily see it. 1-inmate was interviewed informally and their responses were included with the other informal inmate interviews. Inmates in the gym had low, single bunks. There were a few tables with chairs and some inmates were observed playing board games. The maximum capacity for the gym is 30-inmates. Staff indicated that their stay in the gym is supposed to be short term, such as a couple days. At least 1-inmate indicated having been housed there for 1-week. There was no television in the gym and inmates reported having access to phones during specific hours on certain days. The shower was available for them to use during specific hours, 10:30 AM to 1:00 PM, which was posted.

The mental health unit and the special needs unit were both visited by the audit team during the facility tour. This area encompasses the 5th floor of the North tower. The mental health unit consists of a treatment team meeting area with an adjacent shower, a couple of staff offices, a nurse’s station; an open area with a shower area, and cells. Members of the audit team observed a treatment meeting taking place with an inmate. Inmates in this area wear smocks. PREA signage was observed posted in the housing unit. Cameras were found not to have a direct line of sight into the cells, toilets, or showers in this area. However, the showers have cell doors on them with openings that could prevent privacy of the inmates. Staff demonstrated how the inmates’ smocks are used to cover the opening in the shower cell door when it is in use. 1-audit team member observed during the tour that the smock was not being used in this manner while a shower was in use and the inmate was not afforded privacy. A handicap accessible shower was under construction during the time of the tour. A board leaning against the interior window of the nurse’s station blocked the view of the showers in that area. Cells on the unit were observed and appeared to be dark; toilets inside the cells were not visible from outside the cells. It was learned during informal interviews with staff that female inmates in need of mental health treatment are transferred to other facilities.

Across the lobby from the mental health unit is the special needs unit. It consists of cells, some of which have double occupancy. Unique to this housing unit is a group room that has been added and it is in proximity to the officer’s control desk at the front of the unit. This design limits the officer’s ability to see

the left side showers on the unit however there is camera coverage of this area. As with some other housing units, the janitor closet, 5N-70, was found open. This door would not shut and staff indicated that there is a work order submitted for the door. PREA signage was posted in the unit. Staff was informally interviewed and their responses were included with other informal staff interview responses.

Program areas were visited during the facility tour. This mainly consisted of a program area for female inmates adjacent to their housing units and a Substance Abuse Program (D/A) trailer located adjacent to the facility inside the compound and beyond the area where the transport vehicles deliver inmates. The female program area is adjacent to the female housing units on the 5th floor of the South tower and is accessible by a ramp and a small set of stairs. Inmates are escorted to this program area. The area consists of a large room with 3-staff work cubes at one end of the room. Cameras provide coverage from each side of the area, including overlooking the staff work cubes; there were no blind spots observed in this area. PREA signage was also observed posted in this area. This area is bright, well-maintained, and was found to have inspirational messages posted on the walls. Inmates also meet with Case Management staff here. Informal interviews with staff revealed that at the time of the audit, there was no longer a library, and there were no GED classes. Religious services and programs occur on various days including evening prayer groups. A private provider conducts a group on Tuesdays that includes topics about child support, custody, and temporary guardianship.

The Substance Abuse Program (D/A) trailer was visited during the facility tour. This single story, modular unit with an extensive wooden ramp requires security staff assistance to gain access. Inside the trailer, which is rectangular in shape, there is a large open space for groups. Off from this are staff offices on each side of the group area. There are also closets which are only used by staff and are kept locked, according to staff. There is an inmate bathroom as well. There is a small break area similar to a kitchenette for staff use only; this is adjacent to the group area. 2-cameras were observed and they provide coverage from each side of the group area. PREA signage was observed posted on the walls in the group area. Three staff were observed working in this area. Five inmates were observed in the group area. Informal interviews with staff indicated that 5-inmates is the average size of groups that are conducted at a time. This area was found to be bright and well maintained.

Housing units that were being renovated at the time of the audit were observed during the facility tour. The 4th floor housing units (A and B units) of the Center tower were being renovated for female occupancy in the near future. This renovation involved painting, new flooring, etc. The use and design of the housing units was not being changed. These housing units have cells with camera coverage that is the same as other housing units; none of the cameras have direct line of sight into cells, toilets, or the showers. This was confirmed when auditors reviewed camera monitoring images with security staff. It was observed by this auditor that PREA signage was posted in the units under renovation.

The Case Management offices were visited by the audit team during the facility tour. This area consisted of several offices, large open areas with multiple filing cabinets, and a staff bathroom. Inmate files were randomly reviewed in this area by the audit team for a period of time. This area of the building was unreasonably warm and the door to the hallway was kept open with fans running to cool the work area. Inmate workers under maintenance staff supervision performed housekeeping duties in this area while the audit team was visiting.

The Administration offices were also visited by the audit team. This area contained offices for senior leadership of the facility as well as a conference room, restroom, and open work space for administrative support staff. This area was separate from the interior of the facility and not accessible to inmates.

The Audit Notices were posted throughout the facility, in common areas and in each housing unit on bulletin boards and in areas that staff and inmates could easily see. PREA signage consisted of information telling inmates of their right to be free from sexual abuse and sexual harassment; signs telling inmates how to report sexual abuse and sexual harassment; notices of the PREA audit; as well as victim advocacy information; and the PREA hotline number. During the tour, 11-informal interviews were conducted with inmates in various areas and 10-informal interviews were conducted with security and non-security staff throughout the entire facility. These figures are not included in the overall number of random inmate or random staff interviews. Staff have an awareness of the Prison Rape Elimination Act and the various available reporting processes that accompany it. Not all inmates had an awareness of PREA. This is discussed below.

Inmates were informally interviewed during the tour and were asked about how to report an incident of sexual abuse; if supervisory staff perform rounds and how often; if staff of the opposite gender announce themselves when entering the unit; and if they can perform bodily functions without being viewed. Of the 11-inmates interviewed, not all inmates responded to all of the questions. 5 out of 6-inmates reported knowing how to report indicating use of the hotline, and telling or writing a corrections officer; 1 out of 6-inmates was unsure how to report; there were no negative responses. 9 out of 11-inmates reported seeing supervisory staff perform rounds at various intervals and this included a variety of ranks including sergeants, lieutenants, captains, majors, assistant wardens and the warden. 2 out of 11-inmates responded negatively; 1-inmate added that staff sleep on the night shift. Regarding opposite gender announcements, 6 out of 11-inmates responded positively that staff make these announcements all the time. 3 out of 11-inmates reported that staff never make these announcements. 1 out of 11-inmates indicated that staff sometimes make these announcements; and 1 out of 11-inmates reported that only certain female staff make these announcements. Regarding being able to perform bodily functions without being viewed, 9 out of 10-inmates responded positively that they were able to perform bodily functions without being viewed; 1 out of 10-inmates responded negatively in that they were not able to change clothes without being viewed.

All of the housing areas visited were adequately staffed during the time of the visit. This was based on a review of the facility staffing plan and onsite observations. Staff were busy making rounds on some of the housing units during the tour. Doors were not always locked on the housing units, such as the janitor closets on at least 2-housing units. Additionally, inmates were found to have sheets hanging from bunks in the dormitories of at least 3-housing units. The sheets were removed upon entry of the audit team. The sheets hanging in the dormitories and unlocked janitor closets presented concerns about sexual safety as well as for security reasons. Additionally, there were privacy concerns on a number of housing units due to missing or broken privacy curtains for the showers and/or toilets.

In the housing units, camera coverage provided by monitoring equipment was adequate; no cameras had direct lines of sight into the cells, toilets or showers. This was based on the audit team's review of the facility's electronic monitoring systems with security staff. Log books were randomly inspected on the housing units. Supervisor (Sergeant) entries are made in red ink. Entries were found to confirm that supervisors performed rounds on about a weekly basis with entries reading "Security/PREA" rounds.

PREA information displayed throughout the facility was clearly posted in both English and Spanish. Posters listed reporting information for sexual abuse or sexual harassment allegations, provided contact information for the inmates to report allegations and also cited the agency zero-tolerance policy related to sexual abuse and sexual harassment. Advocacy information was also provided. In the housing units, the

PREA hotline number was also posted on the wall near the phones, as well as on the bulletin boards in the housing units. The PREA hotline number was tested using an inmate phone on one of the housing units and was found to be operational. A member of the audit team who tested the line accessed the service without having to pay, experiencing delays, or inputting a booking number.

Staff who were informally interviewed during the tour were asked about supervisory staff performing unannounced rounds; staff of the opposite gender announcing themselves when entering the unit; and if transgender/intersex inmates had an opportunity to shower separately from other inmates. Of the 13-staff informally interviewed, not all were asked the same questions. 8 out of 8-staff interviewed reported observing supervisors of all ranks performing unannounced rounds, including on the third shift. 5 out of 6-staff interviewed reported that staff of the opposite gender announce themselves when entering the unit; 1-staff responded negatively. Regarding transgender/intersex inmates being able to shower separately from other inmates, of the 6-staff who were interviewed, 1-staff responded positively; 3-staff responded that this was not applicable as they had no transgender inmates on their units at the time. 2-other staff responded that this was not applicable however, if they had transgender or intersex inmates in the housing unit, they would shower separately. All showers are single person showers; and that an officer would be posted nearby. It was observed during the tour of the housing units that all inmates have the opportunity to shower separately. No communal showers were observed during the tour. Also, during the tour of the facility, audit team members did not always observe staff of the opposite gender announce themselves when entering housing units.

The male and female booking areas are separated. They were visited by the audit team. It was observed by audit team members that both areas are bustling with activity and there is a high ratio of staff to inmates. Staff include both security staff and medical staff. The inmates arrive by transport vehicles and they can spend several hours in this area prior to either being released or being processed through intake and assigned a housing unit. Almost all inmates at the facility originate from arrests from within the City of Baltimore; a few male inmates are transferred from other facilities for mental health treatment. Law Enforcement Officers delivering inmates to the facility can use workstations in an area adjacent to the booking floor while their detainee is being booked. Throughout the area, the audit team observed PREA signage in English and Spanish, the audit notice, the hotline number; as well as a PREA video playing non-stop. Inmates are either celled or occupy benches along walls at various points throughout the booking process. Security staff explained the booking process for the audit team during the tour. The booking process involves fingerprinting, photographs, verification of identity, a medical review for acceptance into the facility, searches, property removal, entry into the facility's Offender Case Management System (OCMS) at the booking window, a phone call, and a hearing process onsite. The purpose of the hearing process is to determine the inmates' pre-trial status including bail. Inmates are celled pending their hearing process. Most cells appeared to hold multiple occupants. The various activities occurring during the booking process happen in large work areas and offices. The audit team did not observe inmates not being afforded privacy during the activities involved in the booking process. Concerns were observed with the holding cells along a narrow hallway near the inmate telephones. Toilets inside some of the cells were easily visible by staff of the opposite gender outside the cells. Opposite gender announcements in this area were not heard during the audit tour. These concerns were discussed with facility staff and it was explained that opposite gender announcements occur at the start of shifts in this particular area.

The hearing area was visited briefly and this area was also bustling with activity. Numerous inmates were engaged in the hearing process along with public defenders and hearing staff. Multiple offices were used for this process as well as holding cells, discussed above.

After the hearing process, inmates determined to be staying at the facility are processed through intake. Male and female inmates are separated during the intake areas; the process is similar for both. The audit team visited the intake areas. An intake sergeant demonstrated the male intake process for this auditor. It involves a strip search, fingerprints, photographs, jumpsuit issue, and the PREA Risk Assessment form being administered. Some one on one interactions with inmates occur over a counter and there is a strip search room nearby. The sergeant related that the risk assessment is verbally administered by staff. It was learned in a separate interview with intake staff that if there are multiple inmates being screened, that an office would be used to afford them privacy. This was also confirmed by the PCM. An inmate being identified as a possible victim or abuser is referred to mental health, for observation if needed. Upon completion of the assessment form, a copy is delivered by staff to Traffic for the housing assignment to be made. The original is delivered by staff to Case Management where they update the OCMS and complete the 30-day reassessment. It was observed by this auditor that male staff in this area made sure to prevent opposite gender viewing of the strip searches being conducted with male inmates. It was also observed that female staff entering the intake area do not have direct observation of the adjacent strip search area. It was also observed that toilets in cell(s) adjacent to the intake area do not afford privacy from opposite gender viewing. This was also discussed with facility staff.

The facility medical area was visited by the audit team during the tour. This medical area is for committed male inmates only and is fully staffed with both security and medical staff. It was observed during the tour that 3-charge nurses and 4-security staff were on duty. The medical staff are contracted employees. Inmates are secured at all times in this area. There is no toileting, showering, or changing of clothes by inmates in this area. It was observed that medical services are delivered in offices and the audit team did not observe inmates not being afforded privacy in this area. It was learned that committed female inmates have access to medical services in an area adjacent to their housing unit. This medical area for female inmates was observed during the facility tour. It is located in the lobby on their floor with a counter and adjacent office space. It was not in use during the time of the tour however the office space affords female inmates' privacy while receiving medical care.

The laundry was visited by the audit team. This is located adjacent to the maintenance/repair shop and is a large, square work space where laundry is processed. At the time of the tour, 2-staff were present including 1-security staff. Two (2) inmates are assigned to the laundry for their work assignment. The inmate workers were not present during the time of the tour. PREA signage including the hotline number was visible in the laundry. There are no cameras visible in the laundry area, nor were any blind spots observed. Staff were informally interviewed; it was learned during informal interviews with other staff that the laundry machines located in the housing units are not always working for various reasons. The housing unit laundry machines are provided as an alternative to the facility laundry.

The maintenance/repair shop was visited during the tour. It is adjacent to the laundry room. This area is posted as a restricted area. It consists of an office area with a couple larger work areas. There is an abundance of tools and machinery in this area. Two to three staff were present in the office area. Informal discussions with staff confirmed that inmates are not permitted in this area. A total of 5-staff was present in the maintenance/repair shop.

The dietary area and staff dining room were visited. They are adjacent to each other. The audit team observed that the dietary area consists of large work areas including food preparation and a serving area, a dishwashing area, a staff office, an inmate break area, a hallway with a janitor closet, and walk-in refrigerators leading to the rear loading-door where food supplies are received. Informal discussions

were held with staff in this area. It was learned that normally, 7-8 inmates perform work loading trays with food for delivery to the housing areas. There is a high ratio of staff to inmates in this area with a ratio of 6 staff to 7 or 8 inmates being normal. A maximum of 12-inmates can work in the dietary area. Inmates were observed working side by side with staff loading food on trays; they have assigned roles on the food line. The inmates assigned to this area turn over regularly due to the transiency of the population. There is an 0400-1200 (4:00 AM to noon) shift and a 1200-2000 (noon to 8:00 PM) shift. There is 1-toilet for the inmates to use; only 1-inmate can use the toilet at a time and they must notify staff when it is needed. Inmates are escorted into the walk-in refrigerators by staff. The inmate break room is observable through 3-windows from the staff office. The inmate break room is also observable through 3-windows from an outer hallway used by other staff. There was PREA signage posted in the inmate break room including English and Spanish versions, the hotline number, and victim advocacy information from the Maryland Coalition Against Sexual Assault (MCASA). There is 1-camera in the dietary area and it covers the hallway leading to the rear loading-door. Staff was asked if an inmate could become unaccounted for at any point during their shift and staff explained that it would be very obvious if that happened, even briefly, due to the high staff to inmate ratio. One (1) inmate worker was informally interviewed in the dietary area. He reported that he was knowledgeable of PREA and that if he needed to report a PREA concern, that he would tell a staff member. This informal interview was not included with informal inmate interviews conducted on the housing units. The staff dining area was visited briefly and it mostly consisted of a food serving area and a dining area with tables, chairs, and a TV.

The visiting area of the facility was toured. The facility conducts non-contact visits and the area consists of a large room with rows of booths separated by glass; there are 20-booths. The visiting room was not in use at the time of the tour and no visiting room staff were available to interview. PREA signage was not visible in this area.

Regarding some processes at the facility, the classification process is performed by classification counselors and includes case managers at the BCIBC. A review of department policies indicated that inmates are entitled to make requests and state his/her opinions about his/her classification to case management. It was inquired of the facility what areas are informed by classification and when that normally occurs after intake. A response is pending. Informal interviews with inmates indicated that they had been at the facility for about a month and were still waiting to be classified. 23-inmate base files were randomly selected for review for information that supports the classification process. The OCMS system was also reviewed for 14 of the 23-inmate base files. This coincided with a check for 30-day risk screening reassessments. The OCMS system was found to contain information pertaining to each inmates' intake, housing, transfer, inmate interaction, and parole commission activities. This was observed by the audit team during its visit with the Case Management office.

The grievance process, or Administrative Remedy Procedure (ARP), is performed by a facility Administrative Remedy Coordinator (ARC) and an alternate ARC and can be either a case manager or a corrections officer. It was inquired of the facility which classification performs this duty. A response is pending. A review of department policies indicated that inmates are entitled to access to the Administrative Remedy Procedure and the Offender Grievance Office. Initially, department policies also indicated that the ARP process was not included as a method of inmate reporting for PREA allegations or as a method for resolving inmate complaints related to PREA. However, during the audit, the audit team observed conflicting information on PREA brochures provided to inmates that indicated that the ARP is a method of reporting PREA allegations. The audit team also found that the facility policy contradicted the department policy on this matter. It is presently unknown what would happen if an inmate reported a PREA allegation through the grievance process. Due to the audit team's initial thought that the ARP was

not involved with inmate reporting of PREA allegations, the audit team's audit strategy did not include an interview with ARC staff. However, post audit, this is an area that will need to be reconciled by the facility.

The facility has access to several interpreter services and has an interpreter participate in the orientation training that is conducted on the housing units. It was learned during formal and informal interviews with staff that the greatest need for language interpretation is for Spanish speaking inmates. This auditor conducted an inmate interview with a Spanish speaking inmate using the Limited English Proficiency inmate interview template as well as the random inmate interview template. This auditor contacted one of the facility's translation service providers (Speak Easy) and was assisted by interpreter Raul over the phone; the interview was successfully conducted. Another member of the audit team conducted the same interview format with another Spanish speaking inmate and used the translation services of the translator who is in the facility during the inmate orientation training, which is usually during specific hours in the mornings, Monday through Friday. This interview was also successfully conducted. It was also learned during formal and informal staff interviews that bilingual staff can assist with interpretation. A couple staff indicated that using inmate interpreters would only be done to prevent the delay of PREA services being provided.

Formal Interview Process:

At the entrance interview, the audit team received an inmate roster that included a complete list of all inmates housed at BCBIC as well as lists of staff Post Assignment Worksheets (PAWS) for each of the 3-shifts. The random inmates and random staff who were interviewed were selected by reviewing the facility inmate roster and PAWS sheets for that day. Each of the housing units were represented by at least 2-inmates. When reviewing the inmate roster, this auditor initially identified multiple inmates for each housing unit and selected from them, the first and third inmates to be interviewed. Randomly selected security staff from all shifts were interviewed during their shifts. When reviewing the PAWS, this auditor initially identified multiple security staff from each shift and selected from them, the first, third, fifth, seventh, and ninth staff members to be interviewed; one additional staff member (twelfth) was identified from the 2300-0700 (11:00 PM to 07:00 AM) shift to conduct 16-random staff interviews. Each shift was represented. Members of the audit team found it more feasible to locate the staff for the random interviews at their assigned posts and nearby offices were used for the interviews. Other facility staff were not able to observe or overhear the random staff interviews as they were conducted.

On the first day of the audit, there were 802-inmates. Based on the size of the facility a total combined 30-inmates needed to be interviewed (15-random inmate interviews and 15-targeted inmate interviews). 24-inmates received just the random inmate interviews; they were found not to qualify for any of the targeted interviews. The inmate roster identified 1-transgender and multiple wheelchair inmates. Other than inmates assigned to specialized housing units such as the mental health unit or the special needs units, there were no other indicators on the inmate roster to identify inmates of any other specialized categories. BCBIC staff helped auditors identify inmates that qualified for specialized interviews such as Limited English Proficiency (LEP), etc. This aided auditors in making determinations about compliance of the standards. During the formal inmate interviews, the audit team randomly selected and interviewed a combined total of 36-inmates. The selection method was discussed above. A total of 12-specialized inmate interviews was conducted and included 6-Disabled and Limited English Proficient Inmates (2-wheelchair, 2-mental health, 2-LEP); 5-Transgender and Intersex, Gay, Lesbian and Bisexual Inmates (1-transgender, 4-lesbian, gay, bisexual) (3-female and 1-male)); and 1-Inmate who reported sexual abuse. Due to the transiency of the population, not all of the specialized inmate interview categories were represented and these interviews were substituted with random inmate interviews.

Specialized categories not interviewed included: youthful inmates; inmates who were blind, deaf, or hard of hearing; inmates with cognitive disabilities; inmates in segregated housing for high risk of sexual victimization; or inmates who reported sexual victimization during risk screening. BCIBC does not house youthful inmates, nor do they have any segregation units thus these interviews were not conducted. The audit team confirmed this by reviewing inmate rosters and through interviews with multiple staff. Audit team members also did not ascertain that any of the interviewed inmates had cognitive, hearing or vision impairments. It was also learned later during the audit that 2-inmates had reported sexual victimization during risk screening however the audit team did not have an opportunity to interview them. All of these interviews were conducted in private offices in the vicinity of the booking floor. Inmates were brought down individually and facility staff did not observe nor hear the interviews as they were being conducted. The audit team was mindful to ensure to inmates that their participation was voluntary, and that their comments would not be associated with them in the report.

As much as possible, geographic diversity of the facility was attempted through selection of the inmates for random interviews. Of the 36-total inmates interviewed, 3-inmates originated from 3-North; 1-inmate originated from 4-North; 2-inmates originated from 5-North. 4-Inmates originated from 3-Center; 0-inmates originated from 4-Center. 3-inmates originated from 3-South; 2-inmates originated from 4-South; and 7-inmates originated from 5-South (females). 14-inmates were not associated with housing units as not all members of the audit team recorded this information upon interviewing the inmates. Initially when the inmates were randomly selected for interviews, the audit team was not aware that inmates were housed in the gym and these inmates were not included in the random inmate interviews. They were provided with informal interviews during the facility tour and their responses were included with other informal inmate interview responses.

Regarding random staff interviews, a minimum of 12-staff needed to be interviewed. A total of 16-random staff interviews were conducted with security staff from all shifts. The selection method is discussed above. Interviews were conducted during their shifts. Specialized staff interviews included 1-Warden, 1-PREA Coordinator, 1-Facility PREA Compliance Manager, 1-Agency Contract Administrator, 3-Intermediate or Higher-Level Facility Staff (rounds), 3-Medical and Mental Health Staff, 1-Human Resources Staff, 1-SANE/SAFE Staff, 4-Volunteers and Contractors (2-each), 4-Investigative Staff, 4-Staff Who Screen for Risk of Victimization and Abusiveness, 1-Incident Review Team, 1-Designated Staff Member Charged with Monitoring Retaliation, 2-First Responders (Security Staff), and 4-Intake Staff.

The following specialized staff were not interviewed: line staff who supervise youthful inmates; education and program staff who work with youthful inmates; non-medical staff involved in cross-gender strip or visual searches; and staff who supervise inmates in segregated housing. It was confirmed through policy reviews; multiple informal and formal interviews with staff; reviews of inmate rosters; and visual observations during the facility audit that the aforementioned staff do not exist at the audited facility. Additionally, segregated housing including protective custody does not exist at the audited facility. This was confirmed in the same manner.

The pre-audit questionnaire completed by the facility indicated that a total of 463-staff has contact with inmates at the facility. Informal interviews with staff indicated that of this number, 79-staff are volunteers and 224 staff are contracted medical and mental health workers. A spreadsheet of volunteers was reviewed post audit and used to attempt contact with 12-randomly selected volunteers by phone. The selection method involved identifying and calling every other volunteer starting at the top of the spreadsheet until 12-volunteers were identified and contacted; 2-volunteers responded and voicemail was left for the other 10-volunteers. No additional responses have been received as of this date. A

spreadsheet was requested of the contracted employees and non-security staff. As of this date it has not been received. PAWS sheets were used to identify security staff at the facility. A-shift team has a maximum of 224-staff; B-shift team has a maximum of 183-staff; and C-shift team has a maximum of 157-staff; for a total maximum of 564-security staff performing shift work. Taking vacancies into account for all 3-shifts, 66-vacancies for A-shift; 79-vacancies for B-shift; and 27-vacancies for C-shift; for a total of 172-vacancies; the total of security staff available to perform shift work is 392-security staff. Taking all these numbers into account far exceeds the total of 463-staff that has contact with inmates in the facility; this will need to be reconciled by the facility.

Both inmates and staff were asked specific PREA questions obtained from the NPRC interview templates. Inmates and staff were cooperative in the interview process. As indicated previously, based on responses, staff had an awareness of the PREA essentials. It is evident that staff were prepared for their interviews. Not all inmates had an awareness of PREA. Facility staff have done a good job of ensuring that PREA signage is clearly displayed throughout the facility. A telephone interview was attempted with the supervisor in charge of the SANE/SAFE Program at Mercy Medical Center. An email reply indicated that any inmates who were presented for forensic examination would be treated.

An interview with the lead investigator of the agency's Internal Investigative Division (IID) was conducted onsite during the audit. Investigative detectives are sworn peace officers who conduct both criminal and administrative investigations on behalf of the agency. A formal interview was conducted with other facility investigative staff as well. It was confirmed through interviews that their training included investigating sexual abuse and sexual harassment, articulated use of Miranda and Garrity, and Preponderance of the Evidence as well as procedures for conducting investigations in sexual abuse and sexual harassment. Training records for the IID staff were reviewed.

The facility provided the audit team with copies of investigations conducted in the last 12-months regarding sexual abuse and sexual harassment allegations. Due to the low number of investigations during 2018, copies of all of the investigations were requested. Requesting 100% of the 2018-PREA investigations was the method of selection. Of the 7-PREA investigations recorded for 2018, 5-investigations involved inmate on inmate allegations; 2-investigations involved staff on inmate allegations. The different types allegations included 4-non-consensual sex acts; and 1-sexual harassment; these were all inmate on inmate allegations. There were 2-sexual misconduct investigations; both were staff on inmate allegations. Of the 7-investigations, three are recorded as completed with unsubstantiated findings. The other 4-investigations are still open. Based on the aforementioned, no investigations have led to criminal or administrative investigations, nor have any been referred for prosecution. Of the 7-investigations, only 1-investigation was initiated due to a hotline call. Investigative files, spreadsheets of investigations, and interviews with multiple staff were relied up for this review.

The selection criteria and process for reviewing documents such as employee and inmate files, training records, etc. varied by document type. Regarding employee records for new hires, there were 4-security staff hired in 2018; 100% of those were reviewed. The selection method involved requesting and reviewing 100% of new security staff hires for 2018. The same selection method applied for investigative files for PREA investigations. There were 7-PREA investigations during 2018; 100% of those were reviewed. The selection method involved requesting and reviewing 100% of PREA investigations for 2018. The selection method that applied for employee training records involved requesting and reviewing 50% of all security staff training records; 100% of A-J staff records were reviewed covering the last 3-years. Regarding inmate base files, the base files are stored alphabetically in field drawers. Two (2) files were selected from each file drawer until 23-files were retrieved. Of these, 3-files were substituted due to

not having been at the facility for at least 30-days. The selection method involved randomly selecting 2-files per drawer.

Off-Site Formal Agency Interviews:

No off-site formal agency interviews were conducted.

Exit Interview:

When the audit was completed, the audit team conducted an exit interview on Friday, December 7, 2018.

The audit team noted the initial following standards of concern:

115.15 – Limits to cross gender viewing and searches, which was based on observations in the booking area and due to camera coverage, which created conditions that causes the facility to be non-compliant.

115.33 – Inmate education, which was based on observations of the delivery of inmate education that causes the facility to be non-compliant.

115.41 – Screening for risk of victimization and abusiveness, which was based on observation of missing screening forms in the inmate base files which causes the facility to be non-compliant.

The audit team cautioned that since the contents of the Pre-Audit Questionnaire had only become available just before the audit, a more thorough review was needed of the provided supporting documentation for the standards. The audit team commended the facility staff for their helpfulness during the audit process and for their professionalism. Staff were thanked for all their hard work and commitment to the Prison Rape Elimination Act.

Post Audit Process:

Auditor team members have maintained contact with BCBIC audit staff, mostly by email, as well as the Agency's PREA Coordinator, in order to request further documentation and address additional concerns. Staff have been accommodating and provided auditors with requested documentation and addressing any additional questions to support efforts to demonstrate compliance with the PREA standards. Post audit, interviews were conducted with an Agency Head designee (1), HR staff (1), attempted SAFE/SANE (1), contracted advocacy staff (MCASA) (1), volunteers (2), and a PREA hotline operator (1). The supervisor of the SAFE/SANE program at Mercy Hospital was attempted contact by phone several times without success. An email reply was received and her response was incorporated from the email reply. A total of 12-volunteers was attempted contact by phone and 2-volunteers responded; their responses were included in the report. Just Detention International (JDI) was emailed post audit to identify any information they may have on PREA allegations pertaining to the audited facility. A response was received from JDI that their database did not contain any information regarding the audited facility. A number of items such as agency record retention schedules were researched via the internet and those findings were incorporated under the appropriate standards.

The interim report was provided to the facility on January 6, 2019. An initial discussion regarding the findings was held on February 22, 2019; key facility staff participated in the telephone call, which focused on the standards that were not met. This auditor requested phone calls with facility staff every 2-weeks during the corrective action period, however, monthly phone calls were more agreeable to facility staff. Throughout the corrective action period, which ended August 4, 2019, additional documentation was requested from the facility.

During the corrective action period, email was received from the Maryland state PREA Coordinator that contested most of the findings related to agency policies. Information was requested of the NPRC staff and this auditor received a Moss Group, Inc. "Prisons and Jails Standards Documentation Requirements" that clarified requirements for some of the standards. Given the PREA Coordinator's explanation that

agency policy had been continually reviewed during previous audits without deficiency, and information received from the Moss Group, Inc. this auditor accepts the PREA Coordinator's position regarding acceptance of agency policy.

A follow up facility tour was conducted by this auditor and the original secondary auditor, David Radziewicz on July 17, 2019. The audit team arrived at approximately 12:30 PM and were met by the PREA Compliance Manager, Assistant Warden, and the Maryland state PREA Coordinator. The facility population on the day of the follow up facility visit totaled 711-inmates. After a short in-brief in the administration's conference room, the audit team reviewed additional documentation for the standards not met. Additionally, the Assistant Warden was interviewed regarding one standard, 115.86.

The audit team proceeded on a tour of the facility, visiting Traffic, which is responsible for housing assignments. Also visited were female booking and intake, as well as the gym and housing units in each of the 3-towers. Traffic was visited and 1-staff was interviewed. This information is included under the respective standard(s).

The following housing units were visited: 3S (A and B units), 4S (B unit), 5S (A and B units), 3C (A and B units), 4C (A and B units), 5N (MHU), and 5N (SNU). Housing units were checked to ensure that missing or torn privacy curtains had been replaced at all of the toilets and showers within the housing units. It was observed that these corrective actions had occurred. Additionally, the janitor closets on specific housing units were checked to ensure that they were closed and locked. One (1) janitor closet door, 5N-70, continues to be broken on one housing unit, and continues to present a blind spot. The work order for this janitor closet door was requested previously and has not been received. This auditor was not able to close this janitor closet door, however, a corrections officer demonstrated that by forcibly slamming the door shut, it can be secured. He conveyed that maintenance had been there that morning to look at the door. This closet door still needs to be repaired and kept secured when not in use.

Housing units on 4C were observed since previously they were unoccupied and were being renovated for occupancy by female inmates. During the follow up tour the units were found to be in a good condition with privacy curtains in place at the toilets and showers and the janitor closet doors were closed and locked. All of the necessary PREA information was posted and clearly visible for inmates in these housing units.

In other areas of the facility, it was observed that light blocking materials were added to windows in the booking/intake/screening areas. This correction eliminated visibility of inmate toilet use in holding cells in these areas. This same correction was applied in the female intake/booking areas where it was also needed.

The gym was also visited. It had previously been used as overflow housing for inmates pending housing assignments. During the follow up tour, it was observed that the gym was no longer being used as overflow housing and had been returned to its intended use for recreational purposes.

During the follow up tour, random inmate interviews were conducted during the tour using the NPRC's random inmate interview template. Inmates were selected from a new BCIBC Name Roster by selecting the fifth inmate identified from the respective housing unit that had been released during the corrective action period. A total of 7-inmates were interviewed from 5-housing units. Of the 7-inmates interviewed, 2-inmates had mental health issues and were not able to comprehend the questions, thus 5-inmate interview responses were used to predominantly spot check compliance with 115.33.

During the follow up tour, additional inmate base files were reviewed in the classification office. The audit team attempted to review 20-files for inmates received within a specific 90-day period (March to May) by selecting every fifth file for inmates that met these criteria. Due to several files missing from the file drawers, auditors were not able to adhere to the selection method and settled for 10-files that could be located in the file drawers and that were received at the facility during the entire corrective action period. These files were reviewed for dates of reception, dates of initial screenings, dates of the 30-day re-screening, and PREA education.

Lastly, the Corizon Health Services office on the ground floor was visited. The audit team reviewed an electronic health file for 1-inmate who had alleged sexual abuse in 2018 and had a completed investigation. The electronic file was confirmed for the receipt of SAFE/SANE services at the hospital and the offering of testing and subsequent treatment of STI's at the institution.

The audit team concluded the follow up tour of the facility and departed at approximately 6:00 PM. The results of all follow up documentation reviews, interviews, and tour observations are included under the respective standards. The facility's correction action period ended August 4, 2019 and the final report is due by September 3, 2019.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	4

Summary of Audit Findings following the Corrective Action Period

Number of Standards Exceeded: 0

Number of Standards Met: 41

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 (N/A)

115.15, Limits to cross-gender viewing and searches

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, 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

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.42, Use of screening information

115.43, Protective Custody (N/A)

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 residents from contact with abusers

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

115.71, 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 abusers
115.86, Sexual abuse incident reviews
115.87 , Data collection
115.88 , Data review for corrective action
115.89 , Data storage, publication, and destruction
115.403, Audit contents and findings

Number of Standards Not Met: 04

115.16, Inmates with disabilities and inmates who are limited English proficient
115.33, Inmate education
115.41, Screening for risk of victimization and abusiveness
115.401, Frequency and scope of audits

Summary of Corrective Action (if any):

This is a final report that was preceded by an interim report, accompanied by corrective action plan recommendations made by the auditor. This report contains recommendations for the facility to develop compliance, as well as the specific actions the facility took to come into compliance with identified standards. To preserve the original findings, this auditor will identify those actions taken to come into compliance as POST INTERIM REPORT CORRECTIVE ACTION. Any information preceding such headings is information that was provided in the interim report. Any standards containing corrective action headings, not followed by "post interim report corrective action" identifies a standard that was corrected onsite or prior to the issuance of the interim report.

As a result of post interim report corrective action, a total of 41-standards now meet the standards and 4-standards continue to be non-compliant. Those that were previously non-compliant and now meet the standard include: 115.15, 115.18, 115.32, 115.35, 115.42, 115.51, 115.52, 115.53, 115.65, 115.71, 115.73, 115.76, 115.81, 115.82, 115.83, and 115.86. Those that continue to be non-compliant include: 115.16, 115.33, 115.41, and 115.401.

All post interim report corrective action discussions can be found in each standard specific discussion and below.

Of the above listed non-compliant standards, the majority were listed due to documents being needed and final determination for compliance being dependent upon receipt of satisfactory documentation. In some instances, policy needs to be revised. In other cases, practices need to be improved , which are discussed below. Below are specific corrective actions that are required. These are discussed in greater detail under each of the standards, including specific practices that need to be improved. Of the practices needing to be improved, compliance will be reassessed during a subsequent site visit with observations, interviews, and reviews of supporting documentation which demonstrates that the practices have been institutionalized. Approximately two-weeks after the facility receives its interim report, a telephone conference will be scheduled to discuss the audit findings and to establish a schedule for communication. Details of the corrective action timeline are discussed below.

115.15, Limits to cross-gender viewing and searches; required corrective action: It is required that for provision (c) due to the needed revision of policy OPS.110.0047 Search Protocol — Inmates, directs searches be documented; to more specifically refer to the requirements of the provision. Under provision (d) that agency policy OPS.110.0047 Search Protocol — Inmates, be updated to implicitly state the procedures or requirements for cross-gender announcements. Also under provision (d), camera systems need to be digitized to block cross-gender viewing of toilets; light-blocking materials affixed to block views of toilets in the booking/hearing/intake areas; and a light system to support opposite gender announcements with signage in the booking/hearing areas. Under provision (f), agency policy OPS.110.0047 Search Protocol — Inmates, be revised to more specifically address the requirements of provision (f).

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, information was received from the National PREA Resource Center (NPRC) that was developed by the Moss Group, Inc., and elaborated on Prison and Jails Standards Documentation Requirements. Additionally, it was conveyed that it was not necessary for the facility policy to be amended when it is superseded by agency policy. Thus, this auditor finds the facility compliant for provisions (c), (d), and (f). Further, in a post audit telephone conference held on February 22, 2019, the Warden indicated that under provision (d), viewing of camera systems is restricted to specific genders of staff, eliminating the need for digitization to block cross-gender viewing of toilets. It was observed during the follow up tour of the facility conducted on July 17, 2019, that light-blocking materials were affixed to block all views of toilets in the booking/hearing/intake areas. Along with observations during the follow up tour, information received from the PREA Compliance Manager indicated that additional signage had been included in these areas and that female staff continued to announce their presence at the beginning of each shift in these areas. Housing units were visited during the follow up tour and all showers and toilets had the missing or torn privacy curtains replaced. Based on facility explanations and actions taken by the facility, the auditor now finds the facility compliant with all provisions of the standard.

115.16, Inmates with disabilities and inmates who are limited English proficient; required corrective action: for provisions (a) and (b), the auditor will expect to see evidence of a staff facilitated PREA educational instruction program where the agency's PREA video and materials are explained to an inmate, with an opportunity for questions to be asked of staff when inmates cannot comprehend materials. This educational program can be conducted individually or in a group setting; however, cannot rely on the inmates to self-educate based on providing written materials or with the PREA video playing passively in the background.

POST INTERIM REPORT CORRECTIVE ACTION:

As a result of the initial audit, the facility was advised to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials , among other needed corrections, also for the benefit of inmates with disabilities and who are limited English proficient.

Post-audit, the original co-auditor conferred with a member of the PREA Resource Center on February 12, 2019, on whether the requirement for staff-facilitated education could be imposed upon a facility and was advised that the standard literally permits that education may be conducted by video alone. However, the viewing of the video had to be uninterrupted and the inmates being educated via video had to have an opportunity to ask questions to verify comprehension.

During the follow up facility visit held July 17, 2019, the facility provided results of their own internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 9-files were lacking for PREA education. Of the 35-male files, 16-files were lacking for PREA education. It is unknown if any of the inmate records sampled related to inmates with disabilities or who were limited English proficient.

During the follow up visit held July 17, 2019, random interviews with 5-random inmates who had arrived at the facility during the corrective action period revealed mixed responses. Three of the 5-inmates indicated they received initial PREA education at the time of intake with 2 of the 5-inmates elaborating that they received a pamphlet. All 5-inmates indicated that they did not receive any follow up PREA education. None of the 5-inmates had watched any video as a part of any orientation or received any other follow up PREA education by any other means. None of the random inmate interviews or random files reviewed were selected specifically for disability or limited English proficiency.

Due to ongoing deficiencies by the facility under 115.33-inmate education, 115.16 is negatively impacted as the facility has not conclusively demonstrated that it takes steps to ensure inmates with disabilities or who are limited English proficient 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, which includes inmate education. Regarding provisions (a) and (b), the auditor continues to find the facility non-compliant for this standard.

Going forward, the facility will need to ensure that inmates who are disabled and who are LEP are provided with 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, which includes inmate education, 100% of the time.

115.18, Upgrades to facilities and technologies; required corrective action: for provisions (a) and (b) the auditor will expect to see evidence that staff were deliberate when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. This would be in the form of agendas and meeting minutes that specifically address this concern and would satisfy the requirements of provision (a) above for improvements that occurred since August 20, 2012 or the last PREA audit, whichever is later. The auditor will also expect to see evidence that staff were deliberate when installing or updating a video monitoring system, etc.; the agency considered how such technology may enhance the agency's ability to protect inmates from sexual abuse. This would also be in the form of agendas and meeting minutes that specifically address this concern and would satisfy the requirements of provision (b) above for improvements that occurred since August 20, 2012 or the last PREA audit, whichever is later. Additionally, the facility must have an active maintenance agreement for its video monitoring system.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, information was received from the facility's PREA Compliance Manager regarding provision (a) in the form of emails that indicated the facility was deliberate in its attempts to ensure sexual safety of inmates and considered the effects of design, acquisition, expansion or modification. The facility's PREA Compliance Manager and maintenance staff were deliberate in their documentation in correcting a couple areas of the facility where cross-gender viewing was occurring and took steps to eliminate it. Namely, window frosting was applied in the booking/hearing/intake areas where inmate holding cell toilet use was previously visible. Additionally, in the 5N Mental Health (MH) unit, shower doors were modified to cover openings in the shower doors that previously allowed for visibility of inmates' genitals while the showers were in use. These modifications were observed by the audit team

during the follow up tour of the facility held on July 17, 2019.

Also during the corrective action period, information was received regarding provision (b) from the Assistant Warden in the form of emails that a service provider is available and utilized for routine maintenance of the facility's Vicon video monitoring system. Maintenance staff at the facility reported that they complete requisitions for repair or replacement of system items. It was determined that this auditor could not require the facility to obtain an active maintenance agreement for its video monitoring system. Based on actions taken by the facility, this auditor now finds the facility compliant with all provisions of the standard.

115.32, Volunteer and contractor training; required corrective actions: determination of compliance for provisions (a) through (c) is dependent upon receipt of satisfactory training records for volunteers and contractors.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, additional documentation was received and inspected during the follow up facility tour held on July 17, 2019. The PREA Compliance Manager provided additional documentation depicting provisions (a) through (c). Documentation depicted that (a) 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; (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents; and (c) the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. One (1) file folder and one (1) binder were inspected during the follow up tour that demonstrated the requirements of provisions (a) through (c) including the volunteers' and contractors' signed acknowledgement of understanding of training they had received. The file folder contained 20-volunteer's records for provisions (a) through (c) and is more substantially representative of the facility's volunteer numbers. The binder contained records covering provisions (a) through (c) for both contracted medical staff and contracted mental health staff and represented 100% of employees under these contracts. Based on documentation provided, the auditor now finds the facility compliant for all provisions of the standard.

115.33, Inmate education; required corrective action: For provision (a) and (b), the facility will be required to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials. The educational program can be conducted individually or in a group setting; however, cannot rely on the inmate to self-educate based on providing written materials or with the PREA video playing passively in the background. Compliance for provision (c) is pending receipt of the records verifying completion of the education for every inmate in the facility. Compliance for provision (d) is dependent upon improvements for provision (b) and will aid disabled and LEP inmate's ability to receive and understand the PREA education. Regarding provision (e), the facility will need to improve its facility maintained documents within the inmate base files to demonstrate consistency of the education being delivered and its records maintenance of such.

POST INTERIM REPORT CORRECTIVE ACTION:

As a result of the initial audit, the facility was advised to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions

and for the facilitating staff member to observe for deficits in comprehension of the materials , among other needed corrections.

Post-audit, the original co-auditor conferred with a member of the PREA Resource Center on February 12, 2019, on whether the requirement for staff-facilitated education could be imposed upon a facility and was advised that the standard literally permits that education may be conducted by video alone.

However, the viewing of the video had to be uninterrupted and the inmates being educated via video had to have an opportunity to ask questions to verify comprehension.

During the follow up facility visit held July 17, 2019, the facility provided results of their own internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 9-files were lacking for PREA education. Of the 35-male files, 16-files were lacking for PREA education. It is unknown what the facility did with their findings.

During the corrective action period, information was not received from the facility indicating how the facility had developed and institutionalized a comprehensive inmate education program for provisions (a) and (b). A conference call was held on March 18, 2019, that included this auditor, the facility PREA Compliance Manager, and a case management representative. Facility staff asserted that the 30-day reassessment under 115.41(f), is a form of inmate education. This response is not accepted by the auditor. During the follow up facility visit held on July 17, 2019, facility staff provided “An Overview of the Contract’s Services” regarding statewide foreign language interpretation and translation services, dated February 21, 2019, which aids provision (d), however does not demonstrate practice. During the follow up visit, random interviews with 5-random inmates who had arrived at the facility during the corrective action period revealed mixed responses. Three of the 5-inmates indicated they received initial PREA education at the time of intake with 2 of the 5-inmates elaborating that they received a pamphlet. All 5-inmates indicated that they did not receive any follow up PREA education as is required under 115.33(b). Regarding 115.33(b), none of the 5-inmates had watched any video as a part of any orientation or received any other PREA education by any other means. Additionally, information was not received from the facility indicating compliance with provision (c) that all inmates in the facility had completed PREA education. During the facility follow up visit, a review of 10-random inmate base files for inmates received during the corrective action period indicated that PREA education was not confirmed for five of the 10-files under provision (e). Based on the insufficiency of information received during the corrective action period, results of facility internal auditing, interviews and base file reviews conducted during the facility follow up visit, regarding provisions (a), (b), (c), (d) and (e), the auditor again finds the facility non-compliant for this standard.

Going forward, the facility will need to develop and institutionalize a comprehensive inmate PREA education program to occur at intake and within 30-days of intake, for all inmates, including transfers and those who are disabled and LEP. The facility will need to be able to document that all inmates at the facility have completed PREA education. It is further recommended that the facility continue to maximize its own internal auditing and develop and implement its own corrective action plans for internal findings.

115.35, Specialized training: Medical and mental health care; required corrective action: for provisions (c) and (d) The agency has not cited a policy that supports their efforts to meet compliance with provisions (c) or (d). Regarding provision (a), pre-audit, the facility provided samples of certificates for 4-medical/mental health staff who had completed the training during 2018. This small sample does not substantially confirm that the agency ensures and maintains documentation showing that medical and mental health practitioners have completed the required training. Post audit, training logs were requested and are pending. The facility demonstrating compliance for provision (c) and (d) is dependent upon receipt of satisfactory training documentation; and updates to agency policy for both provisions.

POST INTERIM REPORT CORRECTIVE ACTION:

During the follow up facility visit held on July 17, 2019, the facility provided 48-PREA training certificates under provision (a) which more substantially confirms the completion of mental health PREA education. Additionally, auditors reviewed a binder onsite for medical staff that consisted of multiple logs of training documentation which more substantially confirms the completion of medical PREA education. Information received from the Moss Group, Inc. indicated that policy citations were not required to be referenced for this standard; this pertained to provisions (c) and (d). Compliance with this standard was contingent upon the facility providing sufficient training documentation which has been confirmed. Based on provided documentation, the auditor now finds the facility compliant with this standard.

115.41, Screening for risk of victimization and abusiveness; required corrective action: The facility will be required to update its PREA Risk Screening form to address detention for civil immigration purposes only for provision (d); develop a business process in the form of a procedure that ensures the completion of the 30-day reassessment screening for provision (f) and provisionally, develop a business process in the form of a procedure that ensures confidentiality of the PREA Risk Screening form for provision (i).

POST INTERIM REPORT CORRECTIVE ACTION:

During the follow up facility visit held July 17, 2019, the PREA Compliance Manager and state PREA Coordinator articulated that inmates are not held solely for the purposes of civil immigration under provision (d), which negates the need for the facility to update its PREA Risk Screening form. Previously, the facility was advised to develop a business process that ensures the completion of the 30-day reassessment under provision (f). During the facility follow up visit, staff provided 1-sample PREA Intake Screening form for 1-inmate which was completed on May 1, 2019. The same form indicates that the same inmate did not receive a 30-day reassessment, however the inmate did indicate the desire to be scheduled for mental health follow up to discuss their PREA screening. During the follow up facility visit, the facility provided results of their own internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 1-file had no initial screening, and 6-files had no 30-day reassessments. Of the 35-male files, 16-files were lacking for PREA education; no discrepancy for screenings were noted of the 35-male files. It is unknown what the facility did with their findings. Also during the follow up facility visit, the audit team reviewed 10-random base files and found that of the 10-files, 2-files were lacking the initial screening. The Offender Case Management System (OCMS) was reviewed with Classification staff and of the 2-files, an OCMS entry supported the completion of the initial screening for 1-inmate. Regarding the 30-day reassessments, 5-files were lacking the re-screening. OCMS was reviewed with Classification staff and of the 5-files, OCMS entries supported the completion of the re-screening for two of the 5-inmates.

Regarding confidentiality of screening information under provision (i), an interview with Traffic staff during the facility re-tour indicated that staff were now using confidential envelopes to convey completed risk screening forms from Intake to Traffic and Classification. Traffic staff indicated that the results are used for making housing assignments, particularly to prevent abusers from being housed with victims. Traffic staff enter the housing assignment into a database and the Case Management staff enter the score from the screenings into the OCMS.

The auditor now finds the facility compliant for provisions (d) and (i). Based upon the facility not developing a business process to ensure the completion of the 30-day reassessments, and based upon reviews of base files, the facility internal auditing results, and documentation provided by the facility at the time of the follow up visit, the auditor continues to find the facility non-compliant for provision (f) regarding the requirement for completion of 30-day reassessments.

Going forward, the facility will need to develop a business process that ensures completion of the 30-day

reassessments. It is further recommended that the facility continue to maximize its own internal auditing and develop and implement its own corrective action plans for internal findings.

115.42, Use of screening information; required corrective action: provision (a) that uses the screening information to inform housing and bed assignments for female inmates, and for all work, education and program assignments. Upon correction of provision (a), the facility will enhance its ability to ensure compliance with provision (b); the agency shall make individualized determinations about how to ensure the safety of each inmate. Regarding provision (d), the facility needs to formalize its process to conduct semi-annual reassessment of transgender/intersex inmates' placement and programming.

POST INTERIM REPORT CORRECTIVE ACTION:

The facility previously reported mandated scheduling of a substance abuse program held in the Substance Abuse Program trailer, located adjacent to the facility within the facility's perimeter. This was toured by the audit team during the initial facility tour. The program is mandated by the Baltimore City Drug Court to operate programming from 8:30 AM to 1:30 PM, 5-days per week. During the corrective action period, the facility reported that due to statute limitations, the facility is unable to separate female attendees with different risk screening results while they are participating in the program. The facility reported that regarding provision (a), the female participants are continually under staff supervision as well as surveillance camera monitoring. The facility previously emphasized that due to the limited length of stay of the inmates, there are few work, education, and program opportunities. The auditor accepts the facility's explanation of provision (a) of this standard.

Regarding provision (b), during the follow up facility tour held on July 17, 2019, staff in Traffic were interviewed regarding their use of PREA risk screening results to make individualized determinations to ensure safety of each inmate. Traffic staff designate housing assignments and indicated that based on PREA risk screening results, that male victims are assigned to 3N; male abusers are assigned to 4N. Female victims are assigned to 4C; female abusers are assigned to 5S. During the corrective action period, the facility reallocated a housing unit in a different tower to accommodate the growing number of female victims and to further separate them from female abusers. The auditor accepts the facility's explanation and action taken for provision (b) of this standard.

Regarding provision (d) for the facility adopting a process to conduct semi-annual reassessments of transgender/intersex inmates' placement and programming, the facility adopted a reassessment checklist for use with transgender and intersex inmates. It is applied every 6-months during a meeting with the inmate. Staff ask the inmate questions from the checklist regarding current placement and programming. The checklist represents a comprehensive review of gender identity, medical needs, services rendered, safety and security considerations, etc. Notes are entered in the Offender Case Management System (OCMS) that it was completed. During the corrective action period, staff used the adopted checklist with 1-transgender inmate in the facility and provided a copy to the auditor. The auditor accepts the facility's explanation and action taken for provision (d) of this standard and finds the facility overall compliant with the standard.

115.51, Resident reporting; required corrective action: The facility will need to make revisions to its handbook or by other means to ensure that inmates have information pertaining to contact information for relevant officials at the Department of Homeland Security for provision (b).

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided a memo indicating that the facility does not house detainees solely for civil immigration purposes. The facility also provided a map of ICE detention facilities

provided by the Official Website of the Department of Homeland Security, which does not include the audited facility. Additionally, the agency updated its policy DPDS-110-0013 U.S. Department of Homeland Security – Priority Enforcement Program with an effective date of August 1, 2019, which indicates the release process for detainees with ICE detainers. Specifically, if a detainee is released from their local charge(s), procedures are provided that instruct for a transfer of custody to ICE, or the release of the detainee. The auditor accepts the facility's explanation and action taken for provision (b) and now finds the facility compliant with the standard.

115.52, Exhaustion of administrative remedies; required corrective action: for provision (a) the facility's PREA Brochure lists the ARP as a third method of inmate reporting, contradicting the Department's policy. Additionally, local policy BCBIC.050.003.1 indicates the responsibilities of the Grievances Coordinator however does not include language that any PREA allegations submitted by this method are forwarded to the appropriate investigating authority; final decisions are due within 5-days. The facility needs to deconflict these inconsistencies to remain exempt for this standard and become compliant.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility updated its PREA brochure that is provided to inmates during intake. The new brochure no longer indicates that the administrative remedy process (ARP) is a method of reporting PREA allegations. A memo was provided by the facility dated May 6, 2019, announcing the new PREA brochure and directing that it be discussed at roll call for 10-days with all custody staff. Additionally, the PREA Compliance Manager requested a policy revision to local policy BCBIC050.0030.1 – Sexual Misconduct Prohibited, on April 5, 2019, indicating that any allegations received through ARP will be immediately reported to the PREA Compliance Manager or designee. The request is pending administrative review. As the information received from the PRC provided from the Moss Group, Inc. clarifies the "Prison and Jails Standards Documentation Requirements," facility activities through policy for this standard are not explicitly required. The auditor accepts the facility's action taken for provision (a) and now finds the facility compliant with the standard.

115.53, Inmate access to outside confidential support services; required corrective action: for provision (b), the facility will need to update available information to inmates that advises them, 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.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility began incorporating an additional handout with its orientation packet that all inmates receive after placement in a housing unit. This is regarding provision (b) for advising inmates, prior to giving them access, 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. The handout states "INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES IN REFERENCE TO PRISON RAPE ELIMINATION ACT (PREA) WILL BE MONITORED TO THE EXTENT TO WHICH REPORTS OF ABUSE WILL BE FORWARDED TO AUTHORITIES IN ACCORDANCE WITH MANDATORY REPORTING LAWS." The auditor accepts the facility's action taken for provision (b) and now finds the facility compliant with the standard.

115.65, Coordinated Response; required corrective action: for provision (a) due to needed revisions in policy that need to depict coordination among each of the entities involved in a sexual abuse response. Practices need to be developed, implemented, and institutionalized that exemplify this coordination.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, this auditor received information from the PRC by the Moss Group, Inc. that clarifies "Prison and Jails Standards Documentation Requirements." It indicated that regarding 115.65, "The facility shall develop 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." The facility's local policy BCBIC.050.003.1 was given further review. Consideration was given to the state PREA Coordinator's opinion that: "there are no FAQs relating to this standard, nor has it been the subject of a PREA STANDARD IN FOCUS. Additionally, institutional directives are by design supplemental to agency directives and/or policy. The institutional policy only exists to fill in any gaps that cannot be considered in a high level directive." The auditor accepts the agency/facility explanation and now finds the facility compliant with the standard.

115.71, Criminal and administrative agency investigations; required corrective actions: Compliance of provision (i) is dependent upon receipt of satisfactory records.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the auditor requested specific documentation for a completed case; the facility provided criminal and administrative investigative documents for a 2017 employee investigation involving sexual abuse of an inmate; the allegations were substantiated. The matter was referred for criminal prosecution and the employee was arrested. At trial, the employee was found Not Guilty and was permitted to resign in lieu of termination. As the documents are still being retained within the 5-year record retention period, the auditor now finds the facility compliant with the standard.

115.73, Reporting to inmates; required corrective actions: facility's compliance with the standard is dependent upon satisfactory documentation for provision (e) being received.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, additional records were requested from the facility regarding 1-2016 closed PREA investigation, 4-2017 closed PREA investigations, and 1-2018 closed PREA investigation. These were selected randomly and exceeded the most recent audit year due to the low number of 2018 investigations. Of the 6-cases, all 6-investigative records documented that all victim/complainants received notification of the investigation findings. The facility provided satisfactory documentation for this and the auditor now finds the facility compliant with the standard.

115.76, Disciplinary sanctions for staff; required corrective action: the facility's compliance for (c) is dependent upon receipt of satisfactory documentation.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, email was received from the facility January 7, 2019 indicating that no staff had been terminated as a result of disciplinary action related to any PREA investigations. During the follow up visit of the facility held July 17, 2019, the audit team observed a 2018-PREA investigative file for a closed substantiated investigation that indicated that the staff subject of the investigation had resigned prior to termination. The matter was referred for criminal prosecution and the staff subject was found Not Guilty. Based on this and a review of spreadsheets for investigations for the preceding 12-months, no other PREA investigations involving alleged staff subjects resulted in termination or resignation. Additionally, for the preceding 12-months, no PREA investigations involved alleged staff subjects resulting in notification to any relevant licensing bodies. The facility provided satisfactory documentation for this and the auditor now finds the facility compliant with the standard.

115.81, Medical and mental health screenings; history of sexual abuse; required corrective actions: the facility's compliance for provisions (a) and (c) is dependent upon satisfactory receipt of secondary medical/mental health records. Provision (d) requires policy revision. Regarding provision (e), determination for compliance is pending satisfactory receipt of clarifying information. Additionally, the informed consent forms will need to be updated to include the limit on confidentiality extending to inmates reporting about prior sexual victimization that did not occur in an institutional setting.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, regarding provision (a) and (c), the auditor requested documentation of inmates being offered follow up medical or mental health meetings with practitioners within 14-days of the intake screening. During the follow up visit of the facility held July 17, 2019, the facility provided intake screening information for 5-inmates. Two of the 5-inmates had documentation declining follow up mental health services. Additionally, email received from case management staff to mental health staff indicated that all-five of the inmates were offered follow up services within 15-days of the initial screening. This satisfies the provisions of (a) and (c). Regarding policy revisions that were advised under provision (d), information received from the PRC by the Moss Group, Inc. does not explicitly require documentation of agency or facility activities through policy for this standard, as such, the auditor accepts the state PREA Coordinator's explanation against policy revision and finds the facility compliant for provision (d). Documentation is also not explicitly required for provision (e). The facility followed up with an improved informed consent form which now includes information regarding the extent to which confidentiality cannot be extended specifically regarding PREA related sexual abuse. Further, 1-psychology staff related that limits of confidentiality are verbally explained to inmates prior to their signature. Based on information received post audit and action taken by the facility, the auditor now finds the facility compliant for the standard.

115.82, Access to emergency medical and mental health services; required corrective action: facility's compliance with provision (c) is dependent upon receipt of satisfactory documentation.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided additional policy from the office of Clinical Services/Inmate Health (Page 4) indicating that "All PREA related post assault follow up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female)." Compliance with the standard was contingent upon receipt of satisfactory documentation. During the follow up tour of the facility held July 17, 2019, information was reviewed for 1-closed 2018-PREA investigation involving sexual abuse that was substantiated. A review of the electronic health record for the inmate victim indicated that based on the date of incident, date of hospital visit, and date of follow up healthcare at the facility, and medical notes, the inmate victim received timely information about and timely access to STI prophylaxis with new medications being administered as well as access to psych consults, occurring the same date as the return from the hospital. This documentation is satisfactory for compliance with provision (c) and the auditor now finds the facility compliant with the standard.

115.83, Ongoing medical and mental health care for sexual abuse victims and abusers; required corrective action: facility's compliance with provisions (b) and (f) are dependent upon receipt of satisfactory documentation.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided additional policy from the office of Clinical Services/Inmate Health which included the provisions of the standard. Compliance with the standard was contingent upon receipt of satisfactory documentation for provisions (b) and (f). During the follow up tour of the facility held July 17, 2019, information was reviewed for 1-closed 2018-PREA investigation involving sexual abuse that was substantiated. A review of the electronic health record for the inmate victim indicated that based on the date of incident, date of hospital visit, and date of follow up healthcare at the facility, and medical notes, the inmate victim received timely information about and timely access to STI prophylaxis with new medications being administered as well as access to psych consults, occurring the same date as the return from the hospital which satisfies provision (f). Additionally, additional medical notes within the electronic record indicated additional follow up care appointments scheduled later during the month, after the initial follow up visit. Care instructions also noted a re-evaluation to occur by physician 4-weeks after that. This documentation is satisfactory for compliance with provision (b), which included follow up services and treatment plans. Based on the provided documentation, the auditor now finds the facility compliant with the standard.

115.86, Sexual abuse incident reviews; required corrective action: that the facility include the input of line supervisors, investigators, and medical/mental health as part of the SAIR review team for provision (c).

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, specifically during the follow up facility visit held July 17, 2019, interviews were conducted separately with the PREA Compliance Manager and the Assistant Warden. Both indicated that input from medical and mental health staff is solicited and can be received verbally towards a SAIR, although email input was preferred. Emails were provided by the Assistant Warden indicating input from a variety of staff however the emails pertained to initial reports of PREA allegations and not their input towards a SAIR. During the same follow up facility visit, this auditor reviewed a closed PREA investigation file from 2016 that was unsubstantiated for an inmate on inmate PREA allegation. The SAIR documentation included a signature page for SAIR participants including a mental health practitioner, confirming their input. Inasmuch as the PRC provided Moss Group, Inc. "Prison and Jails Standards Documentation Requirements," documentation is only required under provisions (d) and (e) of the standard. Based on previous and more recent staff interviews, reviews of agency policy, and reviews of investigative files, the auditor now finds the facility compliant for provision (c) of the standard.

115.401, Frequency and scope of audits; required corrective action: for provision (i), the facility is required to provide satisfactory documentation per the previously noted non-compliant standards.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, a number of the facility corrective actions required the facility to provide additional documentation. Under 115.33 (c) of inmate education, the facility was required to provide documentation that verified completion of PREA education for all inmates in the facility. This documentation was not received during the corrective action period. Additionally, during both facility visits, one (1) janitor closet door, 5N-70, continued to be broken on a housing unit, and continued to present a blind spot. The work order for the door was requested more than once and was not received. The auditor continues to find the facility noncompliant for provision (i) of this standard.

Going forward, the facility will need to be able to document that all inmates at the facility have completed PREA education and can produce that documentation upon request during audits.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff.

After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards.

After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations.

After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations.

After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations.

After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019.

Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

Standards
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>

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator:

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Department policies DPSCS 020.0026, OPS 050.0001 and OPS 200.0005 serve as the foundation for establishing the zero-tolerance policy for the MD Dept. of Corrections. These policies combine to outline the agency's zero-tolerance for sexual abuse and sexual harassment and outlines preventative steps the agency takes to ensure facilities are free of sexual abuse and sexual harassment, including hiring of prospective employees. Policies OPS 050.0001 – Sexual Misconduct Prohibited and OPS 200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, reinforce the zero-tolerance policy and speaks specifically to many of the facets of preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. These policies cover training and education for staff and inmates, reporting mechanisms for staff and inmates, response policies for reported incidents, investigation of incidents, protections from retaliation for reporters, prevention responsibilities for facility management, and sanctioning for violations of the zero-tolerance policy.

(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Department policy DPSCS 020.0026 establishes the creation and authority of the agency PREA Coordinator with sufficient time and authority to oversee and implement agency efforts to comply with the PREA standards. This policy also designates facility responsibilities to comply with the agency's efforts to implement PREA standards.

The PREA Coordinator was interviewed and it was revealed that he discusses any concerns and best practices and that to the extent of his responsibilities, he has time to perform his duties. There is however insufficient time to conduct mock audits. He ensures that staff training is completed, holds annual committee meetings, reads all reports, etc. Statewide, he has concerns about the number of unsubstantiated cases. He added that there are 23- PREA Compliance Managers (PCM), one at each facility. He communicates with them through email and phone calls. He shared being familiar with their experience levels. Additionally, training is conducted several times per year including assistant PCM. The PREA Coordinator is available to be contacted 24/7.

(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Department policy DPSCS 020.0026 establishes facility manager as responsible for ensuring PREA compliance within each location. The facility manager may act as the PREA Compliance Manager for the facility or nominate a designee

for approval by the agency to act as the facility's PREA Compliance Manager. The agency review process for the appointment of a PREA Compliance Manager ensures that the compliance manager will have the appropriate authority and time to coordinate the facility's efforts to comply with the standards.

The PREA Compliance Manager (PCM) was interviewed and it was learned that she's able to perform her duties however that it is difficult to manage all of her PREA related responsibilities. She shared that her office is not located within the facility however is across the street in another building. Practice was observed that the PREA Coordinator and the PCM were dedicated to their duties.

Based on a review of policies, interviews with staff, and observed practices, the auditor finds the facility compliant for provisions (a), (b), and (c) and overall compliant for the standard.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review of the standard and provisions was performed of § 115.12 Contracting with other entities for the confinement of inmates:

(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The PREA manual has adopted the standard language to comply with the standard. The agency supports compliance of the standard through citation of Code of Maryland Annotated Regulations, which require any contractor to comply with all federal, State, and local laws, regulations, and ordinances applicable to its activities and obligations under its Contract.

The agency's only contract is with Threshold Inc. The facility is a 32-bed, 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. The focus of the program is to assist in the reintegration of the adult male offender. The facility operates under the Community Confinement PREA standards. Under the inspections and evaluations portion of the contract (2.10.1), the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department's Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor.

The agency's PREA Coordinator, who also performs as the Agency's Contract Administrator, states that the agency monitors its contract facility's compliance with the PREA standards through the incorporation of the facility in its overall audit program. The auditor notes that the facility's audit report, dated May 22, 2018 indicated that the agency assigned a PCM to the facility; however, the PREA Coordinator indicates in the current interview that the agency staff member has since retired. The agency PREA Coordinator is now responsible for monitoring compliance. The PREA Coordinator, states that the agency arranges and pays for audits within the facility, in addition to periodic site visits. The auditor reviewed the contract facility's prior audit report from 2018 and notes that the facility was determined compliant with the PREA standards applicable for the facility type.

Through review of the applicable provisions of the contract, the Code of Maryland Annotated Regulations, an interview with the agency PREA Coordinator and review of the contracted facility's 2018 PREA audit reports; the auditor finds evidence of compliance with provisions (a) and (b) of the standard.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.13 Supervision and monitoring:

(a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The PREA manual, which is a compilation of the agency's supporting policies, has adopted the standard language to comply with the standard. A review of agency policy OPS.115.0001 - Staffing Analysis and Overtime Management, which is the agency's policy to address the criteria utilized to develop staffing plans for facilities within the agency; indicated that the agency's policy mandates consideration of the following: When determining adequate staffing levels and the use of video monitoring equipment considering the following factors:

- (i) Best practices used by correction and detention facilities;
- (ii) Findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation, or from an internal or external unit with oversight responsibilities;
- (iii) The physical plant to determine the presence of "blind spots" or isolated areas;
- (iv) Characteristics of the inmate population at the facility;
- (v) The number and placement of supervisors;
- (vi) Program activity taking place on each shift;
- (vii) Applicable federal, State, or local laws or standards;
- (viii) The prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility; and
- (ix) Other factors related to facility security and safety.

The audit team finds that these policy factors sufficiently address the 11-enumerated elements of the standard. In review of the facility's staffing plan, the audit team finds that the facility has planned for the adequate supervision of inmates regarding facility design given the limited

amount of out-of-cell access that inmates receive. The facility has a maximum capacity of 946 and as of the first day of the audit, had a population of 802 inmates.

The Moss Group's white paper on "Developing and Implementing a PREA-Compliant Staffing Plan" from the PRC website was reviewed for analysis of the facility's compliance with the standard. The facility's staffing plan addresses the 4-requirements that all facility type staffing plans must possess: assessment of adequate staffing and where applicable, video monitoring; it must be documented; documented justification for any deviations from the staffing plan; and annually document assessments of the staffing plan and any needed adjustments (the annual review). BCIBC's staffing plan is an analysis incorporating the 11-requirements of provision (a) and does not merely consist of employment rosters or PAWS sheets. The following were considered by the audit team in its review of BCIBC's staffing plan: operation and population using organizational charts, PAWS sheets, inmate rosters, floor plans, and interviews with staff including the Warden, PCM, and random security staff. Also considered were ratios of inmates to overall security staff. On the first day of the audit, with 802 inmates in the facility, A-Shift team had 158 security staff available for a ratio of 8 inmates to 1.58 security staff (8:1.58). B-Shift team had 104 security staff available for a ratio of 8 inmates to 1 security staff (8:1). C-Shift team had 130 security staff available for a ratio of 8 inmates to 1 security staff (8:1). Given the very limited out of cell time, very limited educational or other program opportunities, unavailability of recreation, etc. this combined with relatively low inmate to staff ratios supports the facility's best efforts to comply with its staffing plan. It was also corroborated by staff interviews involving the Warden, PCM and multiple random staff that overtime, both voluntary and mandated, regularly occurs. It was also learned through interviews that relieved posts, also referred to as essential posts, are always filled prior to other positions.

Regardless of the total facility population, it was observed during the facility tour that within each housing unit, there is one officer for direct supervision of the inmates therein. Access to each of the housing units is controlled by a lobby officer, who provides access to each housing unit on the floor from their control desk. The lobby officer provides a secondary level of supervision for each housing unit since large windows permit unimpeded line of sight into each housing unit. Access to each floor is provided by one of two elevators, which is manned by the control center remotely. Each housing unit is almost entirely covered by electronic monitoring cameras and the officer's control desk is in an unobstructed position to observe any staff or inmates in the unit.

Interviews with the Warden and PCM reveal how the facility considers the 11-factors required by provision (a) of the standard when formulating its staffing plan. The agency has developed a checklist for use by the facility to guide their staffing plan review, which must be signed by the PCM and PREA Coordinator, before forwarding the staffing plan for executive review within the agency's central office each year; this was reviewed by the audit team. It was also learned in these interviews that the facility maintains its ACA accreditation and is subject to Maryland Commission on Correctional Standards for staffing which involves a tri-annual audit; they have been upgrading the facility to become more handicapped accessible; and consider the facility's physical plant including "blind-spots," especially during renovations and consider upgrades to monitoring technology. They especially emphasized characteristics of the inmate population and related that gang activity is a concern. With the number and placement of supervisors, vacancies especially at the lieutenant level were discussed. The very limited availability of programs at the facility was discussed and these programs mostly occur in an adjacent trailer and in a program area adjacent to the female housing unit. The prevalence of

substantiated and unsubstantiated complaints of sexual abuse were discussed and that the outcomes of SAIRs may trigger changes. The Warden added that the composition of the inmate population is considered including the presence of gangs, sickly inmates, inmates on the methadone program, etc. For example, the Warden added that on the Mental Health Unit, there is additional staffing and escort officers are used. Of the three towers that comprise the housing units, there is 1-Sergeant assigned per shift for each tower. Current vacancies include 24-Lieutenants, 2-Captains, and 1-Major. The large number of Lieutenant vacancies is due to them not receiving any overtime. Sergeants with overtime are compensated more than the Lieutenants. Regarding programs, due to the transient nature of the inmate population, there are few: Drug and Alcohol operated in an adjacent trailer during 0800-1600 hours; groups average 5-participants normally, however the trailer can hold a maximum of 30-participants; and the GED program which is normally conducted on unit 5S. The prevalence of substantiated and unsubstantiated incidents is considered along with applicable state and local laws, regulations and standards; and other relevant factors upon the staffing plan.

The 2016, 2017 and 2018 annual reviews were submitted and reviewed. There were adjustments made for the 2016 and 2017 annual reviews; no adjustments were made as a result of the 2018 annual review. The 2018 annual staffing plan review was completed between 10/29/2018 and 11/19/2018. All requirements of the provision were taken into consideration in the annual review of the staffing plans as indicated by the checklist of the 11-requirements of provision (a).

Based on reviews of policy, supporting documentation mentioned above, and interviews with multiple staff indicating that vacancies are resolved with the use of overtime; the facility makes every best effort to ensure that the staffing plan is complied with, the auditor finds the facility compliant for provision (a).

(b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

In review of OPS.115.0001 - Staffing Analysis and Overtime Management, there is no specific provision of the policy which requires documentation and justification of deviations from the staff plan. During the review of pre-audit materials and during the onsite audit, the audit team learned from staff interviews involving the Warden on 1/3/2018 that positively, there is a documented staffing plan and posts are assessed annually and "draft" overtime (mandated overtime) is required to fill all essential posts. While the warden discussed several topics that were not relevant to the conversation, he added that the facility takes into consideration generally accepted detention and correctional practices and that the facility is impacted by the Duvall Decree which involves handicap accessibility and does not impact the facility's compliance with PREA.

The PREA Compliance Manager was interviewed during the audit and conveyed that staffing plans consider filling vacancies with overtime; and that cameras are located throughout the facility. Overtime can be mandatory. She added that there are no blind spots in the facility and monitoring technology augments staff; any impacts on the staffing plan are discussed in meetings and meeting minutes are taken only if needed. Regarding staffing, on the A and B shift per floor, there are 3-staff per shift (for an average of 70-inmates); this represents an officer in each housing unit and the lobby officer situated between the two housing units. The

lobby officer operates the entrance/exits to the housing unit and has direct observation into each of the housing units. On the C (night) shift, there is usually one (1) roving officer between the 2-housing units plus the lobby officer. There is one (1) Sergeant assigned per tower per shift. She discussed the lack of programs and that they mostly consist of drug and alcohol programs, and mental health programs. The labor union, AFSCME, has an impact on staffing. There have been no substantiated PREA allegations during 2018 thus far and only one (1) during 2017 (resulting in employee termination). Otherwise, the facility has full camera coverage and video is retained for up to 45-days. The audit team reviewed coverage of every camera in the facility with security staff. Additionally, the Warden noted during his interview that they do not experience non-compliance issues with the staffing plan; he added that vacancies are filled no matter what and housing posts are filled prior to external posts.

The facility's Post Assignment Worksheets (PAWS) were received during the audit. The auditor reviewed the facility's shift rosters for each of the three shifts identified as A shift (0700-1500 hours); B shift (1500-2300 hours) and C shift (2300-0700 hours). The rosters outline the number of officer and supervisory staff assigned to each shift. The roster also outlines current vacancies on each shift. A shift internally has an A-Team, B-Team, C-Team, and a 5 & 2 team. In total, A shift has 2-Majors, 3-Captains, and 10-Lieutenants with a total of 31-authorized positions and a current vacancy of 16-officers. A shift also has 122-Corrections Officers, 21-Sergeants, with 193-authorized positions and a current combined vacancy 50-CO/Sergeants. B shift internally has an A-Team, B-Team, SAT/SUN Team, and a 5 & 2 team. In total, B shift has a total of 6 officers with a total of 22-authorized positions and a current vacancy of 16-officers. The officer positions are not specified by rank. B shift also has 88-Corrections Officers, 10-Sergeants, with 161-authorized positions and a current combined vacancy of 63-CO/Sergeants. C Shift internally has an A-Team, B-Team, C-Team, with FRI/SAT and SAT/SUN Teams. In total, C shift has 2-Majors, 2-Captains, 6-Lieutenants with a total of 22-authorized positions and a current vacancy of 12-officers. C shift also has 109-Corrections Officers, 11-Sergeants, with 135-authorized positions and a current combined vacancy of 15-CO/Sergeants. PAWS sheets were reviewed and through informal interviews with random staff and other specialized staff, it was confirmed that staff regularly work overtime, sometimes being assigned to posts fundamentally different from their normal duty assignments, and that it is sometimes mandated. It did not appear that there were instances when the facility was unable to fill vacancies.

Interviews with the Warden and PCM confirm that vacant positions for essential posts, i.e. housing unit and supervisory positions are filled via voluntary or mandatory overtime. Non-essential posts for other facility functions can be collapsed to ensure sufficient staffing for supervision is met. Informal discussions with staff revealed that approximately 60%-65% of the staff is female. It was learned that recruiting challenges to attract qualified male employees exist in the area, based on informal discussions with administrative staff.

Insomuch as the facility makes every effort to ensure the staffing plan is complied with, and the use of extensive overtime is the primary means of fulfilling the staffing plan, the auditor finds the facility compliant for provision (b).

(c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

A review of agency policy OPS.115.0001 - Staffing Analysis and Overtime Management, requires that: 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 PREA Coordinator shared during his interview that he is consulted by the facility to assess or adjust the staffing plan. He was last involved in the 2017 annual review for the audited facility. As the statewide PREA Coordinator, he discusses any concerns with the facility's PREA Compliance Manager, Warden, Assistant Warden and issues a letter with any suggestions. During a review of pre-audit materials and during the onsite audit, the audit team learned that the facility actively utilizes its staffing plan. Copies of the annual staffing plan reviews were provided for the last 3-years. They were submitted by the facility to its headquarters on 7/13/2016, 3/20/2017, and 11/19/2018.

As noted above, the 2016, 2017 and 2018 annual reviews were submitted and reviewed by this auditor. There were adjustments made for the 2016 and 2017 annual reviews; no adjustments were made as a result of the 2018 annual review. The 2018 annual staffing plan review was completed between 10/29/2018 and 11/19/2018.

Interviews with the Warden and PCM reveal that the facility considers the 11-factors required by provision (a) of the standard when formulating its staffing plan each year as discussed above. The agency has developed a checklist for use by the facility to guide their staffing plan review, which must be signed by the PCM and PREA Coordinator, before forwarding the staffing plan for executive review within the agency's central office each year. This was reviewed by the audit team. The agency is also subject to Maryland Commission on Correctional Standards for staffing and receives a tri-annual audit to ensure compliance with applicable regulations. The Maryland Commission on Correctional Standards (MCCS) develops standards and enforces regulations addressing: life, health, safety, and constitutional issues for the operation of Maryland's prisons, detention centers, and community correctional centers. This is based on the Maryland Annotated Code, Correctional Services Article, 8-110. This auditor reviewed the Maryland Commission on Correctional Standards' website and observed the most recent annual report that covers 2016 and 2017. The BCIBC received the Recognition of Achievement Award during FY16 and FY17. A total of 8-standards was reviewed; no deficiencies were noted for the BCIBC.

Based on the evidence of policy, annual reviews, website research, and interviews with the Warden, PCM and PREA Coordinator, the auditor finds compliance with provision (c) of the standard.

- (d) Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The PREA manual has adopted the standard language to comply with the standard. A review of agency policy OPS.050.0001 Sexual Misconduct — Prohibited, establishes policy which requires that: A supervisor, manager, or shift commander shall:

- (a) 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.

The agency policy contains provisions for supervisory rounds to be conducted. Pre-audit, the facility provided evidence of compliance with attached copies of rounds documentation going back to 2016 and more recently. There did not appear to be a pattern of the rounds being conducted. During the onsite audit, the audit team learned from random inmate interviews that upper level facility staff have been observed conducting rounds at various times. An interview with Intermediate/Higher-level Facility staff indicated that they have conducted unannounced rounds; that these rounds are logged in each housing unit's log book as "Security and PREA Rounds." These entries were observed in log books on the housing units by audit team members performing random checks. He indicated that staff are prevented from alerting other staff about the unannounced rounds because to get to another housing unit or tower involves taking an elevator. An officer in the control center operates the elevator and as there are cameras in all of the elevators (two elevators in each tower) and staff indicate with the number of fingers displayed which floor they want to visit. This was observed during the onsite visit.

It is noted that the facility meets the standard and evidence relied upon included reviews of policies/procedure; reviews of documentation and data; interviews with inmates and staff; observations during the tour of the facility; and internet research. The auditor finds the facility compliant for provision (d) and overall compliant with the standard.

115.14 Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

This standard is not applicable to this facility; they do not house inmates under the age of 18. However, a review of standard and provisions of § 115.14 Youthful inmates:

- (a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
- (b) In areas outside of housing units, agencies shall either:
 - (1) maintain sight and sound separation between youthful inmates and adult inmates, or
 - (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.
- (c) Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

A review of agency policy DPDS.100.003 establishes the requirement that juveniles be housed separate from adult inmates. In such cases where a juvenile is remanded to the custody of the agency, the policy requires that such juveniles be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees outside the unit.

During the onsite audit, the audit team observed that there were no juveniles housed in the facility; a population listing was reviewed; and interviews with staff confirmed this. It is noted that the facility meets the standard and evidence relied upon included review of policies/procedure; review of documentation and data; interviews with staff; and observations during the tour of the facility.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review of the standard and the provisions was conducted for § 115.15 Limits to cross-gender viewing and searches:

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The facility uses agency policy OPS.110.0047 Search Protocol — Inmates, which directs that an inmate strip search is conducted by a correctional officer of the same gender of the inmate being searched in a location that affords privacy. The search is to be conducted in the presence of another correctional officer.

Post audit, the PREA Compliance Manager clarified that the observing officer is also of the same gender. Located throughout the facility are large posters of the MD Dept. of Corrections' Strip Search Protocols. These were displayed previously to educate inmates about the process and to ensure that staff were correctly performing the procedure. These were observed during the facility tour. Formal and informal interviews with staff confirmed that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. This discussion was held with the PREA Coordinator.

During the onsite audit, this auditor also visited the intake area where male inmates are processed. Nearby is a strip search area. It was staffed with male security staff for the purposes of conducting strip searches upon male inmates. (Staff in this area were careful not to permit any opposite gender viewing of this activity.) Due to the sensitivity of the activity in this area and this auditor being female, this auditor was not able to interview the security staff involved in the strip searches.

Based on reviews of policy, onsite observations and interviews, the auditor finds the facility compliant for provision (a).

(b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

A review of agency policy OPS.110.0047 Search Protocol — Inmates directs a female officer conducts frisk (pat) searches of female inmates except in exigent circumstances. When an exigent circumstance arises, A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate.

During the onsite audit staff and inmate interviews were conducted indicating that female

officers conduct pat downs of female inmates. Sixteen (16) random staff from all shifts were interviewed and all confirmed that female officers pat down female inmates. Responses from female inmates were mixed; of the 3-female inmates randomly interviewed, 1-indicated that it is always a female officer conducting the pat downs of female inmates. Another responded that pat-downs only occur upon initial arrival at the facility and when going in/out for court but didn't specify by whom. The last provided a response that was not relevant to the question. Of the targeted interviews conducted, 4-females also responded to the random inmate interview questions and all indicated that there was always a female available to conduct pat searches. During interviews with administration staff, it was learned that the majority of security staff are female (approximately 65%) and there is never an issue finding a female officer to pat down female inmates.

Based on reviews of policy, onsite observations and interviews, the auditor finds the facility compliant for provision (b).

(c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.

A review of agency policy OPS.110.0047 Search Protocol — Inmates, directs searches be documented; however, it does not specifically refer to the requirements of the standard ; this negatively impacts compliance with the provision. During the onsite audit, staff interviews and auditor observations confirmed that specifically for cross-gender pat downs, only female staff conduct them upon female inmates (see above). Copies of logs pertaining to 115.15 (c) were requested post audit. Post audit, the PREA Compliance Manager indicated that if this were to occur, which it has not, that it would be recorded in a log book and that the log books are retained in the male and female search rooms on the booking floor and on every housing unit.

The auditor finds the facility non-compliant for provision (c) due to the needed revision of policy OPS.110.0047 Search Protocol — Inmates, directs searches be documented; to more specifically refer to the requirements of the standard.

(d) The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

A review of agency policy OPS.110.0047 Search Protocol — Inmates, considers cross-gender viewing, if performed without warning by non-medical staff at times other than incidental to a routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances to be prohibited sexual misconduct. The policy does not implicitly state the procedures or requirements for cross-gender announcements , and will need to be updated; this negatively impacts compliance of the standard. During the onsite tour, the auditors observed red signage posted in all housing unit areas requiring staff of the opposite gender to announce themselves; the audit team also observed cross-gender announcements being made during the facility tour. Additionally, interviews of staff and inmates indicated that in the housing areas, all staff (16 random staff from all shifts) reported that this is being done. An interview of 30-inmates indicated mixed results: 13-inmates indicated that staff do not make

cross-gender announcements as required; 7-inmates indicated that staff sometimes make cross-gender announcements as required; and 10-inmates indicated positively that staff do make cross-gender announcements as required. Additionally, all 16-staff reported that inmates in the housing areas were able to perform bodily functions without being observed by staff of the opposite gender. Inmates reported overwhelmingly that they are able to use the toilet, shower, and change clothing without being observed by staff of the opposite gender. Only one (1) inmate indicated that they are sometimes observed using the toilet however it occurs very briefly and that it is by security and treatment staff; this was reported by a mental health unit inmate.

One area of concern regarding cross-gender viewing was observed in the booking area. It consists of multiple cells along a long, narrow hallway with direct visibility into the cells including some of the toilet areas. Some of the cells have half-wall barriers that prevent direct viewing however not all cells do. Additionally, it was observed during the tour that there were no cross-gender announcements in this area during the tour. Staff explained that these announcements are performed at the start of shift. It was suggested that a semi-transparent adhesive could be affixed to the outside windows of the affected cells, approximately 6"-8" in height that would obscure the toilets being used and still permit observation for security purposes. A simple light-switch system with related signage was also suggested and this would also assist hearing impaired inmates. A review of the video camera system revealed that there was no privacy in some of the cells. The camera monitors consisted of a 16-picture view with fixed cameras. Of the camera coverage observed, there were some camera views that presented concerns: Mental Observe Rm1 (toilet with no privacy observed); BCBIC-ENC03 (inmate may be totally naked (depending on mental health staff requirements)); BCBIC-ENC15 (toilet with no privacy in women's safety observation cell); and BCBIC-ENC19-SNA IMHU4 (shower area). Staff indicated during the camera coverage review that shower curtains are taken up and down in the MHU. It was demonstrated for the audit team during the tour how the smocks worn by the mental health unit inmates are used to cover the opening in the shower door to prevent exposure to staff of the opposite gender. It was observed by an audit team member that the smock was not used to cover the shower door opening and a male inmate was exposed to staff outside the shower. It is required that the toilet areas of the camera coverage be digitized and/or that video monitoring be restricted to staff of the appropriate gender. It was also learned during the video camera review that Vicon is the video camera service provider and that there is no longer a maintenance agreement with them. A few of the cameras were observed to be non-operational.

Due to the lack of privacy afforded inmates under provision (d), and inconsistency of opposite gender announcements when entering a unit, the auditor finds the facility non-compliant.

(e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

A review of agency policy OPS.110.0047 Search Protocol — Inmates, directs that:

(a) A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's 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.
- (b) When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search.

During the onsite audit, staff and inmate interviews revealed that of the 16-random staff interviewed the responses were mixed: 5-staff responded that only medical would complete such an exam; 1-staff responded no-they were not aware of the policy preventing such exams; 9-staff responded yes-they were aware of the policy preventing such exams; and 1-staff responded that they would ask the inmate about their status. One (1) transgender inmate was interviewed and reported not being strip searched for the sole purposes of determining their genital status . Although the responses were slightly mixed on this matter, 14 out of 16 responses were aligned with the standard and agency policy which does not affect the overall compliance with the provision.

Based on reviews of policy, onsite observations and interviews, the auditor finds the facility compliant for provision (e).

- (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

A review of agency policy OPS.110.0047 Search Protocol — Inmates, does not speak to the training requirements for staff conducting cross-gender searches or professional and respectful search of transgender and intersex inmates. This negatively impacts compliance with the provision.

A review of search training curriculum revealed that the facility uses the Moss Group, Inc.'s curriculum for "Guidance on Cross-gender and Transgender Pat Searches" available from the NPRC. The slides and facilitator guide were reviewed. PREA is also included in the semi-annual training that all staff receive. The semi-annual training consists of 5-days of various topics, including PREA . Interviews with 16-random security staff revealed that 15-staff indicated that they did receive this training; 1-staff did not recall receiving the training. 7-staff further elaborated that transgender inmates can choose the gender of the staff performing the search.

A review of the above search training curriculum and general PREA training revealed that staff are trained to conduct cross-gender frisk searches of transgender and intersex inmates in a professional and respectful manner. The trainings reinforce the need for professionalism when working with all members of the LGBTI community.

It was observed onsite that upon entering the facility each day of the audit, the audit team was subject to a frisk search. The secondary auditor is male and it was observed that the searches, which were conducted by various female security staff, conformed to the training

materials and were both professional and respectful.

Due to agency policy OPS.110.0047 Search Protocol — Inmates, not speaking specifically to the training requirements for staff conducting cross-gender searches, or professional and respectful search of transgender and intersex inmates, the auditor finds the facility non-compliant for provision (f). The policy will need to be revised to address the requirements of this provision.

Corrective action required:

The auditor finds the facility non-compliant for provision (c) due to the needed revision of policy OPS.110.0047 Search Protocol — Inmates, directs searches be documented; to more specifically refer to the requirements of the provision. Under provision (d) that agency policy OPS.110.0047 Search Protocol — Inmates, be updated to implicitly state the procedures or requirements for cross-gender announcements. Also under provision (d), camera systems need to be digitized to block cross-gender viewing of toilets; light-blocking materials affixed to block views of toilets in the booking/hearing/intake areas; and a light system to support opposite gender announcements with signage in the booking/hearing areas. Under provision (f), agency policy OPS.110.0047 Search Protocol — Inmates, needs to be revised to more specifically address the requirements of provision (f).

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy,

receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, information was received from the National PREA Resource Center (NPRC) that was developed by the Moss Group, Inc., and elaborated on Prison and Jails Standards Documentation Requirements. Additionally, it was conveyed that it was not necessary for the facility policy to be amended when it is superseded by agency policy. Thus, this auditor finds the facility compliant for provisions (c), (d), and (f). Further, in a post audit telephone conference held on February 22, 2019, the Warden indicated that under provision (d), viewing of camera systems is restricted to specific genders of staff, eliminating the need for digitization to block cross-gender viewing of toilets. It was observed during the follow up tour of the facility conducted on July 17, 2019, that light-blocking materials were affixed to block all views of toilets in the booking/hearing/intake areas. Along with observations during the follow up tour, information received from the PREA Compliance Manager indicated that additional signage had been included in these areas and that female staff continued to announce their presence at the beginning of each shift in these areas. Housing units were visited during the follow up tour and all showers and toilets had the missing or torn privacy curtains replaced. Based on facility explanations and actions taken by the facility, the auditor now finds the facility compliant with all provisions of the standard.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.16 Inmates with disabilities and inmates who are limited English proficient:

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

The PREA manual has adopted the standard language to comply with the standard. The facility referenced agency policies OPS.200.005.05C, OPS.050.0001.05C, and OPS.050.011 to support its efforts to comply with § 115.16 (a). Additionally, a review of agency policy OEO.020.0032 Limited English Proficiency (LEP), outlines the agencies approach to providing interpretation services for LEP inmates. Each facility within the agency, and in conjunction with the inmate, determines the preferable means of translation, which could include in-person or over-the-phone translation services. The agency policy outlines under what circumstances staff or volunteer translators can be used, with consideration for the potential impacts of confidentiality breaches. A review of agency policies OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited, and OPS.050.0001 Sexual Misconduct — Prohibited, contain the prohibition against the use of an inmate interpreter, except in exigent circumstances where it could impede the effective completion of first responder duties.

A post audit interview with an Agency Head designee was conducted. She indicated that agency policies provide for inmates with disabilities or who are limited English proficient (LEP) to have equal opportunity to participate in or benefit from all aspects of PREA. She further elaborated that with the agency policies, which are communicated to staff, documents have been translated into Spanish; and bi-lingual staff provide assistance when needed. The agency does not allow inmates to translate for PREA except in an emergency.

During the onsite audit, many of the targeted inmate populations were not present within the facility. Two (2) inmates were found to be Limited English Proficient (LEP). Onsite interviews with 2-LEP inmates revealed that both were not provided information about sexual abuse and sexual harassment that they were able to understand. 1-LEP responded negatively that they

were not provided with help to read, write, speak or to have things explained if they needed help. The other LEP indicated that an interpreter was available to explain things. Regarding their responses to related questions, 1- LEP indicated having interpreter help available; the other LEP's response was not relevant to the question. One of the LEP interviews was conducted using the Speak Easy telephone translation services (877-626-0684); Raul was the interpreter and he needed to rephrase the PREA questions in ways that the Spanish speaking inmate could understand.

Initially, Ad Astra contracted translation services were attempted to be used however the service wanted to physically send an interpreter onsite. The other LEP interview was conducted using the interpreter that was available during the inmate orientation training, which only occurs during specific morning hours during the weekdays. The facility also has access to several other telephone translation services. These were observed by the audit team.

(b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

A review of agency policy OSPS.050.0011 Americans With Disabilities Act of 1990, Titles I and II, outlines the agency's approach to accommodating disabled individuals. The policy directs that to the extent possible and according to federal guidelines, the agency will make reasonable accommodations to ensure equal access to public services, programs, or activities provided by the agency.

The agency has contracts with translation services (see attached) and has access to several translation services. An interpreter is present during inmate orientation training and this was observed by the audit team during the facility tour. The inmate orientation training occurs on each of the housing units during a 2-hour span of time with staff visiting each of the housing units to conduct it. It was also observed by the audit team during the facility tour that sufficient PREA signage in Spanish is displayed throughout the facility including in the housing units. Additionally, the facility provides inmates with a Spanish version of the PREA brochure as needed. This was observed by the audit team.

There is a concern about the PREA training methodology that was raised to staff during the exit brief and this will have an impact in 115.33, however, the deficiency in training methodology has the ability to adversely impact disabled or LEP inmates. While detainees are in the booking area, they view the PREA video passively playing in the background. The auditor observed practice of what was considered orientation training on the housing units. This training consisted of multiple topics being discussed while the PREA video was playing passively in the background. Interviews with inmates revealed that some were not provided a copy of the facility's inmate handbook. This auditor randomly interviewed an inmate who had just completed the orientation training; the inmate could not respond with knowledge to any PREA questions. The PREA video was still playing in the background and the inmate had already signed acknowledgement of having received and understood the PREA training.

Three (3) additional inmates were interviewed that were identified as disabled (2-wheelchair

and 1-mental health). Of those, the 2-wheelchair inmates reported receiving information about sexual abuse and sexual harassment and they were able to understand it; neither needed an interpreter nor any help with reading, writing, speaking or having things explained for them. The 1-mental health inmate reported not receiving any information about sexual abuse or sexual harassment; and had no one to help him with reading, writing, speaking, or explaining things. It is unknown if this inmate had any literacy issues or cognitive impairments.

Concern exists that inmates with a disability including LEPs would not have an opportunity to address questions or comprehension issues with staff. For this reason, the auditor does not find the facility fully compliant with provisions (a) and (b) of the standard.

(c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.

A review of agency policies OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited, and OPS.050.0001 Sexual Misconduct — Prohibited, contain the prohibition against the use of an inmate interpreter, except in exigent circumstances where it could impede the effective completion of first responder duties.

Random staff interviews revealed mixed results regarding the question about the use of inmate interpreters. Of the 16-staff interviewed, 9-staff indicated that no, inmate interpreters were not used; a couple staff further elaborated that bilingual staff could assist when needed. 5-staff indicated that they didn't know or were unsure if inmates were being used as interpreters; one staff further elaborated that they would get assistance from a chaplain. 2-staff indicated that yes, they have used inmate interpreters however only for translation of PREA concerns.

Based on the reviews of policy, onsite observations and staff interviews, the auditor finds the facility compliant for provision (c).

Determination for compliance of the standard took into consideration policies/procedures; provided documentation; data; interviews with inmates and staff; and observations by the audit team during the facility tours.

Corrective Action Required:

For provisions (a) and (b), the auditor will expect to see evidence of a staff facilitated PREA educational instruction program where the agency's PREA video and materials are explained to an inmate, with an opportunity for questions to be asked of staff when inmates cannot comprehend materials. This educational program can be conducted individually or in a group setting; however, cannot rely on the inmates to self-educate based on providing written materials or with the PREA video playing passively in the background.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-

calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

As a result of the initial audit, the facility was advised to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials , among other needed corrections, also for the benefit of inmates with disabilities and who are limited English proficient.

Post-audit, the original co-auditor conferred with a member of the PREA Resource Center on February 12, 2019, on whether the requirement for staff-facilitated education could be imposed upon a facility and was advised that the standard literally permits that education may be conducted by video alone. However, the viewing of the video had to be uninterrupted and the inmates being educated via video had to have an opportunity to ask questions to verify comprehension.

During the follow up facility visit held July 17, 2019, the facility provided results of their own

internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 9-files were lacking for PREA education. Of the 35-male files, 16-files were lacking for PREA education. It is unknown if any of the inmate records sampled related to inmates with disabilities or who were limited English proficient.

During the follow up visit held July 17, 2019, random interviews with 5-random inmates who had arrived at the facility during the corrective action period revealed mixed responses. Three of the 5-inmates indicated they received initial PREA education at the time of intake with 2 of the 5-inmates elaborating that they received a pamphlet. All 5-inmates indicated that they did not receive any follow up PREA education. None of the 5-inmates had watched any video as a part of any orientation or received any other follow up PREA education by any other means. None of the random inmate interviews or random files reviewed were selected specifically for disability or limited English proficiency.

Due to ongoing deficiencies by the facility under 115.33-inmate education, 115.16 is negatively impacted as the facility has not conclusively demonstrated that it takes steps to ensure inmates with disabilities or who are limited English proficient 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, which includes inmate education. Regarding provisions (a) and (b), the auditor continues to find the facility non-compliant for this standard.

Going forward, the facility will need to ensure that inmates who are disabled and who are LEP are provided with 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, which includes inmate education, 100% of the time.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.17 Hiring and promotion decisions:

- (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
- (1) 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);
 - (2) 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; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
- (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The PREA manual has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F (1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (a) and (b). Human Resource functions are centralized and offsite for this facility. During an interview with the PREA Coordinator, the audit team was informed that the agency's hiring of staff is conducted at the agency level, is centralized and performed offsite. During the application process, the applicant selects the general geographic area where they are willing to accept employment and the agency will assign selected applicants to the facilities in those areas. Hiring is then conducted out of regional Human Resource office locations.

This practice was confirmed in a subsequent interview with the agency's Human Resource representative for the location. She stated that the agency has a centralized hiring process and the background check process considers a candidate's criminal background, employment history, consists of a neighborhood check, prior employer check, gang background check, psychological examination and drug screening process. There is a specific application form designed to capture this information in the application process and a series of 13 questions on page 29 of the application and question 287 on page 36 of the application directly asks whether the applicant has engaged in prohibited sexual contact with individuals in a custodial setting to capture this information. During this process, if any items prohibited under provision (a) of the standard are uncovered, the agency will not hire the individual. Sexual harassment is also considered in the hiring process. Candidates with a criminal record for sexually harassing behaviors would not be hired. Candidates with a history of discipline for sexual harassment at a prior employer are presumptively ineligible for hire without the approval of the agency level Deputy Director under limited circumstances. The audit team reviewed documents involved in the hiring process.

Based upon policy reviews, interviews, and observations of hiring documents, the auditor finds

the facility compliant for provisions (a) and (b).

(c) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

(d) Before hiring new employees, who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check; and

(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency's primary policy has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F (1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (c) and (d).

During an interview with the agency Human Resource representative, she stated that the centralized Human Resource office is responsible conducting the background check for all employees and contractors within the facility. She added that all corrections officer applicants choose the geographic area to work and the background check includes criminal neighborhood history, civil history, check of national databases, physicals, psychology, drug testing, etc.

Specifically, the background check procedures involve:

Databases/Systems Used for the Purpose of Criminal Record Background Investigations:

- Check of State and FBI fingerprint records (conducted by CCHU);
- Consumer Credit Check through Equifax (conducted by CCHU);
- Maryland Criminal Justice Information System (CJIS) – Maryland State Criminal Record Check;
- RAPS (MD CJIS);
- Maryland Judicial Information System (JIS)– District Court case information;
- Through “METERS” (Maryland Electronic Telecommunications Enforcement Resource System) – a check of the following:
 - o National Crime Information Center (NCIC) query – for local and out of state criminal record checks;
 - o III (FBI) record check;
 - o Wanted Person check – local and National;
 - o Civil and Criminal Record check (Active Protective Orders, Warrants, Ex-Parte orders, etc.);
 - o In state and out of State Motor Vehicle checks;
- Maryland Case Search – Public Website -- to locate civil case records (not supported by fingerprints);
- Through Regional Information Sharing System (RISS) – check of RissGang. RISS includes the following resources:
 - o Middle-Atlantic-Great Lakes Organized Crime Law Enforcement Network (MAGLOCLIN);
 - o Mid-States Organized Crime Information Center (MOCIC);
 - o New England State Police Information Network (NESPIN);
 - o Rocky Mountain Information Network (RMIN);
 - o Regional Organized Crime Information Center (ROCIC);
 - o Western States Information Network (WSIN);

- Through the Washington/Baltimore High Intensity Drug Trafficking Area Organization (HIDTA) – check of “GangNet” -- The Washington/Baltimore HIDTA region includes:
 - o Loudoun, Arlington, Fairfax, Prince William, Alexandria, Henrico, Chesterfield, Hanover and Prince George counties in Virginia;
 - o The cities of Richmond and Petersburg;
 - o Harford, Baltimore, Howard, Anne Arundel, Montgomery, Prince Georges, Charles and Wicomico Counties and the City of Baltimore in Maryland; and
 - o Washington, DC.

- VTRACK – inmate phone system;

- Check of the Offender Case Management System (OCMS) to check for gang affiliation and visitor logs;

- Property Search – www.dat.state.md.us

Selective Service Report through <https://www.sss.gov/Home/Verification>

Additional Investigative Procedures for Full Background Checks:

- Background Interview with Investigator
- Check of Employment History
- Check of Law Enforcement/Corrections Applications and Employment (all)
- Neighbor reference checks (physical neighborhood checks)
- Personal reference checks
- Co-Worker reference checks
- Verification of Education Credentials
- Residential Call History through local Police Departments
- Provide all pertinent information on a “Summary of Investigation”
- Complete information on the “CCHU Results of Background Investigation” Form.

Additional Administrative Procedures for Full Background Checks (conducted through CCHU):

- Verification of minimum qualifications (Citizenship, Education, Age verification)
- Review of Polygraph Examination Report (CO’s only)
- Review and processing of Tattoo photos for gang affiliation – coordination with DPSCS

Intelligence Unit

- National Personnel Records Center Report
- Scheduling and review of Psychological Evaluation • Scheduling and review of Physical Examination

- Scheduling and processing of Drug Testing
- Complete review of full background check and documents (Manager’s review)
- Completion of the Application for Correctional Certification Form (to MPCTC)

The audit team finds that these procedures sufficiently capture the prohibited conduct enumerated within provision (a) of the standard and considered under provision (b) of the standard. The agency has a specific form that documents the results of each of the sections of its background check. The HR representative reported that the facility had 4-new hires during 2018. 100% of the new hire files were requested and reviewed. The agency Human Resource representative provided records of the background check completion forms for each of these 4-hires. All 4-records indicated that they were corrections officer candidates and were approved for hire after completion of the mandated applicant checklist requirements. All of these forms indicated that the applicants provided signed acknowledgements of PREA as part of the hiring process. Two of the candidates were cleared for hiring on 7/18/2018 and the other two were cleared for hiring on 8/15/2018.

Based upon reviews of policy, employee files, interviews with the agency Human Resource representative, and documentation to confirm that the agency completed its check in each of the divisions of the background check process; the auditor finds sufficient evidence of compliance for provision (c) and (d).

(e) Before hiring new employees, who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check; and

(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The PREA manual has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F (1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provision (e). During an interview with the agency Human Resource representative, she stated that the agency utilizes a continuous background scanning process for employees and contractors within its facilities. The system will generate an electronic notice upon an individual's arrest via a match of their fingerprints. This notice is provided to Human Resource staff, as well as the agency's Intelligence and Investigation Unit (IIU).

The auditor finds this procedure adequate to meet the requirements for provision (e).

(f) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

(g) The agency shall 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.

(h) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The agency's PREA manual has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F (1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (f), (g) and (h).

The audit team reviewed the agency application materials and found that there are sufficient steps in the application process to identify any of the prohibited conduct identified in provision (a) of the standard. There is a specific application form designed to capture this information in the application process and a series of 13 questions on page 29 of the application and question 287 on page 36 of the application directly asks whether the applicant has engaged in prohibited sexual contact with individuals in a custodial setting to capture the information required by provision (f). The final page of the application (page 39) requires the applicant to affirm that the information provided is accurate. If the information within is found to be incorrect, incomplete, or misleading; the application may be terminated, and any offer of employment withdrawn. An applicant who is already employed may be terminated.

Provision (g) of the standard is supported by agency policy 020.0026 § .05F (5) PREA - Federal Standards Compliance. Policy states that a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

Provision (h) of the standard is supported by the agency's primary policy, which has adopted the standard language to comply with the standard. The Annotated Code of Maryland 17.04.14.10 and .20 allow for an employee who is subject to disclosure of information consistent with provision (h) of the standard to be notified of the request and inspect the records being disclosed. The Human Resource representative stated that when requests for information on former employees consistent with provision (h) of the standard are made; the request is forwarded to the agency's IIU division, as they have access to all investigatory inquiries into the employee.

Through the review of application materials, background check information and an interview with the agency Human Resource representative, the auditor finds sufficient evidence of compliance with provisions (f), (g) and (h) of the standard and overall compliant with the standard.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.18 Upgrades to facilities and technologies:

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

The agency has no referenced resources to support its efforts to comply with § 115.18 Upgrades to facilities and technologies. An interview with the Warden indicated that the female inmates currently located in 5S were going to be relocated to 4C. Unit A and Unit B of 4C was being renovated at the time of the onsite audit and consisted mostly of cosmetic updates. The audit team observed during the facility tour that painting and flooring updates were being made however that the original configuration of the housing unit was not being altered and that camera coverage would continue as originally designed. He elaborated that victims and abusers would be separated between the two housing units (Unit A and Unit B) of 4C; there are no segregation units at this facility. This was verified during interviews with the Warden and PCM and from onsite observations. Floor plans were received and reviewed.

(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The agency has no referenced resources to support its efforts to comply with § 115.18 Upgrades to facilities and technologies. A post audit interview was conducted with an Agency Head designee. She indicated that while there have been no recently added facilities, the agency considers eliminating blind spots, use of electronic monitoring, and use of efficient staffing patterns. She further elaborated that new or added electronic monitoring is to protect inmates from sexual abuse and other incidents. This is through monitoring in control centers, cameras, mirrors, and walk throughs within the facilities. An interview with the Warden indicated that positively, when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility considered using technology to enhance inmates' protection from sexual abuse. He elaborated that anytime there is a PREA allegation, video is reviewed.

Inquiry was made about the janitor closets that are located at the back of the housing units that were sometimes found to be unsecured during the facility tour. The Warden indicated that when needed, the camera angles can be changed to provide better coverage.

The facility indicated the addition of the Drug and Alcohol Program trailer adjacent to the facility since their last PREA audit. This location was observed by the audit team during the facility tour and it was found to be a small, classroom trailer with 2-3 offices, storage closets, bathrooms, and an open area for groups. 5-inmates were present for group at the time of the observation. A maximum of 30-inmates can occupy the open space; 3-staff were present. PREA signage including a hotline number was displayed; this also included a Spanish version.

There were no blind spots in the trailer and 2-cameras were observed on the unit.

Post audit, the PREA Compliance Manager added that the female inmate program area located on 5S was renovated in 2015. The program area is on the same floor and adjacent to the female housing units. 2-3 female staff have work stations within the program area and camera coverage is available from both sides of the program room. There are no blind spots that were observed. The female inmates receive orientation and programs in this area. Additionally, in the lobby area of 5S a medical unit was added. All programs and services needed by the female inmates are available on their floor.

Post audit, requests were made for any agency/facility policy that addresses § 115.18 Upgrades to facilities and technologies at the facility; documentation of facility design, renovation, modification or expansion; and minutes from meetings referencing installing or updating monitoring technology. Presently, there is no supporting documentation that the facility considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse; or supporting documentation that the facility considered how technology could enhance the agency's ability to protect inmates from sexual abuse.

While onsite and reviewing video camera coverage, it was learned that the Vicon maintenance agreement had expired. This creates an additional concern about the facility's ability to use technology to enhance its ability to protect inmates from sexual abuse.

Determination of compliance was based on reviews of policy, floor plans, electronic monitoring system, onsite observations and staff interviews. The auditor finds the facility noncompliant for provisions (a) and (b).

Required Corrective Action:

The auditor will expect to see evidence that staff were deliberate when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. This would be in the form of agendas and meeting minutes that specifically address this concern and would satisfy the requirements of provision (a) above for improvements that occurred since August 20, 2012 or the last PREA audit, whichever is later.

The auditor will also expect to see evidence that staff were deliberate when installing or updating a video monitoring system, etc.; the agency considered how such technology may enhance the agency's ability to protect inmates from sexual abuse. This would also be in the form of agendas and meeting minutes that specifically address this concern and would satisfy the requirements of provision (b) above for improvements that occurred since August 20, 2012 or the last PREA audit, whichever is later. Additionally, the facility must have an active maintenance agreement for its video monitoring system.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be scheduled and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-

calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, information was received from the facility's PREA Compliance Manager regarding provision (a) in the form of emails that indicated the facility was deliberate in its attempts to ensure sexual safety of inmates and considered the effects of design, acquisition, expansion or modification. The facility's PREA Compliance Manager and maintenance staff were deliberate in their documentation in correcting a couple areas of the facility where cross-gender viewing was occurring and took steps to eliminate it. Namely, window frosting was applied in the booking/hearing/intake areas where inmate holding cell toilet use was previously visible. Additionally, in the 5N Mental Health (MH) unit, shower doors were modified to cover openings in the shower doors that previously allowed for visibility of inmates' genitals while the showers were in use. These modifications were observed by the audit team during the follow up tour of the facility held on July 17, 2019.

Also during the corrective action period, information was received regarding provision (b) from

the Assistant Warden in the form of emails that a service provider is available and utilized for routine maintenance of the facility's Vicon video monitoring system. Maintenance staff at the facility reported that they complete requisitions for repair or replacement of system items. It was determined that this auditor could not require the facility to obtain an active maintenance agreement for its video monitoring system. Based on actions taken by the facility, this auditor now finds the facility compliant with all provisions of the standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was preformed of the standard and provisions of § 115.21 Evidence protocol and forensic medical examinations:

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

A review of agency policy indicates the agency is responsible for investigating all allegations of sexual abuse. The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 § .05D & G, OPS.200.0005 § .05D, F & G, IIU.110.0011 § .05C & D, and IIU.220.0002. The agency's policies state that the agency's Internal Investigative Unit (IIU) will conduct investigations of alleged sexual abuse and sexual harassment. While the agency's directives regarding evidence preservation and collection are repeated in varying degrees throughout the above noted policies, the agency has a policy specifically related to the investigation of sexual offenses (IIU.110.0011- Investigating Sex Related Offenses) which directs:

"When the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a:

(a) A Sexual Assault Forensics Examiner (SAFE);
(b) Sexual Assault Nurse Examiner (SANE); or
(c) If documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims." The agency's policies direct that first responders to an incident are responsible for preserving the scene of the incident and any items that may have been used as evidence; detaining the alleged perpetrator and preventing the destruction of physical evidence, as well as instructing the victim on the need to protect against the destruction of physical evidence on their person. Agency policy IIU.220.0002-Evidence and Personal Property Collection, Storage, and Disposition speaks to the agency's general protocol for ensuring the integrity of the evidence collected, its chain of custody and preserving the value of its use within investigative proceedings.

Interviews with 16-random staff from all shifts indicated that all 16-staff answered positively that they understood the protocol for obtaining useable physical evidence if an inmate alleges sexual abuse. Approximately 4-staff further elaborated that medical would handle the evidence collection; 1-staff elaborated that the state police would handle the evidence collection; and 1-staff elaborated that the investigations unit (IIU) would handle the evidence collection. All staff expressed knowledge about isolate, separate, and preserve the crime scene. Regarding who is responsible for conducting sexual abuse investigations, the same 16-random staff from all shifts indicated mixed responses. 2-staff indicated that the IIU conducts sex abuse investigations; 2-staff didn't know who conducted sex abuse investigations; 7-staff indicated that the PREA Compliance Manager or another Lieutenant conducted sex abuse investigations; 4-staff indicated that the PREA Compliance Manager along with the IIU

conducted the sex abuse investigations; and 1-staff indicated that medical along with the IIU conducted the sex abuse investigations.

An interview with investigative staff revealed that the agency has its own internal sworn police force, in its Investigative and Intelligence Division (IID). The IID (also referred to by staff as the IIU) conducts both criminal and administrative investigations and employs approximately 20 detectives and approximately 36 total investigators throughout the agency. The investigative staff confirm that they are responsible for evidence collection at the site; however, all forensic examinations are conducted at an outside hospital. In the Baltimore area, those examinations are conducted at Mercy Hospital. Investigators are responsible for accompanying the victim during the forensic examination, collecting the evidence and sending it to the crime lab for analysis. The investigator confirms that she was also trained to conduct forensic evidence collection, including body swabs when necessary for investigations.

A review of the agency's specialized investigator's training reveals that the agency trains its investigative staff to appropriately preserve evidence and collection techniques. Maryland statute requires that designated hospitals accept all individuals reporting sexual abuse for forensic examinations that are reimbursed by the state's Department of Health. State statute requires that sites utilize the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", which indicates that evidence shall be collected if the alleged sexual assault occurred within 120 hours.

Based upon review of Maryland statutes, training materials and interviews with staff and investigators, the auditor finds compliance with provision (a) of the standard.

(b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

Maryland statute requires that designated hospitals accept all individual reporting sexual abuse for forensic examinations that are reimbursed by the state's Department of Health. State statute requires that sites utilize the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", which indicates that evidence shall be collected if the alleged sexual assault occurred within 120 hours.

The audit team evaluated the agency's training materials for investigators and found that the curriculum addressed evidence collection techniques consistent with the protocol, in compliance with provision (b) of the standard.

(c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical

practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001, OPS.200.0005, and IIU.110.0011. All policies speak to the agency's commitment to offer sexual abuse victims' access to forensic examinations. The agency's "Office of Clinical Services/Inmate Health Medical Evaluations Manual, Chapter 13 – Sexual Assault on an Inmate" states that: 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. DPSCS medical vendors will not participate in or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off-site medical facility for assessment by an independent provider or nurse who conducts forensic examinations.

The facility utilizes Mercy Hospital for forensic examinations when necessary. Although the facility does not have an explicit agreement with Mercy Hospital; said hospital has been designated by the state of Maryland as a forensic examination site for the city of Baltimore. State regulations designate that the state Department of Health reimburses the hospital directly for all forensic examinations.

The audit team reviewed the facility's agreement attempt with Mercy Hospital to provide forensic examinations. Post audit, the audit team verified, through an interview with hospital staff that SAFE/SANE examinations are performed at Mercy hospital when necessary for inmates housed at BCIBC. She further elaborated that Forensic Nursing staff is always available to conduct forensic medical examinations every 24-hours, every day of the week, and every day of the year. Mobile services are provided as needed to the prisons.

The audit team reviewed 7-investigative files for PREA allegations occurring in 2018 and of those, in instances where sexual abuse was alleged (4-cases) and within an amount of time that useable forensic evidence could be collected (3-cases), all of the 3-cases were referred for SAFE/SANE services.

Based on reviews of policy, investigative files, staff interviews and SAFE/SANE interviews, the auditor finds the facility compliant for provision (c).

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

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

A review of agency policies IIU.110.0011, OPS.050.0001 and OPS.200.0005 supports the agency/facility's efforts to be compliant with provisions (d) and (e). All policies speak to the agency's commitment to offer sexual abuse victims' access to a qualified victim advocate during forensic examinations and during investigatory interviews.

During an interview with the PREA Compliance Manager she responded positively that victims can receive advocacy from a qualified advocate during forensic medical exams and investigation interviews and that it is provided by the Maryland Coalition Against Sexual Abuse (MCASA).

The PREA Coordinator stated that the MDOC coordinates its rape crisis services through the Maryland Coalition Against Sexual Assault (MCASA), which serves as the umbrella agency that coordinates with its 17 local sites to provide rape crisis counseling services in the specific locations where MDOC facilities are located. The MDOC contracts for rape crisis counseling and training services with MCASA and provided the audit team with a \$10,000 invoice dated September 25, 2018, purchasing PREA training consultation services and sexual assault counseling hours for the agency. Additionally, the scope of work was reviewed and it confirms that MCASA is responsible for working with its local centers to develop capacity to provide advocacy services in writing, by telephone, or in person, depending upon the needs of the inmate and the availability of resources. MCASA is responsible for making all reasonable attempts to ensure that a qualified victim advocate be made available to accompany victims through the forensic examination process. Turn Around Inc. is the designated local site that provides rape crisis counseling services to the Baltimore City area.

An interview was conducted post audit with the PREA Program Coordinator/Analyst with MCASA, and revealed that advocates under the MCASA umbrella throughout the state accompany individuals for forensic examinations at designated state forensic examination sites. She stated that the facility's forensic examination site, Mercy Hospital, has its own pool of advocates that are not affiliated with the Turn Around Inc. MCASA organization. An interview with agency investigators revealed that, upon request from a victim, RCC advocates are allowed to participate in investigatory interviews.

The facility had 4-reports of sexual abuse within the previous 12 months, with the most recent report occurring on October 22, 2018. Due to the short-term average length of stay at the facility (average of 45 days); there was only 1-alleged victim of sexual abuse still housed at the facility who could be interviewed. During the interview, the alleged victim's responses were inconsistent regarding the requirements of this provision. However, he confirmed upon further elaborating about questions related to standard 115.83, that a detective and an advocate were there to support him at the hospital.

Based upon reviews of policy, supporting documentation, and staff and inmate interviews, the auditor finds the facility compliant for provisions (d) and (e).

(e) To the extent the agency itself is not responsible for investigating allegations of sexual

abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(f) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

The agency's primary policy specifies that the agency is responsible for conducting both criminal and administrative investigations within the facility. Therefore, provisions (f) and (g) are not applicable to the audit. A review of facility investigations confirmed that all investigations are conducted by the agency's Intelligence and Investigation Division (IID) (or as commonly referred to by staff as IIU).

(h) For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The audit team evaluated the agency's relationship with MCASA and Mercy Hospital. Mercy Hospital's forensic examination program provides a provides an advocate during the examination. An interview was conducted with the PREA Program Coordinator/Analyst with MCASA, and revealed that rape crisis advocates under the MCASA umbrella are trained in national best practices and receive training that qualifies them to serve in such capacity. In addition to traditional advocacy training; she states that she provides training to the local rape crisis centers to educate them on the dynamics of working with incarcerated survivors. This training would include the differing dynamics of sexual abuse within confinement settings and how safety planning for survivors is different from those survivors served in the community, consistent with provision (h) of the standard.

Based on the above, the auditor finds the facility compliant with provision (h) and overall compliant with the standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of 115.22 - Policies to ensure referrals of allegations for investigations:

(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

A review of the agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001, OPS.200.0005, and IIU.110.0011. All policies speak to the agency's responsibility for conducting both criminal and administrative investigations. The PREA Coordinator was interviewed as well as the investigator and confirmed the agency's Investigative Division (IID) is responsible for conducting an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. The IID is an investigative unit with the legal authority to conduct criminal investigations and is responsible for conducting criminal investigations of alleged sexual abuse. The investigatory policy is published on the agency's website.

A review of investigatory files from the audit period confirmed that the IID has not substantiated any allegations to file criminal charges for allegations of sexual abuse or sexual harassment reported at the facility. An interview with the Agency Head designee was completed post audit. She indicated that positively, IID staff, who are sworn officers, complete the criminal investigations. Anything found to be administrative are referred back to the facility for investigation. She further elaborated that every case is investigated; forensic exams are used for alleged sexual abuse; interviews are conducted; and charges are pressed at the county level if a case is referred for prosecution.

(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Agency policy, interviews with the PREA Coordinator, PCM and a review of agency investigative referrals and investigations confirm that the agency is responsible for conducting

sexual abuse and sexual harassment investigations throughout the agency. Therefore, provisions (c), (d) and (e) are not applicable to the agency.

Based on reviews of policy, documentation, interviews and observations, the facility is found to be compliant for the applicable provisions.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.31 Employee training:

(a) The agency shall train all employees who may have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

A review of the agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 and OPS.200.0005. Agency policy requires:

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.

The audit team reviewed the agency's PREA training materials and found that the curriculum explicitly covers the first nine elements of provision (a) of the standard; however, does not address element 10. During an interview with the PREA Coordinator, the agency requires the responding investigative officer to make applicable notifications to the applicable social service agency when a mandatory reporting requirement is triggered. Because all allegations reported to the agency's Investigative and Intelligence Division (IID), which is a law enforcement agency; following the agency reporting protocol ensures compliance with Maryland's mandatory reporting laws. Staff elaborated that in Maryland, mandatory reporting applies to health care workers, law enforcement officers and human services workers. Of any cases referred to a law enforcement agency, if the notifications are required, it is the responsibility of the law enforcement agency to perform the mandatory reporting. BCIBC staff are not mandatory reporters for the purpose of juveniles and vulnerable adults.

The audit team researched mandatory reporting laws in Maryland and the Maryland Department of Health's website states:

To protect patient confidentiality, Maryland does not have mandatory reporting laws for domestic violence or sexual assault. You may not report suspected or confirmed domestic

violence or sexual assault unless the adult victim consents or for one of the following exceptions:

Exceptions: Disclosure is mandated in the following three conditions:

1. Child abuse:

- If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then health care professionals are mandated to report to Child Protective Services (CPS) or law enforcement.

2. Vulnerable adult abuse:

- If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement.

3. Treatment of an injury by health care provider:

- If the injury was caused by a gunshot or moving vessel, then medical personnel must report to law enforcement.

The audit team found that the PREA Coordinator's explanation regarding mandatory reporting is consistent with state law; thus, training on mandatory reporting laws is fulfilled by instructing on agency reporting mechanisms. The agency conducts its training annually during in-service training and additional refreshers are offered during rollcall. All 16-randomly interviewed staff confirmed that they receive such training and all were knowledgeable on their obligations to report, preserve evidence and ensure the safety of alleged victims; consistent with provision (a) of the standard.

(b) 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.

The auditor reviewed the training materials and found that they are tailored to the gender of the inmates housed at the facility, consistent with provision (b) of the standard. Additionally, the training materials had curriculum that specifically addressed managing female offenders. The facility houses both male and female inmates.

(c) 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 agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

In advance of the audit, the facility provided a substantial sample of employee PREA training records going back 3-years and represented training records for 251 employee records indicating compliance with provision (c). The auditor reviewed printed electronic training records which documented attendance at the agency's in-service training going back 3-years; on the dates when PREA was covered. The agency utilizes its training curriculum evaluated under provision (a) for both initial and refresher trainings. The facility provided sample training records for a total of 230 employees (A-J) for 2016-2018. 100% of those records were

reviewed. The auditor noted that the current shift rosters provided to the audit team verified, that as of December, there were a maximum of 564-authorized security staff positions and with vacancies, the total security staff employed by the facility was 392-staff. The auditor then took the shift rosters and randomly sampled two employees from each of the three shifts, selected names and cross-referenced them against training records. The auditor found that each of the six employees sampled had verification of PREA training for 2018 and previously; consistent with provision (c) and (d) of the standard.

(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

All 16-random staff interviewed reported receiving PREA training and demonstrated solid understanding of their responsibilities should they receive an allegation of sexual abuse or sexual harassment. Staff also reported receiving periodic refresher information during rollcall at the facility that covers first responder responsibilities. Beyond this, the facility also requires a sign off on the facility policy updates attaching B Shift's 11/9/2018 publication receipt for awareness of PREA and another policy. Employee signatures verify their receipt and responsibility for awareness of the content.

Based on reviews of policy, documentation, interviews and observations, the auditor finds the facility compliant for the above provisions.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.32 Volunteer and contractor training:

(a) The agency shall ensure 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.

(b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

A review of the agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 and OPS.200.0005. Policy 050.0001 – Sexual Misconduct Prohibited, defines an employee as : (6) "Employee": (a) Means 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.(b) Includes: (i) A contractor; (ii) An intern; (iii) a volunteer; and (iv) an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, and Baltimore City Public Schools; as well as; of the same policy, 05 C: C. 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;

(2) Written policy and procedures issued by the head of the unit related to the custody and security of an inmate comply with applicable federal PREA standards;

(3) Department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate:

(a) As part of inmate orientation;

(b) By inclusion in the facility's inmate orientation paperwork; and

(c) If applicable, the facility's inmate handbook; as well as the DPSCS Volunteer Services Orientation Manual and Volunteer Agreement and Acknowledgement of Orientation form indicating: "I participated in The Department of Public Safety and Correctional Services Volunteer Orientation at (location) on (date) completed by (name of trainer). I attest that I have received, been fully advised, read and clearly understand the following documents and materials:

1. DPSCS Volunteer Program Orientation manual, including:

- a. Volunteer Guidelines – Rules of Conduct
- b. Emergency Consent Information
- 2. DPSCS Directives:
 - a. Prison Rape Elimination Act – Federal Standards Compliance
 - b. Sexual Harassment – Prohibited
 - c. Sexual Misconduct – Prohibited

"I understand that with the Prison Rape Elimination Act (PREA), I have a duty to inform for any sexual misconduct I observe or am aware of during the course of my volunteer service. I agree to comply with all security and program regulations and requirements as set forth in writing in the material given to me (orientation guide, rules of conduct, guidelines, and handouts) and explained verbally.; Etc. also depicts the volunteer's printed name, Date, Volunteer signature, and Trainer's Signature Date."

During the onsite audit, the audit team observed that the facility utilizes contract medical staff and psychiatric practitioners. Information from the facility indicate d that there is a total of 224 contract staff working periodically at the facility including employees of Wexford, Mumby & Simmons dental consultants, and from MHM. Formal and informal interviews with staff and inmates indicate that there are no significant programming offerings at the facility, aside from Drug and Alcohol, GED, and religious services. The facility reports that it utilizes 79-volunteers at the facility. The facility provided sample records of their acknowledgement of receiving PREA training. These were observed by the audit team.

During the onsite audit, interviews were conducted with two contractors. One works performing mental health duties and the other works performing medical duties in the mental health unit. Both affirmed receiving training required by the standard. The contracted medical provider has its own PREA training curriculum that its employees must complete; they can also receive training provided by Dept. of Corrections. The content was reviewed and determined sufficient to meet the requirements of 115.32. MHM contractors were trained in the agency's PREA materials as well as by online MHM PREA content. Contract dental providers are trained by an agency specific curriculum which was reviewed by the audit team and deemed sufficient to meet 115.32 Both also responded affirmatively regarding content of the training, being notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as how to report such incidents.

Post audit telephone Interviews were conducted with 2-randomly selected volunteers. 1-volunteer affirmed receiving training required by the standard. The other volunteer indicated that no formal training was provided and that there were PREA signs displayed at the facility. Contact was attempted with a total of 12-random volunteers however as of this date, no other volunteers have responded. Post audit, documentation of training for contractors and volunteers was requested and this information is pending.

Determination of compliance for provisions (a) through (c) is dependent upon receipt of satisfactory training records for volunteers and contractors.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-

calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, additional documentation was received and inspected during the follow up facility tour held on July 17, 2019. The PREA Compliance Manager provided additional documentation depicting provisions (a) through (c). Documentation depicted that (a) 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; (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents; and (c) the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. One (1) file folder and one (1) binder were inspected during the follow up tour that demonstrated the requirements of provisions (a) through (c) including the

volunteers' and contractors' signed acknowledgement of understanding of training they had received. The file folder contained 20-volunteer's records for provisions (a) through (c) and is representative of the facility's volunteer numbers. The binder contained records covering provisions (a) through (c) for both contracted medical staff and contracted mental health staff and represented 100% of employees under these contracts. The auditor now finds the facility compliant for all provisions of the standard.

115.33 Inmate education

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.33 Inmate education:

(a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 and OPS.200.0005. Agency policy requires: Department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate:

- (a) As part of inmate orientation;
- (b) By inclusion in the facility's inmate orientation paperwork; and
- (c) If applicable, the facility's inmate handbook;
- (4) Contact information for persons listed under §.05E (4) of this directive is current and effectively available to an inmate.

The agency's policies speak to its zero-tolerance policy. In advance of the audit, the facility calculated in the Pre-Audit Questionnaire (PAQ) that approximately 60.3% of intake inmates receive PREA education. The facility's Inmate Education policy indicates that "during the intake process, all inmates who are committed into the facility within 72-hours of their arrival will receive a PREA brochure during the PREA intake screening." Inmates are provided with a copy of the agency's PREA brochure which outlines the agency's zero-tolerance policy, an inmate's right to be free from sexual abuse and harassment, what to do if you have been sexually assaulted, how to report sexual abuse and sexual harassment, tips to reduce risk of sexual abuse, and the agency's response and investigative commitments. The information within the brochure meets the content requirements of provision (a) of the standard. This auditor converted the brochure to a Word document and checked for accessibility issues ; none were found; people with disabilities should not have difficulty reading the PREA brochure. The accessibility checker evaluates a document's layout and content for issues that could prevent people with disabilities from being able to use the document; this includes people with learning disabilities and people with low vision, however it does not address all disabilities. During the onsite portion of the audit, the audit team observed that each new arrival to the facility can view the agency's PREA video playing in the background during their wait to be processed in the booking area. People not committed to the facility can remain in the booking area for up to 72-hours. The audit team observed the PREA video and it contained information similar to that contained in the brochure.

The audit team received an intake demonstration by a Sergeant in the intake area since there were no inmates present at the time. This serves as the facility's intake and comprehensive education process. During verbal administration of the agency's risk screening tool questions; inmates are provided with a PREA brochure and there is limited opportunity of confirmation of understanding or comprehension. If an inmate did not directly acknowledge that they were unable to read; there is no opportunity for assurance the materials could be read or

understood by the individual. One intake staff who was interviewed revealed that not all inmates understand the content and that the orientation that is delivered later in the housing units is expected to answer their questions. This practice does not exemplify the intent of provision (a).

During interviews, an intake officer was interviewed, and regarding providing inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, s/he responded that this is done after the inmates have seen the Court Commissioner, completed the hearing process, and have been committed to the facility. S/he added that regarding ensuring that current inmates, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment, that this information is conveyed at the counter in the intake area, usually one on one. If there are multiple inmates to be processed, she may use an office to afford them more privacy. She reported that she does not provide a PREA handout to the inmates. Of the 31- random inmate interviews, 8-inmates responded that they did not receive any PREA education; 18-inmates responded that they did receive PREA education; and 5-inmates could not recall if they received any PREA education. A few inmates were randomly interviewed during the facility tour. They were asked if they knew how to report an incident of sexual abuse. Of them, 1-inmate responded no; 4-inmates responded yes and provided methods they would use to report sexual abuse; and 1-inmate was uncertain.

Post audit, the PCM conveyed that approximately 1%-2% of the facility's inmates may be transfers from other Dept. of Corrections' facilities. The BCIBC is a hub for mental health treatment in the area and that would be the primary reason for their transfer to the audited facility. A staff member who provides the orientation training in the housing units confirmed that very few inmates are transfers and that if an inmate is transferred to the audited facility from another facility, they would also receive the orientation training.

Based on observations of the intake and education process, and interviews with intake staff, and inmate interviews; the auditor does not find compliance with provision (a) of the standard. Observed practices do not meet the intent of provision (a).

(b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 and OPS.200.0005. As cited under provision (b), inmate education regarding sexual abuse and sexual harassment policies and prevention is provided during inmate orientation. A staff member who provides orientation training was interviewed and related that the orientation training is conducted approximately 2-3 days after inmates are committed to the facility and that it takes place on the housing units to which the inmates are assigned. The orientation training is different than the initial education provided at intake since the orientation training includes policy related information about how the facility responds to PREA incidents, along with other related topics. The audit team also observed the facility's inmate handbook; information contained therein supports provision (b).

There is a concern about the PREA training methodology that was raised to staff during the exit brief however, the deficiency in training methodology has the ability to adversely impact not just disabled or LEP inmates but also all inmates. The audit team observed practice of what was considered comprehensive education during orientation training on the housing units. This training consisted of multiple topics being discussed which included disaster plans, classification, sick call, the complaint process, searches, access to case record procedures, programs and services, toxic/caustic materials procedures, rules-regulations-and discipline, laundry, and PREA while the PREA video was playing passively in the background. This auditor randomly interviewed an inmate who had just completed the orientation training; the inmate could not respond with knowledge to any PREA questions. The PREA video was still playing in the background and the inmate had already signed acknowledgement of having received and understood the PREA training. Again, this was without effort to ensure the inmate could understand or comprehend the material.

Interviews with intake staff revealed that inmates receive information regarding the required PREA topics (of provision (a)) by way of the PREA brochure during intake. This occurs after they have been committed to the facility and per the facility's PREA education policy, within 72-hours of their arrival. An interview was conducted with a staff member who conducts the orientation training on the housing units. He conveyed that this PREA education (of provision (b)) usually occurs on the second or third day after arrival at the facility, after inmates receive their housing assignment. While at the housing unit, usually about 5-inmates are present in the common area of the housing unit to receive the training. They watch a PREA video, "Speaking Up." As part of it, inmates receive handouts and sign an acknowledgement form. He indicated that an interpreter is present during the orientation. Spanish speaking inmates view the video separately with the interpreter. Inmates are asked if they have questions however the presenter noted receiving very few questions in response. The presentation is taken from housing unit to housing unit. As this occurs during a 2-hour time frame in the mornings, with 17-housing units (including the gym which is currently used for housing), staff would have approximately 7-minutes to spend on each housing unit, not including travel time between the housing units. This short amount of time provides very limited opportunity to ensure that inmates receiving the training understand and comprehend it.

During interviews with the inmate population, 31-inmates were asked about being told about their right not to be sexually abused or sexually harassed, 14-inmates responded no, they were not told about it; 15-inmates responded yes, they were told about it; and 2-inmates responded that they could not recall being told about it. Regarding if they were told about how to report sexual abuse or sexual harassment; 12-inmates responded no, they were not told about it; 17-inmates responded yes, they were told about it (although a few reported knowing about it only due to the posters); and 2-inmates could not recall if they were told about it. Regarding the question about their right not to be punished for reporting sexual abuse or sexual harassment, 18-inmates responded no, they were not told about it; 12-inmates responded yes, they were told about it; and 1-inmate could not recall if they were told about it. Regarding the question about how long after they arrived, did they receive this information, 13-inmates responded no, they did not receive the information at all; 13-inmates reported receiving the information within the first 1-3 days; 3-inmates reported receiving it within the first week; 1-inmate reported receiving it within the first 5-months; and 1-inmate reported not recalling when the information was received. An additional inmate was interviewed following the PREA orientation training and only knew of 1-reporting method; he indicated not having

received the PREA brochure during intake.

Based on observations of the intake and education process, and interviews with intake and orientation staff, and inmate interviews; the auditor does not find compliance with provision (b) of the standard. Observed practices do not meet the intent of provision (b).

(c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

The facility is a short-term, temporary location, which houses inmates for an average length of stay of approximately 45-days . Since all intake inmates are new arrestees from Baltimore City and not transferred there from other Dept. of Corrections' facilities, all inmates currently at the facility would have been educated through the intake process and by orientation training on the housing units. During inmate interviews, there was no evidence to indicate otherwise; 84% reported arriving at the facility in 2018 and 16% reported arriving at the facility in 2017. During interviews, staff who conduct orientation training related that they ensure that current inmates, as well as those transferred from other facilities, which represents about 1% of the inmate population, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment during education provided during orientation on the housing units.

The audit team did not identify transferred inmates in the facility to interview them to ensure they had received the information and education as required in provisions (a) and (b). The audit team also did not have records including logs that verify the facility has documented that every inmate in the facility has received the necessary information during intake and the more comprehensive education within 30-days of intake, including inmates that have been transferred to the audited facility from other facilities. Additionally, staff reported low numbers of these trainings being completed in the Pre-Audit Questionnaire. As such, the auditor finds the facility non-compliant for provision (c) pending receipt of the aforementioned records verifying completion of the education for every inmate in the facility.

(d) The agency 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.

The audit team reviewed the agency's PREA education materials and found that materials are provided in English and Spanish formats to accommodate the agency's predominate populations. In the event that education materials are not available in an inmate's primary language or in a format not readily understood by the inmate population, the facility accommodates the needs of the inmate population through the use of an in-person or over the phone interpretation service . These services were successfully used by the audit team during interviews with 2-LEP inmates. 1-auditor used an over the phone translation service (Speak Easy); 1-auditor used the translation services of the interpreter who assists with the orientation training conducted on the housing units.

As noted in previous provisions of the standard, the audit team observed the intake process and orientation training for multiple inmates, which reportedly serves as the facility's intake

and comprehensive education process. After the PREA screening during intake, the inmates receive a PREA brochure, without fully ensuring confirmation of understanding or comprehension. If an inmate did not directly state that they were unable to read; there is no opportunity for assurance that the materials could be read or understood by the individual. Interviews with intake staff indicated that not all inmates understand the PREA information at intake and the orientation training is relied upon to answer any questions remaining from intake. Considering there was limited effort to confirm an inmate's comprehension of the materials, the practice at the facility does not provide sufficient opportunity to identify those inmates who may be limited in their English proficiency, deaf, visually impaired, limited in their reading skills, or otherwise disabled.

Interviews with LEP and disabled inmates were conducted. Of the disabled, (2-wheelchair and 1-mental health), the 2-wheelchair inmates reported receiving information about sexual abuse and sexual harassment and they were able to understand it; neither needed an interpreter nor any help with reading, writing, speaking or having things explained for them. The 1-mental health inmate reported not receiving any information about sexual abuse or sexual harassment; and had no one to help him with reading, writing, speaking, or explaining things. It is not known if the inmate needed help with these tasks; this auditor did not ascertain that the inmate had cognitive impairments. Of the 2-LEP inmates, 1-reported not receiving any information about sexual abuse or sexual harassment; and had no one to help them with reading, writing, speaking, or explaining things; the other LEP inmate reported receiving the information and having access to an interpreter that could help them with reading, writing, speaking, or explaining things.

The orientation trainer also indicated that if an inmate is Spanish speaking, they will view the video separately from the others and will be assisted by the interpreter who participates in the orientation training. The audit team did not observe that anyone was available to assist inmates with mental illnesses or cognitive disabilities if they didn't understand the PREA education.

Based on concerns about PREA training methodology discussed in provision (b), this also impacts inmates discussed in provision (d). Due to the manner in which orientation training is provided in the housing units, and the incomplete manner of the delivery to all inmates, not just disabled inmates, the auditor finds the facility non-compliant for provision (d).

POST INTERIM REPORT CORRECTIVE ACTION:

As a result of the initial audit, the facility was advised to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials, among other needed corrections.

Post-audit, the original co-auditor conferred with a member of the PREA Resource Center on February 12, 2019, on whether the requirement for staff-facilitated education could be imposed upon a facility and was advised that the standard literally permits that education may be conducted by video alone. However, the viewing of the video had to be uninterrupted and the inmates being educated via video had to have an opportunity to ask questions to verify comprehension.

During the follow up facility visit held July 17, 2019, the facility provided results of their own

internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 9-files were lacking for PREA education. Of the 35-male files, 16-files were lacking for PREA education. It is unknown what the facility did with their findings.

During the corrective action period, information was not received from the facility indicating how the facility had developed and institutionalized a comprehensive inmate education program for provisions (a) and (b). A conference call was held on March 18, 2019, that included this auditor, the facility PREA Compliance Manager, and a case management representative. Facility staff asserted that the 30-day reassessment under 115.41(f), is a form of inmate education. This response is not accepted by the auditor. During the follow up facility visit held on July 17, 2019, facility staff provided "An Overview of the Contract's Services" regarding statewide foreign language interpretation and translation services, dated February 21, 2019, which aids provision (d), however does not demonstrate practice. During the follow up visit, random interviews with 5-random inmates who had arrived at the facility during the corrective action period revealed mixed responses. Three of the 5-inmates indicated they received initial PREA education at the time of intake with 2 of the 5-inmates elaborating that they received a pamphlet. All 5-inmates indicated that they did not receive any follow up PREA education as is required under 115.33(b). Regarding 115.33(b), none of the 5-inmates had watched any video as a part of any orientation or received any other PREA education by any other means. Additionally, information was not received from the facility indicating compliance with provision (c) that all inmates in the facility had completed PREA education. During the facility follow up visit, a review of 10-random inmate base files for inmates received during the corrective action period indicated that PREA education was not confirmed for five of the 10-files under provision (e). Based on the insufficiency of information received during the corrective action period, results of facility internal auditing, interviews and base file reviews conducted during the facility follow up visit, regarding provisions (a), (b), (c), (d) and (e), the auditor again finds the facility non-compliant for this standard.

Going forward, the facility will need to develop and institutionalize a comprehensive inmate PREA education program to occur at intake and within 30-days of intake, for all inmates, including transfers and those who are disabled and LEP. The facility will need to be able to document that all inmates at the facility have completed PREA education. It is further recommended that the facility continue to maximize its own internal auditing and develop and implement its own corrective action plans for internal findings.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.34 Specialized training: Investigations:

(a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Regarding provisions (a) and (b), the agency's primary policy has adopted the standard language for this provision. A review of agency policies 050.0001 § .05G (2) and 200.0005 §.05G (2) supports the agency/facility's efforts to meet compliance for provision (a) and (b) and specifies respectively that:

G. Investigating, Documenting, and Resolving a Complaint:

(1) An Intelligence and Investigative Division (IID) investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to:

- (a) Collecting and preserving evidence;
- (b) Interviewing victims, witnesses, and suspected perpetrators;
- (c) Conducting and using polygraph examinations;
- (d) Identifying suspects;
- (e) Preserving an individual's personal dignity and legal rights; and
- (f) Maintaining confidentiality of the investigation.

(2) 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 in a confinement setting that, at a minimum, specifically addresses:

- (a) Interviewing sexual abuse victims;
- (b) Using Miranda and Garrity warnings;
- (c) Sexual abuse evidence collection; and
- (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

As well as (2) to the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct 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 protecting against self-incrimination;
- (c) Sexual abuse evidence collection; and
- (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

A review of the PREA Specialized Training Lesson Plan provided in advance of the audit covers topics (2)(a) through (d) above. Interviews with investigative staff during the audit revealed that the dedicated agency investigator from IID affirmed that the required training topics were taught during PREA training obtained at the Police Academy along with the investigative training. The investigator also facilitates the training. 2-locally assigned facility investigative staff indicated that they had not received the training and indicated that IID investigators would perform those functions. Regarding the training content, the dedicated agency investigator from IID described the content as including victimology, elements of a crime, differences between criminal and administrative investigations, interview techniques, avoiding re-victimizing the victim, how to communicate respectfully to transgender and other inmates, Miranda and Garrity Warnings, use of monitored phone calls along with evidence collection, use of SAFE/SANes, as well as the criteria needed such as preponderance of evidence and probable cause to substantiate cases for administrative and prosecutorial referral. Additionally, the dedicated agency investigator from IID confirmed that the training curriculum contained the required topics of techniques for interviewing sex abuse victims; proper use of Miranda and Garrity warnings; sex abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Of the 2-locally assigned facility investigative staff, one indicated N/A for their response and the other indicated that 2-of the required topics were not included in the training, which they had not received.

The auditor finds the facility compliant for provisions (a) and (b) of the standard.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency's primary policy has adopted the standard language for this provision. A review of Correctional Services Article, § 10-701, Annotated Code of Maryland supports the agency/facility's efforts to meet compliance for provision (c). This policy establishes the IID and discusses the powers of the investigators as well as their minimum qualifications to include completion of the training prescribed for them. It does not specifically address documentation of their training in conducting sexual abuse investigations.

Pre-audit, the facility indicated that 20-investigators have completed the required training. Post audit, documentation of the training logs was received for investigators who conduct specialized investigations; 18-staff have had the required training.

The auditor finds the facility compliant for provision (c) and overall compliant for the standard.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.35 Specialized training: Medical and mental health care:

(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency's primary policy has adopted the standard language for this provision. A review of agency policy 020.0026 § .05B (2) supports the facility's efforts to meet compliance of provision (a). It specifies:

(2) Ensuring that Department PREA-related activities comply with federal PREA standards in the following areas:

- (a) Prevention planning;
- (b) Planning for responding to incidents or complaints;
- (c) Training and education;
- (d) Screening for risk of sexual victimization and abusiveness;
- (e) Reporting;
- (f) Investigation;
- (g) Discipline;
- (h) Medical and mental health care;
- (i) Data collection and review;
- (j) Audits; and
- (k) Auditing and corrective action;

During the audit, interviews conducted with medical and mental health staff revealed that of the 3-staff, all three had received specialized training regarding sexual abuse and sexual harassment, and that it included topics such as how to detect and assess signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. They reported receiving this training online from their employer as well as during academy training conducted by the Dept. of Corrections.

Pre-audit, the facility provided samples of certificates for 4-medical/mental health staff who had completed the training during 2018. This small sample does not substantially confirm that the agency ensures and maintains documentation showing that medical and mental health practitioners have completed the required training. Post audit, training logs were requested

and are pending. The facility demonstrating compliance for provision (a) is dependent upon receipt of satisfactory training documentation.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The facility indicated that these exams are not conducted at the facility but rather by Mercy Medical; this category is non-applicable for the facility.

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

The agency has not cited a policy that supports their efforts to meet compliance with provisions (c) or (d). Regarding provision (c), pre-audit, the facility provided samples of certificates for 4-medical/mental health staff who had completed the training during 2018. This small sample does not substantially confirm that the agency ensures and maintains documentation showing that medical and mental health practitioners have completed the required training. Post audit, training logs were requested and are pending. The facility demonstrating compliance for provision (c) and (d) is dependent upon receipt of satisfactory training documentation and updates to policy.

Regarding provision (d), medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. Medical and mental health care practitioners are contracted employees with Wexford and MHM providing the workforce. Two medical/mental health care practitioners were interviewed during the audit and responded that in regards to 115.32, they confirmed having received training about the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as indicated being informed about how to report such incidents. A review of their training curriculum confirmed that these topics were included. The facility demonstrating compliance for provision (d) is dependent upon receipt of satisfactory training documentation.

Overall compliance with provisions of the standard are dependent upon receipt of satisfactory training documentation for provisions (a), (c), and (d).

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters

acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the follow up facility visit held on July 17, 2019, the facility provided 48-PREA training certificates under provision (a) which more substantially confirms the completion of mental health PREA education. Additionally, auditors reviewed a binder onsite for medical staff that consisted of multiple logs of training documentation which more substantially confirms the completion of medical PREA education. Information received from the Moss Group, Inc. indicated that policy citations were not required to be referenced for this standard; this pertained to provisions (c) and (d). Compliance with this standard was contingent upon the facility providing sufficient training documentation which has been confirmed. Based on provided documentation, the auditor now finds the facility compliant with this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

A review was completed of the standard and provisions of § 115.41 Screening for risk of victimization and abusiveness:

(a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Agency policy requires "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility." Agency PREA Compliance Managers oversee the implementation of risk screening within each facility and are required to ensure risk screening is conducted at intake or transfer into the facility.

During the onsite portion of the audit, the audit team observed the intake process which was demonstrated by a staff member; there were no inmates present in the area at the time. An Intake Sergeant was interviewed and explained that the risk screening tool is administered verbally; if the results are positive, scoring a 4 or higher for either victimization or abusiveness, then they are referred for mental health and their housing assignment is automatic based on the results. Victims and abusers are housed in separate housing units. During interviews with staff responsible for risk screening, it was learned from 2-staff that regarding screening upon admission the facility, or transfer from another facility, screening is performed for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This is performed by intake staff within 72-hours. All admissions receive a reassessment by a case manager within 30-days. Interviews of random inmates revealed that of the 30-inmates asked, 18-inmates reported not being asked risk screening questions; 2-inmates did not recall being asked risk screening questions; and 10-inmates responded that yes, they were asked risk screening questions. Of those, 9-inmates reported this occurring within the first 1-3 days of arrival; and 1-inmate reported that it occurred in the first week after arrival. Of those that responded negatively, a couple indicating learning about PREA from information displayed on the walls. 23-inmate base files were randomly selected and reviewed for the presence of the initial risk screening forms. 22-files contained the initial screening form. 1-file had no screening forms.

(b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to direct that intake screening is complete within 72-hours of reception to the facility.

Pre-audit, the facility reported that of the inmates who remain at the facility beyond 72-hours, just .2% had initial risk screenings performed for them. During a review of risk screening

samples, 23-inmate base files were randomly selected to observe timeliness of the initial risk screening. The dates of the initial risk screenings were compared to the Institution Entry date indicated on the BCBIC Inmate Name roster. This auditor observed 17-initial screenings were completed timely, on the first day of intake. 4-initial screening forms could not be confirmed for timeliness as the inmates were no longer listed on the roster and were may have been transferred or released from the facility. 2-additional screening forms could not be determined as timely as they were missing from the inmates' files. During interviews with case management staff who conduct 30-day risk screenings, they related that intake staff complete the initial screening within 72-hours of intake .

The auditor finds the facility compliant with provision (a) and (b).

(c) Such assessments shall be conducted using an objective screening instrument .

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening is conducted utilizing an objective screening instrument.

The audit team finds that the agency's risk screening tool is as objective as the standard requires; insomuch as the ten minimum required risk screening elements within the standard require subjective input from the assessed individual; specifically, the assessed individual's perception of vulnerability and whether the assessed inmate is perceived to be gender nonconforming in accordance with the PREA Resource Center's Standard in Focus.

The risk screening tool consists of 18 questions, resulting in either a "yes" or "no" response with respect to applicability to the assessed individual. The first series of 12 questions pertain to the inmate's risk of sexual victimization. A "yes" response equates to 1-point. A score of 4 or more for items 1-12 of the form identify the inmate as "at risk for victimization." In addition to the required elements of the standard, the tool also considers elements of vulnerability specific to the incarcerated environment, such as a past history of being solicited or threatened with sexual abuse and whether the inmate has ever engaged in consensual sexual activity. The inclusion of these factors underscores the agency's commitment to identifying those risk factors which exponentially increase one's risk in an incarcerated environment.

The second series of six questions pertain to the inmate's risk of sexual abusiveness. A "yes" response to a predetermined number of questions will result in the inmate being identified at risk of being sexually abusive. For items 13 to 18, a score of 3 or more identifies an inmate as "at risk for abusiveness."

Based upon the audit team's review of the risk screening tool, it is apparent that the tool is capable of producing similar risk determinations for the same inmate when the screening is conducted by different assessors; therefore, meeting the objective requirement of this provision of the standard. The auditor finds the facility compliant for provision (c).

(d) The intake screening shall 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;

- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The auditor reviewed the agency's tool and found that, through its 18-question risk assessment, it includes nine of the ten required factors identified in provision (d) of the standard. The following elements of the standard are address by the identified question on the assessment :

- (1) Whether the inmate has a mental, physical, or developmental disability: Addressed by question 3
- (2) The age of the inmate: Addressed by question 1
- (3) The physical build of the inmate: Addressed by question 2
- (4) Whether the inmate has previously been incarcerated: Addressed by question 4
- (5) Whether the inmate's criminal history is exclusively nonviolent: Addressed by question 5
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child: Addressed by question 11 and 17.
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming: Addressed by question 9.
- (8) Whether the inmate has previously experienced sexual victimization: Addressed by question 7, 8, and 12.
- (9) The inmate's own perception of vulnerability: Addressed by question 6.
- (10) Whether the inmate is detained solely for civil immigration purposes.

The tool does not include a specific question relating to element ten of provision (d); specifically, whether the inmate is detained solely for civil immigration purposes.

2-staff who perform risk screening were interviewed and it was confirmed that staff were familiar with the questions that specifically address victimization and abusiveness. One screener added that the case manager receives the scores in a database and the original form is placed in the inmate's file, which is how they are familiar with the specific questions that were answered positively. The questions that are asked on the initial screening pertain to physical stature, age, disabilities, etc. Interviewed staff added that the initial screening form is taken to clerical for entry in the computer but was unsure if the forms were kept or a copy is placed in the files. The files are kept in a locked clerical area.

The facility indicated in the PAQ that it detains inmates solely for immigration purposes and the lack of (10) regarding immigration detention not being addressed negatively impacts the facility's compliance with (c). The auditor finds the facility non-compliant for provision (c).

(e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall consider the factors required by provision (e) of the standard. Specifically, prior acts of sexual abuse are addressed by in the risk of abusiveness section of the assessment by questions 16, 17, and 18. Prior violent convictions are addressed by question 13. Prior history of institutional violence and sexual abuse are considered by questions 15, 16, and 18 . Four staff who perform risk screening (30-day) were interviewed. They related that regarding the contents of the risk screening, all 4-responded positively that the screening form contains the requirements of provision (e). Regarding how the initial screening is conducted, all-4 indicated that the checklist is used and that intake staff perform the initial screening using it. One staff further elaborated that the 30-day results are compared to the initial results.

Based on reviews of policy, reviews of the facility risk screening form, and interviews with risk screening staff, the auditor finds the facility compliant for provision (e).

(f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall be conducted for a second time within 30 days of intake or transfer into the facility. Agency policy requires that agency PREA Compliance Managers develop local procedures for the reassessment process.

There is no agency standard for the "set period of time" required by the standard. A review of the facility's local procedures revealed that reassessments are conducted by case managers. Pre-audit, the facility indicated that over 100% of the inmates remaining at the facility beyond 30-days had the risk screening reassessment administered for them. 23-inmate files were randomly selected and it was found that 6-inmates had the 30-day reassessment administered timely for them. 1-inmate had the 30-day reassessment administered timely for them however this was verified only by the facility's electronic case notes. 2-inmates had the 30-day reassessment completed for them however they were completed well beyond the 30-day time frame. 14-inmates did not have 30-day reassessments completed for them. Attempts were made to locate entries of electronic case notes verifying completion of reassessments however none were located for the 14-inmates.

Interviews with staff responsible for completing reassessments revealed they are completed within 30-days of arrival or sooner. One risk screener indicated that sometimes there are delays if the inmates go out for court and sometimes it is difficult to see inmates to complete the reassessments. This is due to where the risk screeners are located and that escorts are needed for the inmates. They added that when completing a reassessment, it is noted when the results change and why they change. This information is kept on a log and given to clerical for the file. The case manager enters the score in the computer as well.

Random inmates were interviewed and it was learned that of the 36-inmates asked this question, 29-inmates responded no, they were not asked these questions screening questions again; 3-inmates were unsure if they were asked the screening questions again; and 4-inmates responded yes, they were asked the screening questions again. Of those, 1-inmate responded that it occurred 1-2 weeks after the initial screening; 2-inmates responded that they were unsure of when it occurred; and 1-inmate responded that it occurred after making a PREA complaint.

Due to inconsistencies in the demonstrated practices, the auditor finds the facility non-compliant for (f).

(g) An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall be conducted when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

During the onsite audit, the audit team observed evidence of reassessments being conducted following the receipt of additional information that bears on the inmate's risk of sexual victimization . Of the 23-randomly selected base files, 1-file in particular exhibited evidence of additional screenings being conducted, not in association with the regular, 30-day screenings. This inmate in particular had a total of 3-screenings and was subsequently referred to mental health to discuss the results of their PREA screening.

Interviews were conducted with 4-staff who perform risk screening and it was confirmed that based on instances related to sexual abuse, or receipt of additional information impacting an inmate's risk of sexual victimization or abusiveness, that a reassessment would be completed. Staff elaborated that with a mental health referral, it would be done sooner. The screening would be completed by an assigned case manager. A random review of 23-inmate files revealed that 1-inmate requested a mental health follow up due to her initial screening results completed earlier and this triggered a reassessment being completed on 10/25/2018 in response to her request on the same date . 1-inmate who reported sexual abuse who was still at the facility at the time of the audit was interviewed. The inmate reported although they did receive the initial screening, they denied receiving the screening again either at 30-days or more recently. The audit team did not have an opportunity to review the inmate's base file during the audit. Other inmates who made allegations of sexual abuse were no longer at the facility nor were their files available at the facility.

The audit team did not observe evidence of practices to the contrary for provision (g), therefore, the auditor finds the facility compliant for provision (g).

(h) Inmates may not be 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.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that an inmate will not be disciplined for refusing to answer questions pertaining to elements 1, 7, 8, and 9 of provision (d) of the standard. The agency's risk screening tool begins with a preamble to explain the purpose of the questions being asked. Inmates are advised that if an inmate refuses to answer a question or fails to answer a question truthfully; the questions may be answered based on the inmate's criminal history, other written documentation or observation. There is no mention of discipline.

During interviews with risk screening staff, the audit team learned and the responses were mixed regarding if inmates refusing to respond to risk screening questions were disciplined. 1-staff indicated that they were not aware of inmates being disciplined for refusing to answer. 1-staff indicated that they would notify their supervisor and that it is acceptable for them to refuse. 1-staff indicated that although none have refused it yet, they could be ticketed for failure to comply. 1-staff indicated that if an inmate refused, that it would not result in an infraction and they would note it only. Of the randomly selected inmate files containing risk screening forms, none were found to have been refused by inmates.

The audit team did not observe evidence of practices to the contrary for provision (h), therefore, the auditor finds the facility compliant for provision (h).

(i) The agency shall implement 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.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that appropriate controls shall be placed on the tool to avoid potential abuse or misuse of the screening information. The agency tool's instructions include a disclaimer which specifies:

"Responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. Follow your facility policy regarding dissemination."

A review of the facility's local procedures reveals that risk screening assessment results are filed in the inmate base files. Outcomes of the assessment process are tracked in the OCMS. During the onsite audit, the audit team found that completed risk screening tools are kept in the inmate case files, which are stored in the inmates' base files that are kept locked in the case management/clerical area. This area was observed by the audit team during the facility tour. However, it was noted that as part of the intake process, a copy of the entire screening form is provided to Traffic which determines the housing assignments. The PCM related that the copy of the screening form used by Traffic is retained in inmate records.

During the audit, the PREA Coordinator was interviewed and it was learned that the assessments were completed on paper only; that they are retained in the inmates' base files; and access is restricted to designated staff such as certain supervisors, case managers, records staff; not corrections officers and are not kept on the housing units. The PREA

Compliance Manager was interviewed and it was learned that corrections officers hand carry the forms to Traffic for the housing assignments to be made. Staff responsible for screening were interviewed and it was learned that 3-staff were specific that access was restricted to designated staff however all 3-staff indicated different designated staff; 1-staff did not mention that it was restricted but that case managers hand carry the forms to clerical for filing.

Information is pending regarding the facility's handling of the risk screening forms. Compliance for provision (i) is dependent upon receipt of satisfactory documentation.

Correction Action Required:

The facility will be required to update its PREA Risk Screening form to address detention for civil immigration purposes only for provision (d); develop a business process in the form of a procedure that ensures the completion of the 30-day reassessment screening for provision (f) and provisionally, develop a business process in the form of a procedure that ensures confidentiality of the PREA Risk Screening form for provision (i).

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with

the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the follow up facility visit held July 17, 2019, the PREA Compliance Manager and state PREA Coordinator articulated that inmates are not held solely for the purposes of civil immigration under provision (d), which negates the need for the facility to update its PREA Risk Screening form. Previously, the facility was advised to develop a business process that ensures the completion of the 30-day reassessment under provision (f). During the facility follow up visit, staff provided 1-sample PREA Intake Screening form for 1-inmate which was completed on May 1, 2019. The same form indicates that the same inmate did not receive a 30-day reassessment, however the inmate did indicate the desire to be scheduled for mental health follow up to discuss their PREA screening. During the follow up facility visit, the facility provided results of their own internal audit of female and male base files dated March 14, 2019, which found that of the 16-female files sampled, 1-file had no initial screening, and 6-files had no 30-day reassessments. Of the 35-male files, 16-files were lacking for PREA education; no discrepancy for screenings were noted of the 35-male files. It is unknown what the facility did with their findings.

Also during the follow up facility visit, the audit team reviewed 10-random base files and found that of the 10-files, 2-files were lacking the initial screening. The Offender Case Management System (OCMS) was reviewed with Classification staff and of the 2-files, an OCMS entry supported the completion of the initial screening for 1-inmate. Regarding the 30-day reassessments, 5-files were lacking the re-screening. OCMS was reviewed with Classification staff and of the 5-files, OCMS entries supported the completion of the re-screening for two of the 5-inmates.

Regarding confidentiality of screening information under provision (i), an interview with Traffic staff during the facility re-tour indicated that staff were now using confidential envelopes to convey completed risk screening forms from Intake to Traffic and Classification. Traffic staff indicated that the results are used for making housing assignments, particularly to prevent abusers from being housed with victims. Traffic staff enter the housing assignment into a database and the Case Management staff enter the score from the screenings into the OCMS.

The auditor now finds the facility compliant for provisions (d) and (i). Based upon the facility not developing a business process to ensure the completion of the 30-day reassessments, and based upon reviews of base files, the facility internal auditing results, and documentation provided by the facility at the time of the follow up visit, the auditor continues to find the facility non-compliant for provision (f) regarding the requirement for completion of 30-day reassessments.

Going forward, the facility will need to develop a business process that ensures completion of the 30-day reassessments. It is further recommended that the facility continue to maximize its own internal auditing and develop and implement its own corrective action plans for internal findings.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.42 Use of screening information:

(a) The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening results are used to inform housing, bed, work, education and program assignments with the underlying goal of keeping those at high risk of victimization from those at high risk of being sexually abusive.

The agency's risk screening tool specifies:

Inmate screening for risk of sexual victimization and abusiveness is required by the Prison Rape Elimination Act of 2003 (PREA), § 115.41. The information collected is to be used to help make decisions regarding housing, bed, work, education and program assignments. Follow your facility policy regarding inmates that are found to be at risk.

A review of the facility's local procedures reveals that it keeps inmates identified at high risk of victimization separate from inmates at high risk of sexual abusiveness by separating them through housing assignments which would also impact bed assignments by virtue of that. Victims (male) are housed on 3 North and Abusers (male) are housed on 4 North. Of the risk assessments randomly reviewed, none of the males were identified as being at risk for victimization. Post audit, risk screening forms were requested for 5-random inmates housed in 3 North (victims) for review; this information is pending. There is no local direction on the separation of female victims.

Interviews with 4-staff who conduct risk screening revealed that when an inmate is identified at high risk in either category, the information is used to inform Traffic so that the appropriate housing can be assigned; then mental health follow ups will occur. A case manager would notify their supervisor and enter a code in the Offender Case Management System (OCMS) to notify security staff of the outcome. One risk screener elaborated that due to the limited housing for females, there is no process to separate victims and abusers. An interview conducted with the PREA Compliance Manager confirmed the information provided by the risk screeners.

Due to no local direction for the use of screening information to inform housing and bed assignments for female inmates, and for all work, education and program assignments, albeit limited, the facility is found to be non-compliant for provision (a).

(b) The agency shall make individualized determinations about how to ensure the safety of each inmate.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that individualized determinations are made about the safety of each inmate.

A review of the facility's local procedures revealed that individualized determinations are made based on the initial PREA risk screening results. It was learned during interviews with staff that the 30-day reassessment is used to confirm if a victim or abuser needs to remain in their originally assigned housing unit. In an interview with the Warden, it was learned that a victim could be transferred to another facility if necessary, to protect them. Interviews with 4-staff who conduct risk screening confirm this. However, conditions still exist in provision (a) that impact the facility's compliance of provision (b).

The auditor finds the facility non-compliant for provision (b).

(c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that case-by-case decisions are made for the placement of transgender and intersex inmates, with the requirement that the placement ensures the inmate's health and safety, while ensuring management and security problems would not emerge.

The facility has not cited a local procedure in support of provision (c). During an interview with the PREA Compliance Manager the facility stated it would house the transgender or intersex inmates in general population. If this was unsafe for the inmate, they could be moved to another cell or transferred to another facility. One (1) inmate was identified as transgender and was interviewed. They responded that yes, they were asked by an officer if they were okay being housed where they were, which is in a male, dorm-style housing unit. The inmate reported having a sanitation work assignment in the female booking area 7-days per week in the mornings. The opportunity for recreation does not exist as the gym is used for housing; there are no transgender support groups. Additionally, they reported that they are not housed in an area only for transgender/intersex inmates, nor were they strip-searched for the sole purpose of having their genital status determined.

The agency does not by policy or practice assign inmates to a male or female facility or housing unit on the basis of anatomy alone; the auditor finds the facility compliant with provision (c).

(d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that placement and programming decisions are reviewed at least twice per year.

The facility did not cite local procedures to support compliance with provision (d). In an interview conducted with the PREA Compliance Manager the facility does not have a formalized process to perform this semi-annual reassessment of placement and programming for transgender or intersex inmates. It was discussed that there is no programming at the facility and placement is only reviewed if an issue arises. Informally, a Lieutenant checks in with the identified inmates on a monthly basis. An interview with staff who perform risk screening revealed that they were not familiar with this procedure or practice. Of the one (1) transgender inmate currently at the facility, they would be due for a semi-annual reassessment of programming and placement in January 2019.

Due to the facility not having a formalized process to conduct the requirements of provision (d), the auditor finds the facility non-compliant.

(e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that a transgender/intersex inmate's own views with respect to safety are given serious consideration. The facility did not cite a local procedure that supports this provision. The facility's PREA Compliance Manager stated that they consider the input of a transgender/intersex inmate by the inmate initiating any concerns that they may have. Staff who perform risk screening were interviewed and it was learned that this would be addressed by the case manager; that the inmate would not be segregated however could be single celled if necessary. One risk screener reported that transgender/intersex inmates can be searched by a staff member gender of their choice and another risk screener was not familiar with this practice. One (1) inmate was identified as transgender and was interviewed. They responded that yes, they were asked by an officer if they were okay being housed where they were, which is in a male, dorm-style housing unit. The inmate reported having a sanitation work assignment in the female booking area 7-days per week in the mornings. The opportunity for recreation does not exist as the gym is used for housing; there are no transgender support groups. Moreover, the agency's risk screening tool addresses all inmates' perception of their own safety with question 6, "do you have any reason to fear placement in general population?"

The auditor finds the facility compliant for provision (e).

(f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that a transgender/intersex inmate

shall be afforded the opportunity to shower separately from other inmates. The facility did not cite a local procedure to support compliance with this provision, however, it was learned during the facility tour that all inmates, including transgender/intersex inmates, shower individually. All showers on all housing units are designed as individual showers. The facility's PREA Compliance Manager confirmed this and elaborated that they can also shower when the other inmates on the unit are locked in. Shower curtains cover each shower; the shower doors on the mental health unit are locking. Risk screeners were interviewed and it was confirmed by them that transgender/intersex inmates have the opportunity to shower alone. An interview with a transgender/intersex inmate revealed that they are allowed to shower without other inmates.

The auditor finds the facility compliant for provision (f).

(g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to prohibit the placement of LGBTI inmates in dedicated facilities/units in accordance with provision (g) of the standard.

The facility did not cite a local procedure that supports this provision. The PREA Coordinator stated that policy prevents LGBTI inmates from being housed based solely on their sexual orientation, genital status or gender identity. The facility PREA Compliance Manager stated that there were no legal decrees, etc. that required any specific, designated housing of LGBTI inmates. Interviews with LGBTI inmates revealed that the transgender inmate is not housed in an area that is designed for only transgender/intersex inmates; and the LGB inmates indicated that none of them (4) had been placed in housing designated only for LGB inmates. During the facility tour, the audit team observed that LGBTI inmates were housed in general population.

The auditor finds the facility compliant for provision (g). Required Corrective Actions: The facility will need to develop a procedure for provision (a) that uses the screening information to inform housing and bed assignments for female inmates, and for all work, education and program assignments. Upon correction of provision (a), the facility will enhance its ability to ensure compliance with provision (b); the agency shall make individualized determinations about how to ensure the safety of each inmate. Regarding provision (d), the facility needs to formalize its process to conduct semi-annual reassessment of transgender/intersex inmates' placement and programming.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that

satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

The facility previously reported mandated scheduling of a substance abuse program held in the Substance Abuse Program trailer, located adjacent to the facility within the facility's perimeter. This was toured by the audit team during the initial facility tour. The program is mandated by the Baltimore City Drug Court to operate programming from 8:30 AM to 1:30 PM, 5-days per week. During the corrective action period, the facility reported that due to statute limitations, the facility is unable to separate female attendees with different risk screening results while they are participating in the program. The facility reported that regarding provision (a), the female participants are continually under staff supervision as well as surveillance camera monitoring. The facility previously emphasized that due to the limited length of stay of the inmates, there are few work, education, and program opportunities. The auditor accepts the facility's explanation of provision (a) of this standard.

Regarding provision (b), during the follow up facility tour held on July 17, 2019, staff in Traffic were interviewed regarding their use of PREA risk screening results to make individualized determinations to ensure safety of each inmate. Traffic staff designate housing assignments and indicated that based on PREA risk screening results, that male victims are assigned to 3N; male abusers are assigned to 4N. Female victims are assigned to 4C; female abusers are

assigned to 5S. During the corrective action period, the facility reallocated a housing unit in a different tower to accommodate the growing number of female victims and to further separate them from female abusers. The auditor accepts the facility's explanation and action taken for provision (b) of this standard.

Regarding provision (d) for the facility adopting a process to conduct semi-annual reassessments of transgender/intersex inmates' placement and programming, the facility adopted a reassessment checklist for use with transgender and intersex inmates. It is applied every 6-months during a meeting with the inmate. Staff ask the inmate questions from the checklist regarding current placement and programming. The checklist represents a comprehensive review of gender identity, medical needs, services rendered, safety and security considerations, etc. Notes are entered in the Offender Case Management System (OCMS) that it was completed. During the corrective action period, staff used the adopted checklist with 1-transgender inmate in the facility and provided a copy to the auditor. The auditor accepts the facility's explanation and action taken for provision (d) of this standard and finds the facility overall compliant with the standard.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.43 Protective custody:

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy conforms to the standard's requirements and the supplemental manual addresses the requirement that the use of involuntary segregation is limited to those circumstance where there is an identifiable threat to the inmate's safety. The manual also includes alternatives that must be exhausted prior to the use of administrative segregation such as:

- (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).

At the facility, local policy BCBIC.050.003.1 supports this provision.

During the onsite audit, the audit team observed during the facility tour that other than separating inmates by housing assignments, there is no other form of segregation within the facility. During an interview with the Warden, it was communicated that this provision is non-applicable for the facility. There were no staff who work in administrative segregation to interview.

The auditor finds the facility compliant with provision (a).

- (b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:
- (1) The opportunities that have been limited;
 - (2) The duration of the limitation; and
 - (3) The reasons for such limitations.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy confirms to the

standard's requirements and the supplemental manual addresses the access that an inmate maintains to basic privileges.

The facility had no inmates who were placed in involuntary segregation for this purpose due to the facility not having the means to segregate inmates except by assigning separate housing units; no segregation unit exists at the facility. During an interview with the Warden, it was communicated that this provision is non-applicable for the facility. There were no staff who work in administrative segregation to interview, nor were there any segregated inmates to interview.

The auditor finds the facility compliant for provision (b).

(c) The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

(d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the inmate's safety; and
- (2) The reason why no alternative means of separation can be arranged.

(e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The agency's primary policy has adopted the standard language for provisions (c)-(e) of the standard, which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy confirms to the standard's requirements and the manual details the requirements for review and the factors that would trigger the review; however, does not specify the frequency of such reviews.

During the onsite audit, the audit team observed that the facility had no inmates who were placed in involuntary segregation for the purposes of provisions (C) through (e). An interview with the Warden confirms that these provisions are not applicable to the facility due to the absence of a segregation unit at the facility. There are no staff to interview who work in or supervise a segregated housing unit; there are no segregated inmates to interview.

The auditor finds the facility compliant for provisions (c), (d), and (e). Inasmuch as the facility does not have protective custody, the auditor finds the facility compliant for the standard.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.51 Inmate reporting:

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an inmate may file a complaint within the Department by reporting to:

- (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

These policies indicate that an inmate may report outside the Department by reporting to:

- (i) The Office of the Attorney General; or
- (ii) Other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the Department.

A review of the inmate handbook encourages inmates to report PREA concerns to any staff member and suggested that Psychology staff are well trained to handle these concerns. During interviews with random inmates, 14-inmates identified that they may report allegations by telling a corrections officer or other staff member at the facility; 20-inmates reported not knowing how to report a PREA concern internally at the facility and of those 11- inmates referenced the PREA hotline number ; 2-inmates indicated that they would use a grievance process. During interviews with 16-random staff, 8-staff identified that inmates may report allegations to a corrections officer or other staff verbally or in writing. Of these, 1- staff indicated that inmates can use the grievance process and 4-staff added that the inmates could also access the PREA hotline number. 8-staff were not sure of any internal facility reporting methods and of those, 7-staff were only aware of the PREA hotline number being accessible to inmates for reporting purposes.

An interview was conducted with a representative of Life Crises Center, the organization that monitors the PREA hotline. This interview was conducted post audit. She related that for her to access the calls, she dials the hotline number, enters the mailbox number and a pin. She related that the hotline is checked daily for incoming recorded calls. She added that the

information captured with the call includes name, ID, facility, and date/time of all callers. The recordings are saved and they have received about 1,000 calls. Complaints are provided to an IID investigator and daily at about 3:30 PM to 4:30 PM, the on-call investigator is notified of any PREA allegations. Non-PREA related calls such as complaints about food, transfers, etc. result in notifications to the PREA Coordinator; approximately 10% of the calls are non-PREA related. There are 2-center staff that monitor the calls and this is their assigned duty. They average 20-30 calls per day for all facilities covered by this service. Post audit, this auditor tested the hotline (410-585-3177) and left a recorded message asking to speak with an investigator. A response is pending.

The auditor finds the facility compliant with provision (a) of this standard despite mixed responses from interviews. The agency and facility do provide multiple ways for staff and inmates to report PREA allegations. Inmates in particular, need education that is compliant for the requirements of standard 115.33, inmate education. When that is implemented, it will enhance the facility's effectiveness for this provision as well.

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an inmate may file a complaint with the Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the Department.

A review of the inmate handbook revealed that contact information is provided for the Maryland Coalition Against Sexual Assault (MCASA, 301-328-7023), a contracted service provider, along with contact information for 2-other rape crisis service providers. All 3-providers can be contacted via phone and of them, 2-providers can be contacted in writing. The availability of the PREA hotline number is discussed in the inmate handbook as well. The other providers include Rape Abuse and Incest National Network (RAINN; 202-544-1034); and National Sexual Abuse Hotline (800-656-4673), which is operated by RAINN. RAINN was contacted and this auditor was prompted to leave a recorded message. This auditor was clear that their reporting mechanisms were being tested in the voicemail message. A response is pending. This auditor tested the National Sexual Abuse Hotline and was able to be directed to a rape crises center (RCC) that covers zip code 21202. This auditor was transferred to a YWCA in Anne Arundel County, Maryland and directly spoke to a hotline operator. She related that reports can be received anonymously, and that notification can be provided to the facility.

The YWCA provides the following services: counseling, group sessions, shelter referrals, support at hospitals during SAFE/SANE exams; and abuser interventions. She added that they were not able to provide most of these services to inmates within the audited facility due to their confinement; support during SAFE/SANE exams is available to the inmates.

During interviews with inmates 13-inmates reported that they could use the PREA hotline number to notify an entity outside the facility of a PREA allegation; 6-inmates conveyed that they would have a 3rd party report it for them, such as family member or police. 17- inmates were unaware if an outside entity could report a PREA allegation for them. Regarding if PREA concerns could be reported anonymously, 20-inmates responded no or that they were unaware of it; and 16-inmates responded that yes, it can be reported anonymously.

During an interview with the PREA Compliance Manager, it was learned that inmates may report PREA concerns to a public or private entity that is not part of the facility by contacting the PREA hotline number. She elaborated that this entity, as well as others, provides for an immediate transmission of PREA reports to agency officials and allows inmates to remain anonymous . It was observed during the facility tour that the PREA hotline number is displayed throughout the facility. A review of the inmate handbook revealed that there is information on how to contact relevant consular officials for 17-countries however no information was observed for relevant officials of the Department of Homeland Security.

Due to missing information about contact information for relevant officials of the Department of Homeland Security, the auditor finds the facility non-compliant for provision (b). Additionally, as corrective action was recommended previously under the standard for 115.33, inmate education as well as revisions to the PREA risk screening under 115.41 to address inmates detained solely for civil immigration purposes, which when implemented, will enhance the facility's effectiveness for this provision as well.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that: An employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct 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 misconduct.

Interviews with random inmates revealed that regarding making PREA allegations in person or in writing, by third party, and anonymously, 25-inmates responded positively that they can make verbal or written reports to staff. Of the 25, 15 elaborated that family members could be their third-party reporter. 10-inmates indicated that they were uncertain of any of the aforementioned. 1-inmate indicated that he would make a written report and give it to a

"working man" (cell block worker) who would then give it to a corrections officer. The audit team did not encounter any other inmates or staff members that corroborated that another inmate is part of the reporting process.

During interviews with random staff, all 16-staff indicated that they receive all forms of reporting; that they are required to document reports received from inmates; and that they act upon them immediately. 1-staff elaborated that inmates sometimes put a written note in the sick call boxes; 1-staff will make a note of a report in their logbook without any associated names and will write either an incident report or a matter of record for their supervisor. During a review of 7-agency investigations, the audit team observed evidence of staff documenting inmate reports after receiving verbal notifications. Of those, 4-were initiated after staff received verbal reports from inmates; two of these verbal reports were incidental to activity observed while staff were making rounds; 1-investigation was initiated after an inmate report being made both verbally and in writing; and 1-investigation was initiated after verbal third party reporting using the PREA hotline number .

While the auditor finds the facility compliant with provision (c) of this standard, corrective action was recommended previously under the standard for 115.33, inmate education which when implemented, will enhance the facility's effectiveness for this provision as well.

(d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an employee may exercise all reporting mechanisms available to inmates, including reports to the Office of the Attorney General or other private or public office.

During interviews with 16-random staff, 15-staff responded positively that they may privately report allegations of sexual misconduct. The majority of staff noted a combination of methods for privately reporting with 12-staff indicating that they could also use the PREA hotline number, 2-staff indicating they could put it in writing to the IID, 6-staff indicating that they could go verbally to someone higher in their chain of command, and 1-staff indicating they could report it outside the chain of command. 1-staff was not aware of their ability to report privately and felt that it could only be forwarded through the chain of command.

A review of employee training materials revealed that staff are educated on the various methods of reporting . This training includes in-service training and academy training. Curriculum was reviewed by the audit team and it informs staff of their reporting responsibilities which include: reporting any incident/complaint to their supervisor, manager, shift commander, or head of the unit; accepting reports made verbally, in writing, anonymously, and from third parties ; promptly documenting any verbal reports; reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual

harassment that occurred in a facility; ensuring there is no retaliation against inmates or staff who reported such an incident; and any staff neglect or violation that may have contributed to an incident or retaliation; and that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. Curriculum indicates that staff must be knowledgeable to inform inmates about procedures for reporting. The auditor finds the facility compliant for provision (d).

Corrective Action Required:

The facility will need to make revisions to its handbook or by other means for provision (b) to ensure that inmates have information pertaining to contact information for relevant officials at the Department of Homeland Security. This revision along with other revisions related in 115.33, inmate education will greatly enhance the facility's effectiveness.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action

phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided a memo indicating that the facility does not house detainees solely for civil immigration purposes. The facility also provided a map of ICE detention facilities provided by the Official Website of the Department of Homeland Security, which does not include the audited facility. Additionally, the agency updated its policy DPDS-110-0013 U.S. Department of Homeland Security – Priority Enforcement Program with an effective date of August 1, 2019, which indicates the release process for detainees with ICE detainers. Specifically, if a detainee is released from their local charge(s), procedures are provided that instruct for a transfer of custody to ICE, or the release of the detainee. The auditor accepts the facility's explanation and action taken for provision (b) and now finds the facility compliant with the standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions (a) through (g) of § 115.52 Exhaustion of administrative remedies:

(a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The agency's primary policy indicates the agency is exempt from this standard by legislation that became effective March 12, 2018. The Code of Maryland Annotated Regulations 12.02.28 – Administrative Remedy Procedure states that an inmate may not utilize the Administrative Remedy Procedure to resolve allegations of:

- (a) Rape;
- (b) Sexual assault, sexual harassment, sexual abuse; and
- (c) Other sexual misconduct.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.185.0002– Administrative Remedy Procedure (ARP). It specifies that "The Department does not permit the use of an informal resolution or ARP to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures." The aforementioned exempts the facility from this standard and its provisions. Therefore, responses to provisions (a) through (g) above are non-applicable.

Pre-audit, the facility noted that it is exempt from this standard. During an interview with 1-inmate who reported sexual abuse, the grievance process was not used. During reviews of facility investigations, the audit team did not observe any evidence of allegations being submitted through the grievance process.

Required Corrective Action:

The auditor finds the facility non-compliant for provision (a). The facility's PREA Brochure lists the ARP as a third method of inmate reporting, contradicting the Department's policy. Additionally, local policy BCBIC.050.003.1 indicates the responsibilities of the Grievances Coordinator however does not include language that any PREA allegations submitted by this method are forwarded to the appropriate investigating authority; final decisions are due within 5-days. The facility needs to deconflict these inconsistencies to remain exempt for this standard and become compliant.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the

auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility updated its PREA brochure that is provided to inmates during intake. The new brochure no longer indicates that the administrative remedy process (ARP) is a method of reporting PREA allegations. A memo was provided by the facility dated May 6, 2019, announcing the new PREA brochure and directing that it be discussed at roll call for 10-days with all custody staff. Additionally, the PREA Compliance Manager requested a policy revision to local policy BCBIC050.0030.1 – Sexual Misconduct Prohibited, on April 5, 2019, indicating that any allegations received through ARP will be immediately reported to the PREA Compliance Manager or designee. The request is pending administrative review. As the information received from the PRC provided from the Moss Group, Inc. clarifies the “Prison and Jails Standards Documentation Requirements,” facility activities through policy for this standard are not explicitly required. The auditor accepts the facility’s action taken for provision (a) and now finds the facility compliant with the standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed on the standard and provisions of § 115.53 Inmate access to outside confidential support services:

(a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The agency's primary policy has adopted the standard language for this provision. There are no supporting policies cited by the agency in support of the standard; however, the auditor notes that agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited do contain provisions to ensure that victims of sexual abuse are provided access to 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.

The facility has an agreement in place with the Maryland Coalition Against Sexual Assault (MCASA) for outside advocacy services. Access to the advocacy organization is available via phone and in writing. Inmates are informed of access to this service by information displayed throughout the facility. This information was also displayed in the housing units along with other PREA signage and was observed by the audit team during the facility tour. A review of the inmate handbook revealed that contact information is provided for MCASA along with a couple other advocacy entities. Two of the entities can be contact by phone and in writing; 1- entity is available by phone.

Pre-audit, the facility cited its inmate handbook which upon review contains information that persons detained solely for civil immigration purposes can access mailing addresses and telephone numbers, including toll-free hotline numbers for available of local, State, or national immigrant services agencies. Regarding the facility enabling reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible, the facility cited its agreement with MCASA which specifies that they will "accept confidential calls from the corrections facility on the RCC hotline for the purposes of victim-inmates receiving confidential sexual assault support services." They also indicate that mail will be handled in the same confidential manner in the agreement in that they can "offer support services to inmate through confidential mail communications, including providing referrals, safety planning, and suggestions for coping mechanisms."

During interviews with 36-inmates, 27-inmates related that they were unfamiliar with

information available to access outside victim advocates. 8-inmates indicated that they were familiar with available information pertaining to access to outside victim advocates and of those, 1-inmate indicate that he could contact 211 - a resource directory; 2-inmates related that they would use the information posted on the walls; 1-inmate indicated that counseling services would be available; and 5-inmates were not sure about available services. Of the 1-inmate who reported sexual abuse, they were interviewed and related that while they were unfamiliar with access to outside advocacy services, they felt that if it were available, contact could be made at any time with them.

While the auditor finds the facility compliant with provision (a) of this standard, corrective action was required previously under the standard for 115.33, inmate education which when implemented, will enhance the facility's effectiveness for this provision as well.

(b) The facility shall 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.

The agency's primary policy has adopted the standard language for this provision. There are no supporting policies cited by the agency in support of the standard.

During interviews with 36-random inmates, 30-inmates indicated no response due to a negative response for a previous question. 6-inmates responded positively that communications with advocacy service providers would remain private. Regarding the advocacy service provider telling someone else about what the inmates reported to them, 1-inmate indicated that it could be shared within 24-hours; 1-inmate indicated that it could be shared after the inmate's safety was ensured; 1-inmate indicated that it could be shared if harm was threatened; 1-inmate indicated that it could be shared after a PREA allegation; and 1-inmate was unsure if it would be shared. 1-inmate indicated that their phone conversations are subject to monitoring however none indicated that they are apprised that contact with outside advocacy organizations are subject to monitoring. Of the 1-inmate that reported sexual abuse, they indicated positively that they can communicate with these people in a confidential way and that they could share what they are told with someone; no specific time frame was offered by the inmate.

A review of the inmate handbook revealed that inmates are not apprised, prior to being given 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. A review of facility submitted inmate education documents were not able to support the facility's compliance of this provision.

Based on the aforementioned, the auditor finds the facility non-compliant with provision (b).

(c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency's primary policy has adopted the standard language for this provision. There are

no supporting policies cited by the agency in support of the standard. Pre-audit the facility provided its unexecuted agreement with MCASA as evidence of its attempts. During an interview with the PREA Compliance Manager it was related that MCASA advocates for the inmates; that they are contracted, and that they are licensed to provide the services. The auditor finds the facility compliant for provision (c).

Required Corrective Action:

For provision (b) the facility will need to update available information to inmates that advises them, 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.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility began incorporating an additional handout with its orientation packet that all inmates receive after placement in a housing unit. This is regarding provision (b) for advising inmates, prior to giving them access, 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. The handout states "INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES IN REFERENCE TO PRISON RAPE ELIMINATION ACT (PREA) WILL BE MONITORED TO THE EXTENT TO WHICH REPORTS OF ABUSE WILL BE FORWARDED TO AUTHORITIES IN ACCORDANCE WITH MANDATORY REPORTING LAWS." The auditor accepts the facility's action taken for provision (b) and now finds the facility compliant with the standard.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provision of § 115.54 Third-party reporting:

(a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that third-party reports may be received.

Pre-audit, the facility indicated that a complaint of alleged sexual misconduct can be reported via writing, verbal, hotline, website. The agency's website advertises the agency PREA Coordinator's contact information and the Internal Investigative Division's complaint number as a means for third parties to report allegations of sexual abuse. Additionally, during the onsite audit, the audit team observed that PREA signage was clearly posted and advertised the ability to report allegations to the PREA hotline number, and MCASA advocates. A review of the inmate handbook indicated that inmates could also contact 2-other entities and provided their contact information. For inmates detained solely for civil immigration purposes, the inmate handbook contained entities that they could contact as well.

Interviews with random inmates indicated that of those that were aware of third-party reporting, many of the 25-responding inmates indicated that they would have their family report on their behalf. A review of the PREA Brochure provided at the time of intake provides methods for third party reporting.

Based on the above, the auditor finds the facility compliant for this provision and overall compliant for the standard.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.61 Staff and agency reporting duties:

(a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, OPS.020.0003 – Reporting Serious Incidents and IIU.110.0011 Investigating Sex Related Offenses. It is noted that agency policies define "sexual misconduct" to include all facets of reportable activity as defined in provision (a) of the standard.

IIU.110.0011 Investigating Sex Related Offenses requires:

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.

Additionally, policy OPS.020.0003 – Reporting Serious Incidents requires: An employee involved in or with knowledge of a serious incident shall:

(1) if the incident is in progress, initiate the appropriate response based on the circumstance or summon assistance to stop the incident and protect the individuals involved and (2) Immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor.

Agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited requires:

An employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct 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 misconduct.

A review of facility policy BCBIC.050.003.1 requires staff to take immediate actions regarding the requirements of provision (a).

During interviews with random staff the audit team was informed by all 16-staff that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff elaborated that they would immediately contact their supervisor who would inform the chain of command; isolate and separate those involved; prevent both from performing any bodily functions; preserve the crime scene; and take them to medical. A mental health referral would follow. A couple staff further elaborated that statements would need to be obtained by those involved and additional reporting would include administrative staff.

A review of the agency's employee training materials revealed that employees are trained to take immediate action regarding the requirements of provision (a). A review of investigations revealed evidence of employees following through with their reporting obligations by immediately taking action.

Based on the above, the auditor finds the facility compliant for provision (a).

(b) Apart from reporting to designated supervisors or officials, staff shall not reveal 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.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 state:

Information concerning a complaint of alleged 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 sexual misconduct and immediate and continued care of the victim.

During interviews with staff, it was clear that they were aware of the requirement to keep reports of sexual abuse as confidential as possible, except when necessary to initiate investigation and inform management and continued care decisions for the inmate. Staff responses (to Q5) were very consistent and did not include notification to staff who did not have a need to know about the reports. A review of employee PREA training curriculum confirmed that confidentiality is stressed to them and that it is their responsibility to ensure the confidentiality of prison rape complaints and to protect inmates that make complaints.

Based on the above, the auditor finds the facility compliant for provision (b).

(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.

The agency's primary policy has adopted the standard language for this provision. There are no supporting policies cited by the agency in support of the standard. During interviews with medical and mental health practitioners the audit team learned that regarding at the initiation of services to an inmate, staff must disclose the limitations of confidentiality and their duty to report; that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it; and if they had ever become aware any such incidents, did they report it? Of the 3-staff interviewed, all 3-staff confirmed the requirements of the provision. Additionally, only one of the 3-staff had become aware of an allegation and reported it however the inmate later recanted their story.

A review of training curriculum provided by the employers to the contracted medical/mental health employees cover the limits of confidentiality. Specifically, that are "ethically required to explain the limits of confidentiality to all inmates at the initiation of services and periodically throughout the treatment." Based on the above, the auditor finds the facility compliant for provision (c).

(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 agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The agency's primary policy has adopted the standard language for this provision. The facility cites agency policies OPS.200.0005 § .05C and OPS.050.0001 § .05C in their efforts to comply with the standard. Specifically, the policies indicate that "Written policy and procedures issued by the head of a unit related to the custody and security of an inmate comply with applicable federal PREA standards." Additionally, the Maryland Department of Health website states that: Maryland does not have mandatory reporting laws for domestic violence or sexual assault. You may not report suspected or confirmed domestic violence or sexual assault unless the adult victim consents or for one of the following exceptions:

1. Child abuse

- If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then health care professionals are mandated to report to Child Protective Services (CPS) or law enforcement.

2. Vulnerable adult abuse

- If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement.

3. Treatment of an injury by health care provider

- If the injury was caused by a gunshot or moving vessel, then medical personnel must report to law enforcement.

- In Allegany, Anne Arundel, Charles, Kent, Montgomery, Prince George's, Somerset, Talbot and Wicomico counties, if injury is caused by an "auto accident or lethal weapon", then medical personnel must report to law enforcement.

During a review of the agency's training materials, staff are informed of their obligations to report abuse of children and vulnerable adults. During interviews with staff, The PREA Coordinated related that reporting for youth is not applicable; sexual assault is always handled by IID; they are mandatory reporters; it is their responsibility to notify social services. The Warden conveyed that the facility does not house inmates under the age of 18.

To the extent that Maryland does not have mandatory reporting laws for sexual assault except for particular instances and mandatory reporting is handled by IID, the auditor finds the facility compliant with provision (d).

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy IIU.110.0011 Investigating Sex Related Offenses. Policy indicates that: "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."

During interviews with the Warden, it was confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to the designated facility investigators. He elaborated that regardless of where the allegations come from, it ends up going to the investigators, which is IID. Outside investigative agencies are not utilized to conduct investigations. If the facility receives an allegation from another facility that an incident occurred in the facility, then an investigative Captain would conduct a preliminary inquiry prior to notifying IID.

During an interview with facility investigators, it was learned that allegations reported at the facility are communicated to investigators by the Shift Commander.

Based on the above, the auditor finds the facility compliant for provision (e) and overall compliant with the standard.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provision of § 115.62 Agency protection duties:

(a) When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that when facility staff learns that an inmate is subject to substantial risk of imminent sexual abuse, those staff are responsible for taking actions to immediately ensure that individuals' safety. A review of the agency's employee training materials revealed that employees are trained to take immediate action regarding the requirements of provision (a).

An interview was conducted post audit with an Agency Head designee. She indicated that if it is learned that an inmate is at substantial risk of imminent sexual abuse, the agency will initiate protective measures. This may include transfers, internal or external, protective custody (which is not available at the audited facility), and ensures that the victim does not lose privileges or access to jobs or programming. The Warden related during an interview that any inmate found to be at substantial risk of imminent sexual abuse is transferred to the appropriate housing unit or transferred to another facility; there is no protective custody. During interviews with random staff they were aware of their obligations to act immediately when they learned of an inmate at risk of imminent sexual abuse and needed to take action to protect the inmate. Staff elaborated that they would notify their supervisor; a few added that the situation could be handled discreetly by referring the inmate to medical so that alternate housing could be identified. All understood the urgency of the risk involved however 1-staff indicated needing direction to take action.

Based on the evidence reviewed, the auditor finds the facility compliant for provision (a) and overall compliant with the standard.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.63 Reporting to other confinement facilities:

(a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for notifying the managing official for allegations received within the agency; the Intelligence and Investigations Division (IID) within the Department for all allegations; and the facility head or agency head responsible for the facility where the incident occurred when the allegation originates outside the agency.

Pre-audit, the facility indicated that in the last 12-months, they received 1-report that an inmate was abused while confined at another facility. Email was provided to demonstrate facility to facility communication and depicts a shift commander communicating with the PREA Compliance Manager. Per email, the facility's response resulted in the inmate being transported to the hospital for examination.

The auditor finds the facility compliant for provision (a).

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for notifying the affected facility immediately, but not later than 72 hours of being notified of the incident.

During a review of the facility's notification documentation which consisted of email, of the 1-reported incident from within the last 12-months, the initial report occurred at 1530 hours and the facility was notified at 2101 hours, within about 5.5 hour of the initial report of the incident.

Based on the above, the auditor finds the facility compliant for provision (b).

(c) The agency shall document that it has provided such notification.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for recording the notification. The agency utilizes a standardized form titled "Notice of Incident" to document this notification. This form was

reviewed and has specific instructions:

a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

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

(c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

During a review of the facility's notification documentation, the audit team found of the 1-reported incident within the last 12-months, it was documented with email; the managing official would have used the "Notice of Incident" agency form to document this notification; the audited facility was the affected facility. A review of investigative files revealed that no other such investigations required the use of this notification.

Based on the above, the auditor finds the facility compliant for provision (c).

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the agency's Intelligence and Investigations Division (IID) be notified of allegations reported to have occurred in any of the agency's facilities or reported within any of the agency's facilities. When an allegation relevant to 115.63 is reported, the IID representative and the managing official for a facility within the agency are responsible for ensuring the reported abuse is investigated.

During a review of notifications received by the facility, the audit team found that there was no indication that an investigation had occurred. Of the notification documentation provided, it was learned that the inmate victim of the notification was temporarily assigned to the audited facility and that the alleged sexual abuse had occurred at a third facility. A listing of investigations for 2018 provided pre-audit does not include the inmate victim of the 1-reported notification.

An interview with the Agency Head designee was conducted post audit. She indicated that the Warden or facility administrator acts as the point of contact when another agency refers an allegation of sexual abuse or sexual harassment that occurred within the audited facility. The Warden was interviewed and related that if the facility receives an allegation from another facility that an incident occurred in audited the facility, then an investigative Captain would conduct a preliminary inquiry prior to notifying IID. During an interview with facility investigators, it was learned that allegations reported at the facility are communicated to IID investigators by the Shift Commander. Regarding the 1-reported allegation, email was forwarded to the auditor indicating the affected facility was notified.

Compliance for provision (d) is supported by verification that the facility head or agency office that received notification of the 1-reported allegation shall ensure that the allegation is investigated in accordance with these standards. Inasmuch as the affected facility is not the audited facility, the auditor finds the facility compliant for this provision and overall compliant

with the standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.64 Staff first responder duties:

(a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited; OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited and IIU.110.0011 – Investigating Sex Related Offenses. Policies require that the first responder, when an investigator or correctional officer, take actions to stop any incident in progress, if necessary, by arranging for separation of victim and abuser, ensuring appropriate medical attention is arranged, and preserving the scene of the incident, including advising the victim not to take any actions that would destroy evidence that may be present on the victim's body or clothing, such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Policies also require that the first responders make efforts to ensure the alleged abuser does not take any of the aforementioned actions which could contaminate or destroy physical evidence.

During a review of facility investigations, the audit team saw evidence of staff immediately taking action and separating the alleged victim and abusers. In 2-incidents staff were making rounds and discovered alleged PREA activity occurring and according to the investigative reports, took the required steps of provision (a).

Additionally, it was learned during interviews with staff that the requirements of provision (a) are being performed. An interview with a First Responder revealed that the officer immediately separated the alleged victim and abuser, preserved the scene, prevented them from performing any bodily functions, and sent them to medical. He elaborated that physical evidence was collected by the PREA Compliance Manager and that he wrote a report afterwards and emphasized that he kept the matter confidential. An interview with an inmate who reported sexual abuse revealed that the inmate reported the alleged incident to a nurse in the medical department regarding an incident that allegedly occurred the evening prior.

According to him, that upon reporting it from approximately 12 noon until 11:00 PM, he was held in the medical unit and was provided with clean clothes. He did not elaborate if he was prevented from performing bodily functions and was transported to the hospital after that. The First Responder in this alleged incident was a nurse and the inmate felt that she was very responsive to his allegation. As the incident was reported afterwards and not immediately, not all the requirements of provision (a) could be performed.

The auditor finds the facility compliant for provision (a).

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited; OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited and IIU.110.0011 – Investigating Sex Related Offenses. Policies require that when the first responding employee is not a correctional officer that the employee immediately request that a correctional officer respond to the scene and that the staff person makes a request for the victim not to take any actions that would destroy evidence that may be present on the victim's body or clothing, such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Policies also require that the non-correctional officer first responders make efforts to ensure the alleged abuser does not take any of the aforementioned actions which could contaminate or destroy physical evidence. Facility policy BCBIC.050.0030.1 advises non-custody First Responders of their responsibilities as required in provision (b).

During a review of facility investigations, the audit team found no evidence that any of the investigations were initiated based on First Responders that were non-security staff. No interviews were conducted with First Responders that were non-security staff. The 1-staff that was interviewed as a First Responder confirmed that the requirements of provision (a) and (b) were being completed. Interviews conducted with random staff revealed that of the 16-random staff interviewed, overwhelmingly, all of them were familiar with the requirements of provision (a). One staff in particular shared his First Responder pocket guide which included information about staff conduct and the agency's zero-tolerance policy.

A review of agency PREA training curriculum includes the following First Responder responsibilities:

"Responding....

Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; Request that the alleged victim not take any actions that could destroy physical evidence Ensure that the alleged abuser does not take any actions that could destroy physical evidence; Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary; and All allegations must be investigated while this investigation will not be done by you it will be completed by an individual who has received specialized training."

Based on the above, the auditor finds the facility compliant for provision (b) and overall

compliant with the standard.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was completed of the standard and provision of § 115.65 Coordinated response:

(a) The facility shall develop 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.

The agency's primary policy has adopted the standard language for this provision. Agency policies OPS.050.0001 § .05F Sexual Misconduct - Prohibited, and OPS.200.0005 § .05F Inmate on Inmate Sexual Conduct - Prohibited, are cited in the facility's efforts to support compliance with provision (a). Specifically, the former policy covers:

F. Processing a Complaint.

(1) A complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source.

(2) An employee receiving a complaint of alleged sexual misconduct, shall immediately notify a supervisor, manager, shift commander, or head of the unit of the complaint.

(3) A supervisor, manager, shift commander, or head of the unit receiving a complaint under §.05E or .05F (2) of this directive shall immediately:

(a) If sexual misconduct is actively taking place, dispatch staff:

(i) To stop the alleged incident;

(ii) Safeguard the victim from further harm;

(iii) If applicable, arrange for emergency medical services;

(iv) Detain the alleged perpetrator; and

(v) Preserve evidence and the scene of the alleged incident;

(b) If the sexual misconduct is not actively occurring, but the timeframe is such that there may be physical evidence at the scene or available from the victim or alleged perpetrator, dispatch staff to:

(i) Preserve evidence at the scene;

(ii) Detain the alleged perpetrator and prevent destruction of physical evidence;

(iii) Contact the victim and instruct the victim on the need to protect against the destruction of physical evidence; and

(iv) Refer the victim for appropriate medical and mental health follow up services.

(c) Report the complaint of alleged sexual misconduct to the IID; and

(d) Administratively document and process the complaint of alleged sexual misconduct according to procedures for alleged employee misconduct established under the Department's Standards of Conduct.

(4) If the complaint of alleged sexual misconduct is received by an IID representative, the IID representative shall notify the appropriate agency head to ensure appropriate actions under §§.05F(3)(a) and (b) of this directive are initiated.

(5) If a complaint of alleged sexual misconduct involves a contractor, in addition to requirements under §§.05F(3)(a) and (b) of this directive, the head of the unit, or a designee, shall comply with requirements under a contract, memorandum of understanding or other document establishing the relationship between the Department or agency and the contractor that address misconduct on the part of the contractor followed by written documentation used to report misconduct.

The latter policy covers:

F. Processing a Complaint.

(1) A complaint of alleged inmate on inmate sexual conduct received anonymously shall be accepted and processed the same as a complaint received from an identified source.

(2) An employee receiving a complaint of alleged inmate on inmate sexual conduct shall immediately notify a supervisor, manager, shift commander, or the head of the unit of the complaint.

(3) A supervisor, manager, shift commander, or unit head receiving a complaint under §.05E or .05F (2) of this directive shall immediately:

(a) If inmate on inmate sexual conduct is actively taking place, dispatch staff:

(i) To stop the alleged incident;

(ii) Safeguard the victim from further harm;

(iii) If applicable arrange for emergency medical services;

(iv) Detain the alleged perpetrator; and

(v) Preserve evidence and the scene of the alleged incident;

(b) If the inmate on inmate sexual conduct is not actively occurring, but the timeframe is such that there may be physical evidence at the scene or available from the victim or alleged perpetrator, dispatch staff to:

(i) Preserve evidence at the scene;

(ii) Detain the alleged perpetrator and prevent destruction of physical evidence;

(iii) Contact the victim and instruct the victim on the need to protect against the destruction of physical evidence; and

(iv) Refer the victim for appropriate medical and mental health follow up services.

(c) Report the complaint of alleged inmate on inmate sexual conduct to the Department's Intelligence and Investigative Division (IID); and

(d) Administratively document and process the complaint of alleged inmate on inmate sexual conduct inmate rule violations through the Inmate Disciplinary Process.

(4) If the complaint of alleged inmate on inmate sexual conduct is received by an IID representative, the IID representative shall notify the appropriate agency head to ensure, if appropriate, actions under §§.05F(3)(a) and (b) of this directive are initiated.

The audit team reviewed the facility's written institutional plan in local policy BCBIC.050.003.1, which was provided pre-audit and found that the institutional plan is clear for responsibilities of First Responders, both custody staff and non-custody staff. It also includes information pertaining to actions required separately by medical and mental health staff, investigations, and facility leadership. The facility's coordinated response requires the PREA Compliance Manager to conduct a Sexual Abuse Incident Review (SAIR) . An interview with the Warden revealed that there is a debriefing following an alleged incident of sexual abuse to review investigations, discuss barriers, staffing needs, and any motivations for the incident such as demographics , however, this information did not inform the audit team how exactly the facility's coordinated response plan provides for the coordination of responsibilities among first responders, medical and mental health practitioners, investigators, and facility leadership.

Insomuch as the agency/facility policy does not address how the involved entities coordinate responses among each other, the need for practices exemplifying coordination, and based on the above, the auditor finds the facility non-compliant for provision (a).

Corrective Action Required:

The auditor finds the facility non-compliant for provision (a) due to needed revisions in policy that depict coordination among each of the entities involved in a sexual abuse response. Practices need to be developed, implemented, and institutionalized that exemplify this coordination.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, this auditor received information from the PRC by the Moss Group, Inc. that clarifies "Prison and Jails Standards Documentation Requirements." It indicated that regarding 115.65, "The facility shall develop 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.” The facility’s local policy BCBIC.050.003.1 was given further review. Consideration was given to the state PREA Coordinator’s opinion that: “there are no FAQs relating to this standard, nor has it been the subject of a PREA STANDARD IN FOCUS. Additionally, institutional directives are by design supplemental to agency directives and/or policy. The institutional policy only exists to fill in any gaps that cannot be considered in a high level directive.” The auditor accepts the agency/facility explanation and now finds the facility compliant with the standard.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was completed of the standard and provision of § 115.66 Preservation of ability to protect inmates from contact with abusers:

- (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
- (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:
 - (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or
 - (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The agency's primary policy has adopted the standard language for this provision, which is supported by the Annotated Code of Maryland – State Personnel and Pensions § 3-302.

Rights of the State permits:

- (1)
 - (i) determine the mission, budget, organization, numbers, types and grades of employees assigned, the work projects, tours of duty, methods, means, and personnel by which its operations are to be conducted, technology needed, internal security practices, and relocation of its facilities; and
 - (ii) maintain and improve the efficiency and effectiveness of governmental operations;
- (2) determine the:
 - (i) services to be rendered, operations to be performed, and technology to be utilized; and
 - (ii) overall methods, processes, means, and classes of work or personnel by which governmental operations are to be conducted;
- (3) hire, direct, supervise, and assign employees;
- (4)
 - (i) promote, demote, discipline, discharge, retain, and lay off employees; and
 - (ii) terminate employment because of lack of funds, lack of work, under conditions where the employer determines continued work would be inefficient or nonproductive, or for other legitimate reasons;
- (5) set the qualifications of employees for appointment and promotion, and set standards of conduct;
- (6) promulgate State or Department rules, regulations, or procedures;
- (7) provide a system of merit employment according to the standard of business efficiency; and
- (8) take actions, not otherwise specified in this section to carry out the mission of the employer.

During a review of collective bargaining contracts, the audit team found that correctional staff are represented by AFSCME/Teamsters. Article 21 of the contract, section 2 permits the employer to suspend the employee without pay.

An interview with the Agency Head designee was conducted post audit. She indicated that positively, collective bargaining agreements had either been entered into or renewed since August 20, 2012 and that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation. She added that it is part of procedure to move employees in these circumstances, until the investigation is resolved.

Determination for compliance of this standard is based on reviews of policy, interviews with staff, and reviews of supporting documentation.

To the extent that provision (a) is supported by the most recent bargaining agreement, the auditor finds the facility compliant for provision (a) and overall compliant with the standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.67 Agency protection against retaliation:

(a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 § .04B (9) and § .05B (3) as well as OPS.200.0005 § .04B (8) and § .05B (3). Locally, facility policy BCBIC.050.003.1 supports the facility's efforts for compliance of provision (a). Specifically, the former policy directs that: § .04B (9) "Retaliation" may include, but is not limited to unreasonable or unjustified:

- (i) Discipline;
- (ii) Changes in work or program assignments;
- (iii) Transfers or placements; or
- (iv) Denial of privileges or services. Along with:

§ .05B (3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Application of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

Agency policy OPS.200.0005 § .04B (8) and § .05B (3) directs that:

§ .04B (8):

(8) Retaliation.

(a) "Retaliation" means an act of vengeance, covert or overt action, or threat of action, taken against an individual because the individual:

- (i) Filed a complaint of inmate on inmate sexual conduct;
- (ii) Took action to stop or prevent inmate on inmate sexual conduct;
- (iii) Investigated inmate on inmate sexual conduct;
- (iv) Took remedial action or applied penalties in response to a substantiated complaint of inmate on inmate sexual conduct
- (v) Opposed any form of inmate on inmate sexual conduct; or
- (vi) Testified, assisted, or participated in an investigation, proceeding, or hearing concerning alleged inmate on inmate sexual conduct.

(b) "Retaliation" may include, but is not limited to unreasonable or unjustified:

- (i) Discipline;
- (ii) Changes in work or program assignments;
- (iii) Transfers or placements; or
- (iv) Denial of privileges or services.

(c) "Retaliation" does not include reasonable and justified administrative, disciplinary, or other action intended to stop or prevent inmate on inmate sexual conduct, protect an individual filing a complaint or victimized by inmate on inmate sexual conduct, or resolve a complaint. As well as:

§ .05B (3):

(3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Provision of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

Local facility policy BCBIC.050.003.1 Sexual Misconduct - Prohibited directs that the PREA Compliance Manager is responsible for ensuring that those involved in an incident are monitored for signs of retaliation for at least 90 days. The investigative Captain will monitor staff; PCM will monitor inmates according to standard 115.13.

An interview conducted with the PREA Compliance Manager revealed that after the investigation disposition is received, the victim is notified of the outcome and that 90-day retaliation monitoring is completed. A review of the investigative files revealed that a monitoring form is included in each of the files, showing completion of monitoring.

The auditor finds the facility compliant for provision (a).

(b) The agency shall 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.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 §.05B (3) as well as OPS.200.0005 § .05B (3) in its efforts to support compliance with provision (b). They direct:

OPS.050.0001 05.B.(3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Application of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate. Agency policy OPS.200.0005 § .05B (3) directs that:

§ .05B (3):

(3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who

is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation

is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Provision of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

A review of investigative files for the Retaliation Monitoring form, that in 1-instance, an inmate was moved to another housing unit within 2-weeks of the reporting of the alleged incident however no negative interactions with staff or other inmates were noted on the form related to that move. An interview was conducted post audit with an Agency Head designee. She indicated that there are designated individuals who monitor for retaliation, for 90-days or more. They observe for housing changes and ensure emotional support of the victim. She further elaborated that for staff or inmates, people can be moved; the agency does not prevent rights or privileges of the victims. An interview was conducted with the Warden and it revealed that he conducts frequent rounds of the facility and that if there was suspected retaliation, it would be investigated. The PREA Compliance Manager conducts retaliation monitoring for inmates. The Warden elaborated that he has an open-door policy and that staff can see him about any related concerns.

1-staff who perform retaliation monitoring for inmates was interviewed. He related that he monitors inmates only for retaliation and that another staff member monitors for staff. He noted that he checks the status of this at 14-days, 30-days, 60-days, and 90-day intervals. This information is noted on the Retaliation Monitoring form and includes the inmate's initials when it is completed. Measures taken to protect inmates include changing housing if they feel unsafe. They are also referred for counseling if needed. For inmates who have reported sexual abuse, their status is checked at the same intervals, 14-day, 30-day, 60-day, and 90-day intervals.

As there are no segregation units within the facility, there are no segregated inmates to interview. Of inmates that reported sexual abuse, 1-inmate was interviewed and that revealed that he does not feel protected enough. It is noted that this inmate was monitored at the normal intervals and had extended monitoring, per the Retaliation Monitoring form in the investigative file and was referred for counseling during the last status check. This inmate continues to be monitored.

Based on the above, the auditor finds the facility compliant for provision (b).

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

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 §.05B (3) as well as OPS.200.0005 § .05B (3) in its efforts to support compliance with provision (b). They direct:
OPS.050.0001 05.B.(3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Application of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate. Agency policy OPS.200.0005 § .05B (3) directs that:

§ .05B (3):

(3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Provision of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

A review of investigative files for the Retaliation Monitoring form, that in 1-instance, an inmate was moved to another housing unit within 2-weeks of the reporting of the alleged incident however no negative interactions with staff or other inmates were noted on the form related to that move. An interview with the Warden revealed that regarding measures taken if retaliation is suspected involve initiating an investigation. If needed for the inmate's safety, they can be transferred to another facility. An interview with a staff member who conducts retaliation monitoring revealed that items used to detect retaliation include write ups, changes that wouldn't normally occur. Monitoring lasts for 90-days. Regarding any time limits for monitoring, the staff responded that it is not limited, "whatever it takes." This was found to be the case for an inmate who had reported sexual abuse. A review of his investigative file revealed that he continues to be monitored well beyond the 90-day interval.

Based on the above, the auditor finds the facility compliant with provision (c).

(d) In the case of inmates, such monitoring shall also include periodic status checks.

The facility did not cite a policy to support this provision however, the agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 §.05B (3) as well as OPS.200.0005 § .05B (3) in its efforts to support compliance with provision (b). They direct:

OPS.050.0001 05.B.(3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Application of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate. Agency policy OPS.200.0005 § .05B (3) directs that:

§ .05B (3):

(3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who

is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Provision of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

In an interview with staff, staff who monitor retaliation related that to detect possible retaliation, he observes inmate behavior; he uses interview techniques, and looks for write ups, changes to housing and program. According to Retaliation Monitoring forms in the investigative files, these periodic status checks occur and set intervals and longer if needed.

Based on the above, the auditor finds the facility compliant for provision (d).

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 §.05B (3) as well as OPS.200.0005 § .05B (3) in its efforts to support compliance with provision (b). They direct:

OPS.050.0001 05.B.(3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Application of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate. Agency policy OPS.200.0005 § .05B (3) directs that:

§ .05B (3):

(3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who

is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- (a) Provision of available medical or mental health services or counseling;
- (b) Changes to inmate housing assignments and staff work assignments; and
- (c) Continued monitoring as deemed appropriate.

An interview with an Agency Head designee was conducted post audit. She indicated that there are monthly meetings to discuss violence reduction, it includes PREA; IID retains data and the PREA Coordinator provides reports regularly. The Warden was interviewed and it was related that he conducts frequent rounds of the facility and that if there was suspected retaliation, it would be investigated. The PREA Compliance Manager conducts retaliation monitoring for inmates. The Warden elaborated that he has an open-door policy and that staff can see him about any related concerns. He also related that regarding measures taken if

retaliation is suspected involve initiating an investigation. If needed for the inmate's safety, they can be transferred to another facility.

Based on the above, the auditor finds the facility compliant with provision (e).

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. This provision is not audited.

The auditor finds the facility compliant for provisions (a) through (e) of the standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.68 Post-allegation protective custody:

(a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

The agency's primary policy has adopted the standard language for this provision, which is supported by agency policy DOC.100.0002 Case Management, Section 18 - Special Confinement Housing, in its efforts to support compliance with provision (a). Specifically, the following are the reasons that segregated housing may be used:

- (a) To prevent the escape of the inmate when there is reason to believe that the inmate is an escape risk;
- (b) Pending an investigation, disciplinary proceedings, or both where there is reason to believe the inmate might otherwise intimidate potential witnesses or pose a threat to the security of the facility;
- (c) Pending consideration for assignment to protective custody;
- (d) Pending consideration for assignment to a behavioral management program;
- (e) For medical or mental health reasons;
- (f) When the inmate's continued misbehavior demonstrates an inability to conform to the rules and regulations of the facility, the Division, or both;
- (g) Pending investigation into a possible threat to the safety and wellbeing of the individual inmate.

There is no indication in the policy that an allegation of sexual abuse will result in an inmate victim of alleged sexual abuse being placed in segregated housing.

It was learned during interviews with staff that segregated housing or protective custody does not exist at the audited facility. This was also observed during the facility tour of the audited facility. Any inmate needing segregated housing is transferred to another facility, such as the MRDCC. This auditor toured the MRDCC earlier in the same week as this audit and it was learned there that they receive inmates from the audited facility for segregation purposes. The floor plans of the audited facility do not depict any segregated housing units.

Interviews with the Warden revealed that all questions pertaining to segregated housing were non-applicable for the audited facility. There are no staff who supervise inmates in segregated housing and there are no segregated inmates to interview. Pre-audit, that facility indicated that no inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months.

Based on the above, the auditor finds the facility compliant for provision (a) and overall compliant with the standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.71 Criminal and administrative agency investigations:

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. It is noted that agency policies define "sexual misconduct" to include all facets of reportable activity as defined in provision (a) of the standard.

IIU.110.0011 Investigating Sex Related Offenses requires:

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.

Investigative staff were interviewed and related that depending on the nature of the incident, if sexual abuse is alleged, then the response is immediate; otherwise, a response is made within 72-hours. Allegations received from a third-party or anonymously are not investigated differently, they are handled the same as other reporting methods. Investigative records were reviewed for 2018 and were found to be handled similarly regardless of the reporting method; of those,

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. It is noted that agency policies define "sexual misconduct" to include all facets of reportable activity as defined in provision (b) of the standard.

Specifically, the former policy states that:

(2) 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 in a confinement setting that,

at a minimum, specifically addresses:

(a) Interviewing sexual abuse victims;

(b) Using Miranda and Garrity warnings;

(c) Sexual abuse evidence collection; and

(d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

Interviews with investigative staff revealed that the dedicated agency investigator from IID affirmed that the required training topics were taught during PREA training obtained at the Police Academy along with the investigative training. The investigator also facilitates the

training. 2-locally assigned facility investigative staff indicated that they had not received the training and indicated that IID investigators would perform those functions. Training logs for investigators were received showing that 18 of the staff had received the required training. Topics included meet the requirements of the provision.

Based on the above, the auditor finds the facility compliant for provision (b).

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011

Investigating Sex Related Offenses. Specifically, it states that:

G. Investigating, Documenting, and Resolving a Complaint.

(1) 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 according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to:

- (a) Collecting and preserving evidence;
- (b) Interviewing victims, witnesses, and suspected perpetrators;
- (c) Conducting and using polygraph examinations;
- (d) Identifying suspects;
- (e) Preserving an individual's personal dignity and legal rights; and
- (f) Maintaining confidentiality of the investigation.

(2) 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 in a confinement setting that, at a minimum, specifically addresses:

- (a) Interviewing sexual abuse victims;
- (b) Using Miranda and Garrity warnings;
- (c) Sexual abuse evidence collection; and
- (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

(3) If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall:

- (a) 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 a:
 - (i) A Sexual Assault Forensics Examiner (SAFE);
 - (ii) Sexual Assault Nurse Examiner (SANE); or
 - (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 examinations.
- (b) 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:
 - (i) A qualified victim advocate;
 - (ii) 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

- (iii) A non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive.
- (4) Upon 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:
 - (i) Substantiated (the investigation determined the sexual misconduct occurred);
 - (ii) Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or
 - (iii) Unfounded (the investigation determined that the alleged sexual misconduct did not occur);
 - (c) Make appropriate Department administrative notifications, which include the PREA Facility Compliance Manager, concerning the result of the investigation;
 - (d) If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred; and
 - (e) File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.
- (5) The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.
- (6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

Interviews with investigative staff that after receiving the call; investigators are always available on call; witnesses are sought; video and the crime scene if there is one, is secured, an inmate victim at the hospital gets visited and we listen to them. First responders are interviewed, and we also look at any other allegations that may have involved the individual. After the initial report, we also check the phones and mail, gather intelligence, pull medical records, research case files and tie everything together to make an assessment. Physical evidence including is gathered along with video, and interviews are conducted.

Based on the above, the auditor finds compliance with provision (c).

- (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses. Specifically, it states that: (6) If appropriate, work with the prosecutor to develop the case for criminal prosecution.

Interviews with the investigative staff revealed that everyone being interviewed is Mirandized. They do not compel anyone in a criminal investigation. Administrative and criminal investigations are maintained separately. Reviews of investigative files indicated that this was the case.

The auditor finds the facility compliant with provision (d).

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. Specifically, the former policy specifies that:

(6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

The latter policy specifies:

E. Credibility of a Victim, Witness, or Suspect.

(1) 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.

(2) 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.

Interviews with investigative staff related that regarding judging credibility of individuals involved in allegations, that depends on the witnesses, evidence, past complaints, and intelligence gathered. It also depends on all the surrounding circumstances, and if corroborating information can be found. Victims are not subjected to polygraphs. If a case is questionable, we let the victim choose if they want to pursue that.

An interview was conducted with an inmate who had reported sexual abuse and it was conveyed by the 1-reporting inmate that a polygraph was not used. Staff may have eluded to him that it could be used.

Based on the above, the auditor finds the facility compliant with provision (e).

(f) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses. Specifically, 05D. Responding to a Complaint of Sexual Misconduct.

(1) A supervisor, manager, or shift commander shall:

(a) 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;
- (b) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting sexual misconduct;
- (c) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct ensuring that.
 - (i) Continued personal protection is provided;
 - (ii) Medical and mental health care follow up is conducted; and
 - (iii) Non-medical or mental health related counseling and support services are offered.
- (2) The first correctional officer responding to an incident of 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.
 - (b) If the circumstances are such that there is evidence to preserve:
 - (i) Preserve the scene of the incident;
 - (ii) Ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - (iii) Ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
- (3) If the first employee responding to an incident of sexual misconduct is not a correctional officer, that employee shall:
 - (a) Immediately request that a correctional officer respond to the scene; and
 - (b) Perform duties identified under §§.05D(2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform.

Interviews were conducted with investigative staff and it was related that regarding efforts made during administrative investigations, video and tier logs help investigators determine what role staff actions may have played. Additionally, administrative investigations are documents and the following are included: the initial allegation, evidence relied upon, video reviewed, intelligence gathered, interviews conducted, review of applicable social media of officers and phone records. Credibility is considered. Summarization is made with a conclusion provided based on the evidence gathered.

Based on the above, the auditor finds the facility complaint for provision (f).

- (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. The former policy specifies:

- (4) Upon 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:

- (i) Substantiated (the investigation determined the sexual misconduct occurred);
 - (ii) Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or
 - (iii) Unfounded (the investigation determined that the alleged sexual misconduct did not occur);
- (c) Make appropriate Department administrative notifications, which include the PREA Facility Compliance Manager, concerning the result of the investigation;
- (d) If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred; and
- (e) File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

(5) The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

(6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

The latter policy specifies:

H. Follow-up Investigative Activities.

(1) When conducting an investigation of an incident involving a sex related offense an investigator shall:

- (a) Provide updates to the victim concerning progress of the investigation;
- (b) Conduct additional interviews to verify and expand on information originally provided or discuss new information developed during the investigation;
- (c) Determine if an individual has been the target of retaliation and if so, investigate the circumstances of the retaliation; and
- (d) Provide information concerning victim rights.

(2) Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be:

- (a) Substantiated meaning an allegation that was investigated and determined to have occurred;
- (b) Unsubstantiated meaning an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; or
- (c) Unfounded meaning an allegation was investigated and determined to not have occurred.

Interviews with investigative staff related that regarding efforts made during administrative investigations, video and tier logs help investigators determine what role staff actions may have played. Additionally, administrative investigations are documents and the following are included: the initial allegation, evidence relied upon, video reviewed, intelligence gathered, interviews conducted, review of applicable social media of officers and phone records. Credibility is considered. Summarization is made with a conclusion provided based on the evidence gathered.

Based on the above, the auditor finds the facility complaint for provision (g).

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011

Investigating Sex Related Offenses. The former policy specifies:

(4) Upon 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:

(i) Substantiated (the investigation determined the sexual misconduct occurred);

(ii) Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or

(iii) Unfounded (the investigation determined that the alleged sexual misconduct did not occur);

(c) Make appropriate Department administrative notifications, which include the PREA Facility Compliance Manager, concerning the result of the investigation;

(d) If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred; and

(e) File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

(5) The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

(6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

The latter policy specifies:

(7) Document all aspects of the investigation in a comprehensive investigative report that:

(a) Thoroughly describes, physical, testimonial, and documentary evidence;

(b) Explains the reasoning behind credibility assessments;

(c) Includes facts and findings; and

(d) When appropriate, has related documents attached; and

(e) Is maintained according to an established retention schedule, which requires that 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.

Interviews with investigative staff related that when referring cases for prosecution, the investigation includes corroborating witnesses and evidence which bring credibility to the allegations being made. Based on the above, the auditor finds compliance with provision (h).

(i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five

years.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011

Investigating Sex Related Offenses. The former policy specifies:

(4) Upon 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:

(i) Substantiated (the investigation determined the sexual misconduct occurred);

(ii) Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or

(iii) Unfounded (the investigation determined that the alleged sexual misconduct did not occur);

(c) Make appropriate Department administrative notifications, which include the PREA Facility Compliance Manager, concerning the result of the investigation;

(d) If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred; and

(e) File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

(5) The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

(6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

Post audit a request was made for records of older investigations; this information is pending. The facility's compliance with provision (h) is dependent upon receipt of satisfactory records.

(j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Specifically, it states:

(5) The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

Interviews with investigative staff related that when a staff member is alleged to have committed sexual abuse terminates employment prior to a completed investigation, the investigation still continues. The investigator noted one investigation where a subject staff fled the country; there is a warrant waiting for them.

Based on the above, the auditor finds the facility compliant with provision (j).

(k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Provision (k) is not audited.

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. It is noted that due the agency/facility conducting its own investigations, this provision is non-applicable.

Interviews were conducted with staff including the Warden, PREA Coordinator, PREA Compliance Manager, and the Investigative Staff. It was related that this question is non-applicable. IID conducts the investigations and not any outside investigative agency. Based on the above, the auditor finds the facility compliant with provision (l).

Required Corrective Action:

Compliance of provision (i) is dependent upon receipt of satisfactory records.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining

clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the auditor requested specific documentation for a completed case; the facility provided criminal and administrative investigative documents for a 2017 employee investigation involving sexual abuse of an inmate; the allegations were substantiated. The matter was referred for criminal prosecution and the employee was arrested. At trial, the employee was found Not Guilty and was permitted to resign in lieu of termination. As the documents are still being retained within the 5-year record retention period, the auditor now finds the facility compliant with the standard.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provision of § 115.72 Evidentiary standard for administrative investigations:

(a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses, stating:
(2) Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be:

- (a) Substantiated meaning an allegation that was investigated and determined to have occurred;
- (b) Unsubstantiated meaning an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; or
- (c) Unfounded meaning an allegation was investigated and determined to not have occurred.

Interviews with investigative staff confirmed that a preponderance of the evidence is the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment.

Based on the above, the auditor finds the facility compliant for provision (a) and overall compliant with the standard.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of 115.73 Reporting to inmates:

(a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001, § .05H (1), OPS.200.0005 § .05H (1), and IIU.110.0011 § .05H (1) to support its efforts towards compliance of the provision. The former policy states:

§ .05H (1):

H. Victim Notification.

(1) When notified by an investigator under §.05G(4)(c) of this directive, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded.

The latter policy states:

§ .05H (1)

H. Follow-up Investigative Activities.

(1) When conducting an investigation of an incident involving a sex related offense an investigator shall:

- (a) Provide updates to the victim concerning progress of the investigation;
- (b) Conduct additional interviews to verify and expand on information originally provided or discuss new information developed during the investigation;
- (c) Determine if an individual has been the target of retaliation and if so, investigate the circumstances of the retaliation; and
- (d) Provide information concerning victim rights.

Interviews with staff including the Warden and investigative staff, revealed that not all staff were knowledgeable of this. Investigative staff noted that when the investigation concludes, the facility is notified of the outcome and the PCM or the Warden makes the notification. 1- inmate who reported sexual abuse was interviewed and responded positively that the facility is required to notify them when their sexual abuse allegation has been substantiated, unsubstantiated, or unfounded. He elaborated that he has not been told in writing of the decision about his allegation.

Samples of investigations for 2018 were reviewed. Of those, 4-investigations are showing as ongoing. 3-investigations are showing as unsubstantiated. Within those 3-files, all three contain forms indicating the date that the victim was notified of the outcome of their investigation. In 1-instance, the victim could not be located to notify. Based on the above, the auditor finds the facility compliant with provision (a).

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The facility does not cite a reference to support its efforts towards compliance of this provision. However, in interviews conducted with staff, it was learned that no outside agencies are involved with any investigations. This provision is non-applicable.

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

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001, § .05H (2) in its efforts towards compliance of the provision. Specifically:

H. Victim Notification:

(2) Except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the inmate is notified of the following situations concerning the employee

who victimized or is alleged to have victimized the inmate:

- (a) The employee is no longer assigned to the inmate's housing unit;
- (b) The employee is no longer assigned at the inmate's facility;
- (c) If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and
- (d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility.

1-inmate who reported sexual abuse was interviewed and related that the allegation involved an inmate, not a staff member. A review of the 2018 investigations listing indicated that 1-allegation involved an unknown staff subject and that the investigation was ongoing.

Information has been requested post-audit of the status of (1) through (4) of this provision. It was just recently learned that the outcome of this investigation was unfounded, and is not a factor in determining compliance with this provision (c).

(d) Insomuch as there is no evidence of the facility's noncompliance of this provision, the auditor finds the facility compliant for provision (c). Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The agency's primary policy has adopted the standard language for this provision, which is

supported by the agency policy OPS.200.0005 § .05H (1) to support its efforts towards compliance of the provision. Specifically:

H. Victim Notification.

(1) When notified by an investigator under §.05G(4)(c) of this directive, if the allegation of inmate on inmate sexual conduct included sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded.

The facility also cited IIU.110.011 Investigating Sex Related Offenses in support of its efforts of compliance with the provision:

H. Follow-up Investigative Activities.

(1) When conducting an investigation of an incident involving a sex related offense an investigator shall:

- (a) Provide updates to the victim concerning progress of the investigation;
- (b) Conduct additional interviews to verify and expand on information originally provided or discuss new information developed during the investigation;
- (c) Determine if an individual has been the target of retaliation and if so, investigate the circumstances of the retaliation; and
- (d) Provide information concerning victim rights.

(2) Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be:

- (a) Substantiated meaning an allegation that was investigated and determined to have occurred;
- (b) Unsubstantiated meaning an allegation that was investigated and the investigation produced

insufficient evidence to make a final determination as to whether or not the event occurred; or

- (c) Unfounded meaning an allegation was investigated and determined to not have occurred.

(3) The investigator shall document victim notification under §.05H (2) of this directive in the investigative report recording:

- (a) The name of the individual who notified the victim;
- (b) The date, time, and location that the victim was notified; and
- (c) How the victim was notified.

(4) The investigator shall complete a Department Internal Investigative Unit "PREA" (Prison Rape Elimination Act) form and a United States Department of Justice "Survey of Sexual Violence"- Incident form.

(5) If appropriate, the investigator shall work with a managing official, or a designee, to ensure:

- (a) The victim and assailant are separated during continued confinement;
- (b) Appropriate disciplinary action is taken against:
 - (i) An inmate for violation of inmate rules; or
 - (ii) An employee for a violation of policy or procedure;
- (c) If the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated arrange for the inmate to be advised of the following conditions involving the employee:
 - (i) The employee is not assigned to the inmate's housing unit;
 - (ii) The employee is no longer employed at the inmate's facility;

- (iii) If known, that the employee was indicted on a charged with a sex related offense occurring at the facility;
- (iv) If known, that the employee was convicted of a charge related to a sex related offense occurring at the facility;
- (d) If the incident involved an inmate committing a sex related offense on another inmate arrange for the victim inmate to be advised of the following conditions involving the perpetrator:
 - (i) If known, that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility; and
 - (ii) If known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility;
- (e) Written confirmation is received from the managing official, or a designee, and maintained in the investigative file that documents notifications made under §.05H(5)(c) or (d) of this directive to include:
 - (i) Date and time of the notification;
 - (ii) The printed name and signature of the inmate notified; and
 - (iii) The printed name and signature of the individual making the notification.
- (f) The victim reporting requirements under §§.05H(5)(c) and (d) of this directive shall terminate at the time the victim inmate is released from Department custody.
- (g) Retaliation is not taking place against a victim or other individual related to the incident involving a sex related offense; and
- (h) The incident is reviewed and, if possible, appropriate action is taken to prevent similar occurrences.
- (6) If appropriate, work with the prosecutor to develop the case for criminal prosecution.

An interview was conducted with 1-inmate who reported sexual abuse. It was learned that as of the time of the audit, the inmate had not yet been informed if the alleged abuser had been indicted on a charge related to sexual abuse within the facility or if the alleged abuser had been convicted on a charge related to sexual abuse within the facility. He elaborated that the alleged abuser had been released from the facility and his whereabouts are not known. Based on the above, the auditor finds the facility compliant with provision (d).

(e) All such notifications or attempted notifications shall be documented.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy IIU.110.011 Investigating Sex Related Offenses in support of its efforts of compliance with the provision:

H. Follow-up Investigative Activities.

- (1) When conducting an investigation of an incident involving a sex related offense an investigator shall:
 - (a) Provide updates to the victim concerning progress of the investigation;
 - (b) Conduct additional interviews to verify and expand on information originally provided or discuss new information developed during the investigation;
 - (c) Determine if an individual has been the target of retaliation and if so, investigate the circumstances of the retaliation; and
 - (d) Provide information concerning victim rights.
- (2) Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if

the investigation resulted in the incident being determined to be:

- (a) Substantiated meaning an allegation that was investigated and determined to have occurred;
 - (b) Unsubstantiated meaning an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; or
 - (c) Unfounded meaning an allegation was investigated and determined to not have occurred.
- (3) The investigator shall document victim notification under §.05H (2) of this directive in the investigative report recording:
- (a) The name of the individual who notified the victim;
 - (b) The date, time, and location that the victim was notified; and
 - (c) How the victim was notified.
- (4) The investigator shall complete a Department Internal Investigative Unit "PREA" (Prison Rape Elimination Act) form and a United States Department of Justice "Survey of Sexual Violence"- Incident form.
- (5) If appropriate, the investigator shall work with a managing official, or a designee, to ensure:
- (a) The victim and assailant are separated during continued confinement;
 - (b) Appropriate disciplinary action is taken against:
 - (i) An inmate for violation of inmate rules; or
 - (ii) An employee for a violation of policy or procedure;
 - (c) If the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated arrange for the inmate to be advised of the following conditions involving the employee:
 - (i) The employee is not assigned to the inmate's housing unit;
 - (ii) The employee is no longer employed at the inmate's facility;
 - (iii) If known, that the employee was indicted on a charged with a sex related offense occurring at the facility;
 - (iv) If known, that the employee was convicted of a charge related to a sex related offense occurring at the facility;
 - (d) If the incident involved an inmate committing a sex related offense on another inmate arrange for the victim inmate to be advised of the following conditions involving the perpetrator:
 - (i) If known, that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility; and
 - (ii) If known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility;
 - (e) Written confirmation is received from the managing official, or a designee, and maintained in the investigative file that documents notifications made under §.05H(5)(c) or (d) of this directive to include:
 - (i) Date and time of the notification;
 - (ii) The printed name and signature of the inmate notified; and
 - (iii) The printed name and signature of the individual making the notification.
 - (f) The victim reporting requirements under §§.05H(5)(c) and (d) of this directive shall terminate at the time the victim inmate is released from Department custody.
 - (g) Retaliation is not taking place against a victim or other individual related to the incident involving a sex related offense; and
 - (h) The incident is reviewed and, if possible, appropriate action is taken to prevent similar

occurrences.

(6) If appropriate, work with the prosecutor to develop the case for criminal prosecution.

The agency also cites OPS.050.0001 § .05H (3) and OPS.200.0005 § .05H (3) in support of the provision, which states:

(3) A record of a notification made under §§.05H (1) and (2) of this directive shall be maintained in the victim inmate's base file and include the following information:

- (a) Case number;
- (b) Content of the notification;
- (c) Date of the notification;
- (d) Location where the notification was made;
- (e) Printed name and signature of the employee making the notification; and
- (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature.

As well as:

(3) A record of a notification made under §§.05H (1) and (2) of this directive shall be maintained in the victim inmate's base file and include the following information:

- (a) Case number;
- (b) Content of the notification;
- (c) Date of the notification;
- (d) Location where the notification was made;
- (e) Printed name and signature of the employee making the notification; and
- (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature.

Pre-audit, the facility indicated in the PAQ in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was five (5). While reviewing the PREA Investigations Log for 2016 to 2018, it was learned that in the last 12-months, 7-notifications were made (12/4/2017, 2/27/18, 5/14/2018, 5/21/2018, 6/21/2018, 8/20/2018, 10/2/2018). It is noted that the notification of 2/27/2018 stemmed from an investigation that opened in 2016 and the notifications of 12/4/2017, 5/14/2018, 5/21/2018, and 6/21/2018 stemmed from investigations that opened in 2017.

Documents indicating notifications or attempted notifications were documented were requested for cases closed in the last 12-months that included 1-2016 case and 4-2017 cases. The facility's compliance with provision (e) is dependent upon receipt of satisfactory documentation.

(f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. Provision (f) is not required for the audit.

Required Corrective Action:

The facility's compliance with the standard is dependent upon satisfactory documentation for (c) and (e) being received.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-

calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, additional records were requested from the facility regarding 1-2016 closed PREA investigation, 4-2017 closed PREA investigations, and 1-2018 closed PREA investigation. These were selected randomly and exceeded the most recent audit year due to the low number of 2018 investigations. Of the 6-cases, all 6-investigative records documented that all victim/complainants received notification of the investigation findings. The facility provided satisfactory documentation for this and the auditor now finds the facility compliant with the standard.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.76 Disciplinary sanctions for staff:

(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OPS.050.0001 § .05I. Specifically:

I. Sanctions.

(1) An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee:

(a) Except under exigent circumstances, did not perform responsibilities established under this directive; or

(b) Neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct.

(2) An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to:

(a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department;

(b) Criminal prosecution; and

(c) If applicable, notification of a relevant licensing authority.

(3) A contractor determined to have committed sexual misconduct is:

(a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency;

(b) Subject to sanctions according to provisions of the contract or agreement;

(c) Is subject to criminal prosecution; and

(d) If applicable, notification of a relevant licensing authority.

(4) An inmate involved in sexual misconduct with a Department staff member may not be found guilty of a charge of committing a sexual act under the inmate disciplinary process if the involved staff member consented to the sexual act or sexual conduct in which the inmate participated.

(5) A complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct 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 sexual misconduct.

Pre-audit, the facility noted that 0 employees in the last 12-months had violated agency sexual abuse or sexual harassment policies. During the audit, the Department's Academy PREA lesson plan was reviewed. It was found to support this provision: "Discipline staff and inmate assailants appropriately, with termination as the presumptive disciplinary sanction for staff who commit sexual abuse."

Based on the above, the auditor finds the facility compliant with provision (a).

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The agency's primary policy has adopted the standard language for this provision, however the agency does not cite a reference in support of this provision.

Pre-audit, the facility noted that 0 employees in the past 12 months had been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. The Department's Academy PREA lesson plan was reviewed. It was found to support this provision: "Discipline staff and inmate assailants appropriately, with termination as the presumptive disciplinary sanction for staff who commit sexual abuse." Of the 2018 investigative cases, there have been no substantiated cases involving staff. It was learned during interviews with staff that a 2016 investigation involving a subject staff member resulted in termination. A review of the PREA investigation log for 2016 confirmed the information; it was the only substantiated case in 2016.

Based on the above, the auditor finds the facility compliant with provision (b).

(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The agency's primary policy has adopted the standard language for this provision, however the agency does not cite a reference in support of this provision. The facility cites 50-2 Standards of Conduct (10) which states "Unprofessional personal relationship or contacts with inmate, offender or client" as b. a Third category infraction that shall result in the termination from state service. And c. The employee shall be suspended pending termination from state service."

The Department's Academy PREA lesson plan was reviewed. It was found to support this provision: "Discipline staff and inmate assailants appropriately, with termination as the presumptive disciplinary sanction for staff who commit sexual abuse." Of the 2018 investigative cases, there have been no substantiated cases involving staff. It was learned during interviews with staff that a 2016 investigation involving a subject staff member resulted in termination. A review of the PREA investigation log for 2016 confirmed the information; it was the only substantiated case in 2016. Documentation of the 2016 termination has been requested and is pending.

The facility's compliance with provision (c) is dependent upon receipt of satisfactory documentation.

(d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 § .05G (1 and § .05I (2), and COMAR

12.11.01. Specifically,

G. Investigating, Documenting, and Resolving a Complaint:

(1) 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 according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to:

- (a) Collecting and preserving evidence;
- (b) Interviewing victims, witnesses, and suspected perpetrators;
- (c) Conducting and using polygraph examinations;
- (d) Identifying suspects;
- (e) Preserving an individual's personal dignity and legal rights; and
- (f) Maintaining confidentiality of the investigation.

(2) 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 in a confinement setting that, at a minimum, specifically addresses:

- (a) Interviewing sexual abuse victims;
- (b) Using Miranda and Garrity warnings;
- (c) Sexual abuse evidence collection; and
- (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

As well as:

(15) An allegation of prohibited social, personal, intimate, or sexual relationship between an inmate and an employee or non-agency employee.

And:

.12 Public Corruption and Misconduct.

A. If an investigation of a complaint under this chapter determines that an employee has committed a violation of a criminal or the Maryland Public Ethics Law, State Government Article, Title 15, Annotated Code of Maryland, the Director, or a designee, shall notify the:

- (1) Chief counsel to the Governor; and
- (2) Assistant attorney general for the Department.

B. An agency head completing an investigation that determines an employee has committed a violation of a criminal law or

Maryland Public Ethics Law, State Government Article, Title 15, Annotated Code of Maryland, shall immediately report the findings to the Director, or a designee, who shall make the notifications required under §A of this regulation.

The facility also cited agency policy OPS.005.0001.05(2) (C):

(2) An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to:

- (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department;
- (b) Criminal prosecution; and
- (c) If applicable, notification of a relevant licensing authority.

Pre-audit, the facility noted that in the past 12-months, 0 staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

It was learned from investigative staff that when a staff member is alleged to have committed sexual abuse terminates employment prior to a completed investigation (115.71), it was learned that the facility continues the investigation. The investigator elaborated that one case involved a CO who fled the country. She added that there is an active warrant for his arrest. Based on the above, the auditor finds the facility compliant for provision (d).

Required Corrective Action:

The facility's compliance for (c) is dependent upon receipt of satisfactory documentation.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, email was received from the facility January 7, 2019

indicating that no staff had been terminated as a result of disciplinary action related to any PREA investigations. During the follow up visit of the facility held July 17, 2019, the audit team observed a 2018-PREA investigative file for a closed substantiated investigation that indicated that the staff subject of the investigation had resigned prior to termination. The matter was referred for criminal prosecution and the staff subject was found Not Guilty. Based on this and a review of spreadsheets for investigations for the preceding 12-months, no other PREA investigations involving alleged staff subjects resulted in termination or resignation. Additionally, for the preceding 12-months, no PREA investigations involved alleged staff subjects resulting in notification to any relevant licensing bodies. The facility provided satisfactory documentation for this and the auditor now finds the facility compliant with the standard.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.77 Corrective action for contractors and volunteers:

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 § .04B (6) and OPS.050.0001 § .05H. Specifically, the former policy defines:

(6) "Employee":

(a) Means 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.

(b) Includes:

(i) A contractor;

(ii) An intern;

(iii) A volunteer; and

(iv) An employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, and Baltimore City Public Schools.

The latter policy specifies:

H. Victim Notification.

(1) When notified by an investigator under §.05G(4)(c) of this directive, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded.

(2) Except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the inmate is notified of the following situations concerning the employee who victimized or is alleged to have victimized the inmate:

(a) The employee is no longer assigned to the inmate's housing unit;

(b) The employee is no longer assigned at the inmate's facility;

(c) If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and

(d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility.

(3) A record of a notification made under §§.05H (1) and (2) of this directive shall be maintained in the

victim inmate's base file and include the following information:

(a) Case number;

(b) Content of the notification;

(c) Date of the notification;

(d) Location where the notification was made;

- (e) Printed name and signature of the employee making the notification; and
- (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature.

More specifically, in the same policy under sanctions for contractors, the agency requires:

(3) A contractor determined to have committed sexual misconduct is:

- (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency;
- (b) Subject to sanctions according to provisions of the contract or agreement;
- (c) Is subject to criminal prosecution; and
- (d) If applicable, notification of a relevant licensing authority.

Pre-audit the facility provided its local policy BCBIC.050.003.1 Sexual Misconduct - Prohibited which specifies that a violation of this standard is subject to a penalty up to and including termination of employment; criminal prosecution and if applicable, notification of a relevant licensing authority. A contractor determined to have committed sexual misconduct is considered to be in violation of the terms of the contract and subject to sanctions according to the provisions of the contract or agreement.

A review of agency policy does not specify that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Pre-audit, the facility did not identify any contractors or volunteers that had violated the provisions of the standard in the last 12-months. However, in interviews with staff, the Warden indicated that the contractor would be removed from the facility, thereby preventing their contact with the inmate victim. He elaborated that the contractor or volunteer could be moved to another facility if there was not definitive proof of wrongdoing. A review of the facility's investigation logs for 2016-2018 revealed that none of the subjects of allegations were contractors or volunteers.

Pre-audit the facility provided its acknowledgement form under ADM.050.0043 - Employee and Inmate Interaction. It restricts contact between employees and inmates except in the performance of official duties. Volunteers also acknowledge, among other things, violations may result in termination and may result in civil litigation or criminal prosecution, or both; as well as under PREA, volunteers have a duty to report any sexual misconduct they observe or become aware of while volunteering. There is no documentation or referrals to law enforcement and/or relevant licensing bodies to review.

Based on the above, the auditor finds the facility compliant with provision (a).

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The agency's primary policy has adopted the standard language for this provision, which is supported by the local policy BCBIC.050.003.1 Sexual Misconduct - Prohibited which specifies that a violation of this standard is subject to a penalty up to and including termination of employment; criminal prosecution and if applicable, notification of a relevant licensing authority. A contractor determined to have committed sexual misconduct is considered to be in violation of the terms of the contract and subject to sanctions according to the provisions of the contract or agreement. Additionally, ADM.050.0043 - Employee and Inmate Interaction, restricts contact between employees and inmates except in the performance of official duties.

Volunteers also acknowledge, among other things, violations may result in termination and may result in civil litigation or criminal prosecution, or both; as well as under PREA, volunteers have a duty to report any sexual misconduct they observe or become aware of while volunteering.

Pre-audit, the facility did not identify any contractors or volunteers that had violated the provisions of the standard in the last 12-months. However, in interviews with staff, the Warden indicated that a contractor would be removed from the facility, thereby preventing their contact with the alleged inmate victim. He elaborated that the contractor or volunteer could be moved to another facility if there was no substantiated proof of wrongdoing. A review of the facility's investigation logs for 2016-2018 revealed that none of the subjects of allegations were contractors or volunteers. Consequently, there is no documentation of remedial measure that have been enforced.

Based on the above, the auditor finds the facility compliant with provision (b) and overall compliant with the standard.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.78 Disciplinary sanctions for inmates:

(a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

(b) Sanctions shall be 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.

(c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

For provisions (a), (b), and (c), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy COMAR 12.03.01—.32, Inmate Discipline, which specifies:

.32 Disciplinary Proceeding Procedures — Post Disciplinary Proceedings Phase — Remanding the Inmate Rule Violation Charged.

A. Only the Secretary, or a designee, or a court of proper jurisdiction may disturb the decision concerning an inmate rule violation charged and:

(1) Reverse the decision of the hearing officer regarding the inmate rule violation charged: and

(2) Remand the case for a de novo or a new disciplinary proceeding under this regulation.

B. The managing official, or a designee, when conducting a review of the hearing officer's decision or a decision previously

reviewed by a managing official, or a designee, may, without regard for a procedure or time requirement under this chapter:

(1) Appeal the hearing officer's decision regarding the inmate rule violation charged to the Secretary, or a designee, regardless of

the date of the decision or if previously reviewed by a managing official; and

(2) Request the Secretary, or a designee, to reverse the hearing officer's decision and remand the inmate rule violation charged for

a de novo or a new disciplinary proceeding under this regulation.

C. The Secretary, or a designee, upon receipt and review of the managing official's, or a designee's, appeal may approve or

disapprove the managing official's, or a designee's, recommendation to reverse the hearing officer's decision and remand the case for a

de novo or a new disciplinary proceeding under this regulation:

(1) If the Secretary, or a designee, disapproves the managing official's, or a designee's, recommendation, the:

(a) Secretary, or a designee, shall notify the managing official, or a designee, that the hearing officer's decision is affirmed; and

(b) Managing official, or a designee, shall notify the defendant of the Secretary's, or a designee's, decision.

(2) If the Secretary, or designee, approves the managing official's, or a designee's, recommendation, the:

(a) Hearing officer's decision is considered to be reversed; and

(b) Inmate rule violation charged is to be scheduled for a de novo or a new disciplinary proceeding.

D. When the disciplinary proceeding is remanded for a de novo disciplinary proceeding, the managing official, or a designee, shall:

(1) Notify the defendant of the Secretary's, or a designee's, decision;

(2) Ensure that the defendant is scheduled for a remanded disciplinary proceeding;

(3) Notify staff that the disciplinary proceeding is heard de novo unless ordered otherwise by the Secretary, or a designee; and

(4) Ensure that the remanded disciplinary proceeding is not heard by the original hearing officer of record unless otherwise ordered by the Secretary, or a designee.

E. Rehearing Procedure.

(1) Within 7 business days of the managing official's, or a designee's, notification of a Secretary's order or order of a court that the

inmate rule violation charged was remanded for a de novo or a new disciplinary proceeding under this regulation, staff shall:

(a) Provide the defendant with a copy of the Notice of Inmate Rule Violation form and Notice of Inmate Disciplinary Hearing

form regarding the remanded inmate rule violation charged;

(b) Provide the defendant the opportunity to request representation, a witness, or evidence at service; and

(c) Schedule the defendant for a disciplinary proceeding.

F. Except for the 7-business day time frame for service of the remand order on the defendant, the time and procedure requirements of this chapter shall govern the disciplinary proceeding and post disciplinary proceeding phases conducted as a remanded hearing in accordance with this regulation.

G. The managing official, or a designee, may appeal the hearing officer's decision of the remanded disciplinary proceeding in accordance with the procedures under this chapter.

H. The defendant may appeal the hearing officer's decision of the remanded disciplinary proceeding in accordance with the procedures under this chapter.

This same policy under definitions discusses:

(38) "Sexual Act" means the actions of two or more individuals engaged in acts involving physical contact for purposes of sexual arousal or gratification and includes, but is not limited to:

(a) Contact between the penis and the vulva or the penis and the anus;

(b) Contact between the mouth and the penis, vulva, or anus;

(c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;

- (d) Any other intentional touching, either directly on or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation;
- (e) A sexual crime identified under Criminal Law Article, §§3-301—312, Annotated Code of Maryland; and
- (f) Kissing, hugging, or other physical contact for sexual arousal or gratification or the abuse of either party.

(39) "Sexual conduct" means a non-physical behavior or act of a sexual nature by an inmate directed toward another individual and includes but is not limited to:

- (a) Sexual advances;
- (b) Requests for sexual favors; or
- (c) Verbal comments, gestures, or actions of a derogatory and offensive sexual nature.

(40) "Special needs inmate" means a defendant whose ability to participate in the inmate disciplinary process is compromised by impaired hearing, speech, cognition, mental health, or proficiency in the spoken or written English language.

Specifically, sexual misconduct related to PREA would be covered under Criminal Law Article, §§3-301—312, Annotated Code of Maryland.

In the past 12 months, the facility identified 0 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility, however a few investigations are still ongoing. Additionally, in the past 12 months, there have been 0 criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility. A review of the facility's 2018 investigative log confirms this information.

The facility also cites local policy BCBIC.505.003.1 Sexual Misconduct Prohibited that (5) An inmate is subject to disciplinary action, to include loss of privileges if knowingly provides false reports, claims, accusations or information related to the Prison Rape Elimination Act (PREA) or use the PREA hotline other than for the intended purpose (Inmate Rule Violation 126), and (6) A complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct 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 sexual misconduct.

The facility also noted its Inmate Rule Violation Summary that (11) 126 - "Knowingly providing false reports, claims, accusations or information related to the Prison Rape Elimination Act (PREA) or use the PREA Hotline other than for the intended purpose" is a Category IB Inmate Rule Violation.

Based on the above, the auditor finds the facility compliant with provision (a).

Regarding provision (b), the facility refers to all of the above policies and attachments in the PAQ. It was learned during an interview with the Warden that following an administrative or criminal finding of inmates who engaged in inmate on inmate sexual abuse, they would be sanctioned according the department's matrix. The maximum sanction is 90-days. He elaborated that mental health would probably be considered adding that the facility does not have a segregation unit. A review of the 2018 investigative log indicates that there have been

no substantiated cases for the last 12-months; sanctions were not imposed for PREA related violations.

Based on the above, the auditor finds the facility compliant with provision (b).

Regarding provision (c), the facility refers to all of the above policies and attachments in the PAQ. It was learned during an interview with the Warden that following an administrative or criminal finding of inmates who engaged in inmate on inmate sexual abuse, they would be sanctioned according to the department's matrix. The maximum sanction is 90-days. He elaborated that mental health would probably be considered adding that the facility does not have a segregation unit. A review of the 2018 investigative log indicates that there have been no substantiated cases for the last 12-months; sanctions were not imposed for PREA related violations.

Based on the above, the auditor finds the facility compliant with provision (c).

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

(e) The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Regarding provisions (d) and (e), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OPS.200.0005 § .05, I (2) which specifies:

(2) An inmate:

(a) Determined to have committed sexual conduct is subject to:

(i) A penalty established under Inmate Disciplinary Process; and

(ii) If applicable, criminal prosecution.

(b) 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, counseling, 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.

(c) May be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct.

The facility has noted that due to the transiency of its population, which has an average stay of 45-days, it does not have the resources to provide long-term interventions to address and correct underlying reasons or motivations for abuse. It was learned in interviews with staff that upon receipt of an initial allegation, both the victims and abusers receive medical/mental health follow ups. Inmate records contain information pertaining to additional needs and follow the inmates to their next facility, where they can receive the appropriate care. Interviews with medical/mental health staff confirmed that both the victims and abusers are seen and that their participation is not required as a condition of access to programming or other benefits.

Based on the above, the auditor finds the facility compliant with provision (d).

Regarding provision (e), the facility noted that staff may press charges for rape: the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact and refers to the same policies as provision (d). A review of the facility's investigative log does not reveal any investigations of this nature, therefore, there are no sample documents to provide.

Based on the above, the auditor finds the facility compliant for provision (e).

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OPS.200.0005 § .05I (4).

It specifies:

(4) 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.

A review of 2018 investigative files found no instances of inmates being disciplined contrary to this provision.

Based on the above, the auditor finds the facility compliant with provision (f).

(g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.200.0005 § .04B (9) OPS.200.0005 § .05A (1).

The former policy specifies:

(9) "Sexual abuse" of an inmate by an inmate includes the following acts if the victim inmate does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse:

- (a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (b) Contact between the mouth and the penis, vulva, or anus;
- (c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (e) Any other intentional touching, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact

incidental to a physical altercation. The latter policy specifies:

.05 Responsibility.

A. An inmate may not:

(1) Commit, participate in, support, or otherwise condone sexual conduct.

Pre-audit, the facility provided sample documentation of a Notice of Inmate Rule Violation for what was originally a PREA allegation. This allegation shows as an ongoing investigation on the 2018 PREA investigation log. A cell search after the allegation resulted in weapons being found. The subject inmate received a total of 6-charges related to the alleged incident and was subjected to a formal hearing process. The status of the PREA investigation is pending at this time. Per policy, the agency prohibits all sexual activity between inmates and disciplines inmates for such activity.

Based on the above, the auditor finds the facility compliant with provision (g) and overall compliant with the standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.81 Medical and mental health screenings; history of sexual abuse:

(a) If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(c) If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

For provisions (a), (b), and (c), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OPS.200.0006 § .05E (2). Specifically:

(c) 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.

Pre-audit, the facility indicated that in the past 12 months, 23-percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. The facility also indicated that secondary records are maintained in the EPHR system by medical/mental health staff.

A review of 23-randomly selected inmate base files revealed that 2-inmates had disclosed previous sexual victimization during their initial risk screening. It was observed that of the 1-male inmate and the 1-female inmate, both were offered referrals at the time of the risk screening. A review of their PREA Intake Screening form and/or PREA Follow Up form show that they were offered a referral on the same day as the risk screening. Post audit, secondary materials from medical/mental health have been requested from the EPHR system and are pending . This included record from the system that referrals had been completed. Risk screening staff related that inmates are offered referrals at the time of the screening and they are frequently seen by the mental health unit on the same day. 1-risk screener elaborated that if an inmate discloses that they were an abuser at an identified facility, the staff member would report it to their supervisor and administrative staff; they would also document it in an incident report . The audit team was not able to interview 2-inmates that had reported sexual victimization during screening due to not having the opportunity to do so during the audit.

The facility's compliance with provision (a) is dependent upon receipt of satisfactory secondary medical/mental health records.

Regarding provision (b) the facility indicated pre-audit that it is not a prison. It was learned from staff that perform risk screening that if an inmate indicates having been an abuser, they would receive the same offer of a referral for medical/mental health. A review was performed of 23-random inmate base files and of the PREA Intake Screening forms contained therein, none of them revealed any inmates that indicated having been an abuser or for meeting the threshold for being at risk of abusiveness.

Insomuch as the facility indicated N/A for being a prison, this provision is not applicable.

Interviews with risk screeners (4) related that abusers are offered follow ups with medical/mental health and that they occur from same day to up to 3-days after the risk screening being completed. Most staff indicated that it occurred same day. A review was performed of 23-random inmate base files and of the PREA Intake Screening forms contained therein, none of them revealed any inmates that indicated having been an abuser or for meeting the threshold for being at risk of abusiveness. Post audit secondary medical/mental health records were requested and are pending.

The facility's compliance with provision (c) is dependent upon receipt of satisfactory secondary medical/mental health records.

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

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 § .05E (8) which specifies:

(8) Information concerning a complaint of alleged 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 sexual misconduct and immediate and continued care of the victim.

An analysis of the standards compared to the agency policy for provision (d) indicates that the agency policy that while confidential, should be used to inform staff regarding treatment plans and security and management decisions, including housing, bed, work, education, and program assignments and is too limiting. The policy will need to be revised.

It was learned during interviews with risk screeners, including case managers, that staff are concerned about the confidentiality of the risk screening information however did not convey that any information had been inappropriately used in the past; safeguarding and handling of the completed forms is a high priority among staff. During formal and informal interviews, it was conveyed that the forms are kept in 2-locations however both are secure areas with restricted access and only designated staff have access to the information. 1-original of the risk screening form is retained in the inmate base file in case management. 1-copy of the risk screening form becomes part of a packet that after being used by Traffic Control for the housing assignment is retained in the Records Department. The audit team observed these

records in inmate base files while visiting Case Management.

Due to the need for policy to be revised, the auditor finds the facility non-compliant with provision (d).

(e) Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy Medical Records Manual, Appendix G & H, which includes a MENTAL HEALTH INFORMED CONSENT form and the INFORMED CONSENT, Psychological Evaluation form, which were reviewed by the audit team. They contain statements such as "I fully understand that the results of these services shall be shared with employees of DPSCS who have a need to know for decision making purposes. I also understand that the confidentiality of this service is governed by the provisions of Maryland Annotated Code, Courts and Judicial Proceedings Article, § 9-109. Under these provisions, disclosure of mental health information without written authorization is permitted under certain circumstances" etc. The form also identifies for inmates when confidentiality will not be honored.

Interviews with medical/mental health staff revealed that staff do obtain informed consent from inmates before inmates reporting about prior sexual victimization that did not occur in an institutional setting, however, youth are not housed at the audited facility. One staff elaborated that it's part of the intake into the Mental Health Unit.

It was inquired of the facility if medical/mental health staff perform informed consent only by having patients sign the above referenced forms, which do not provide sufficient information, or if practitioners speak with the patient before the patient signs the form to ensure the patient fully understands that signing the form will grant medical / mental health practitioners the ability to disclose reports of prior sexual victimization occurring outside of an institutional setting. It was also inquired of the facility when these forms are executed by the inmates, if either before or after a PREA allegation being reported. Responses are pending.

Based on insufficient information to determine compliance with provision (e), the auditor finds the facility non-compliant with this provision, pending satisfactory receipt of clarifying information. Additionally, the informed consent forms will need to be updated to include the limit on confidentiality extending to inmates reporting about prior sexual victimization that did not occur in an institutional setting.

Recommended Correction Action:

The facility's compliance for provision (a) and (c) is dependent upon satisfactory receipt of secondary medical/mental health records. Provision (d) requires policy revision. Regarding provision (e), determination for compliance is pending satisfactory receipt of clarifying information. Additionally, the informed consent forms will need to be updated to include the limit on confidentiality extending to inmates reporting about prior sexual victimization that did not occur in an institutional setting.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held

not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, regarding provision (a) and (c), the auditor requested documentation of inmates being offered follow up medical or mental health meetings with practitioners within 14-days of the intake screening. During the follow up visit of the facility held July 17, 2019, the facility provided intake screening information for 5-inmates. Two of the 5-inmates had documentation declining follow up mental health services. Additionally, email received from case management staff to mental health staff indicated that all-five of the inmates were offered follow up services within 14-days of the initial screening. This satisfies the provisions of (a) and (c). Regarding policy revisions that were advised under provision (d), information received from the PRC by the Moss Group, Inc. does not explicitly require documentation of agency or facility activities through policy for this standard, as such, the auditor accepts the state PREA Coordinator's explanation against policy revision and finds the facility compliant for provision (d).

Documentation is also not explicitly required for provision (e). The facility followed up with an improved informed consent form which now includes information regarding the extent to which confidentiality cannot be extended specifically regarding PREA related sexual abuse. Further, 1-psychology staff related that limits of confidentiality are verbally explained to inmates prior to their signature. Based on information received post audit and action taken by the facility, the auditor now finds the facility compliant for the standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.82 Access to emergency medical and mental health services:

(a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

For provision (a) and (b), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 § .05B & D and OPS.200.0005 § .05B & D.

The former policy specifies:

B. The head of a unit, or a designee, is responsible for ensuring that:

- (1) Each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the head of the unit is familiar with Department policy prohibiting sexual misconduct;
- (2) This directive is available to each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the head of the unit;
- (3) 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:
 - (a) Application of available medical or mental health services or counseling;
 - (b) Changes to inmate housing assignments and staff work assignments; and
 - (c) Continued monitoring as deemed appropriate;
- (4) An allegation of sexual misconduct is reported, investigated and resolved according to established procedures; and
- (5) Appropriate medical and mental health services and support services are made available to a victim of sexual misconduct. And:

D. Responding to a Complaint of Sexual Misconduct.

(1) A supervisor, manager, or shift commander shall:

- (a) 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;
- (b) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting sexual misconduct;
- (c) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct ensuring that.
 - (i) Continued personal protection is provided;
 - (ii) Medical and mental health care follow up is conducted; and
 - (iii) Non-medical or mental health related counseling and support services are offered.
- (2) The first correctional officer responding to an incident of 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.
 - (b) If the circumstances are such that there is evidence to preserve:
 - (i) Preserve the scene of the incident;
 - (ii) Ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - (iii) Ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
- (3) If the first employee responding to an incident of sexual misconduct is not a correctional officer, that employee shall:
 - (a) Immediately request that a correctional officer respond to the scene; and
 - (b) Perform duties identified under §§.05D(2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform.

The latter policies specify:

B. The head of a unit, or a designee, is responsible for ensuring that:

- (1) Each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct;
- (2) This directive shall be made available to each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the head of the unit;
- (3) An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:
 - (a) Provision of available medical or mental health services or counseling;
 - (b) Changes to inmate housing assignments and staff work assignments; and
 - (c) Continued monitoring as deemed appropriate;
- (4) An allegation of inmate on inmate sexual conduct is reported, investigated and resolved according to established procedures; and
- (5) Appropriate medical and mental health services and support services are made available to a victim of inmate on inmate sexual conduct. And:

D. Responding to an Incident of Inmate on Inmate Sexual Conduct.

- (1) A supervisor, manager, or shift commander shall:

- (a) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct;
- (b) If aware of an act of alleged inmate on inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process; and
- (c) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct ensuring that:
 - (i) Continued personal protection is provided;
 - (ii) Medical and mental health care follow up is conducted; and
 - (iii) Non-medical or mental health related counseling and support services are offered.
- (2) The first correctional officer responding to an incident of inmate on inmate sexual conduct shall:
 - (a) Ensure the safety of a victim of inmate on inmate sexual conduct 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.
 - (b) If the circumstances are such that there is evidence to preserve:
 - (i) Preserve the scene of the incident;
 - (ii) Ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - (iii) Ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
- (3) If the first employee responding to an incident of inmate on inmate sexual conduct is not a correctional officer, that employee shall:
 - (a) Immediately request that a correctional officer respond to the scene; and
 - (b) Perform duties identified under §§.05D (2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform.

Interviews with medical and mental health staff revealed that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services; this typically occurs immediately after the alleged incident; and that the nature and scope of services provided is based on a combination of standard protocols, policies and procedures, and professional judgement. 1-staff who is a nurse elaborated that they would be referred to a doctor after seeing a nurse. An interview was conducted with 1- inmate who had reported sexual abuse. It was learned that the inmate did see medical and/or mental health practitioners after the abuse was reported. He elaborated that at a later follow up, continued care discussions did occur. He had a follow up with mental health 2-days after the alleged incident. While at the hospital, he received testing for STDs, he was examined and pictures were taken. He was joined at the hospital by an investigator and an advocate. Pre-audit, the facility noted that follow up appointments with inmates are documented in the EPHR system.

A review of the inmate brochure provided at intake indicates the type of services available to inmates after an allegation: "Medical staff will check you for injuries and sexually transmitted diseases. A medical specialist may examine you and collect evidence. You will be offered emotional support from a sexual assault crisis counselor and follow up with mental health

staff." During the facility tour the medical area was observed and discussions with a dispensary nurse confirmed the requirements of provision (a).

Based on the above, the auditor finds the facility compliant with provision (a).

Regarding provision (b), 2-security staff first responders were interviewed and it was confirmed that they took the actions required of the provision. In both incidents, medical and/or mental health staff were available and saw the inmates immediately. Both the victims and abusers were referred to medical/mental health. Actions taken included: separating the alleged victim and abuser; preserving and protecting the crime scene; preventing bodily functions by the victim and the abuser; and immediately notifying medical and mental health practitioners. One of the first responders further elaborated that the Spanish speaking inmate involved in his incident was taken to medical and was also seen by mental health staff while there. Although the inmate was a Spanish speaker, there were no barriers to the services received by the inmate. A review of investigative files revealed that of the alleged incidents discovered incidental to rounds being conducted, the requirements of the provision were completed.

Based on the above, the auditor finds the facility compliant for provision (b).

(c) Inmate victims of sexual abuse while incarcerated shall be 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.

For provision (c), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy Medical Evaluation Manual Chapter 13, which specifies:

7. 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.

8. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female).

9. If pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information about access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Service Pregnancy Management Manual along with a referral to Mental Health/Social Work.

A review of the inmate brochure provided at intake indicates the type of services available to inmates after an allegation: "Medical staff will check you for injuries and sexually transmitted diseases. A medical specialist may examine you and collect evidence. You will be offered emotional support from a sexual assault crisis counselor and follow up with mental health staff." During the facility tour the medical area was observed and discussions with a dispensary nurse confirmed the requirements of provision (c).

Medical and mental health staff were interviewed and it was learned that inmate victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. 1-staff elaborated that testing for STDs is offered and inmates are referred to Infection Control for that. Policy requires that inmates receive these services even if an inmate is not transported offsite for care. An interview was

conducted with 1-inmate who reported sexual abuse and it was related that he was not offered information about access to sexually transmitted infection prophylaxis. Post audit, information about medical/mental health secondary information was requested and is pending. The facility's compliance with provision (c) is dependent upon receipt of satisfactory secondary medical/mental health information.

(d) Treatment services shall be 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.

For provision (d), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 § .05G (3), and OPS.200.0005 § .05 G (3) as well as the Medical Evaluation Manual Chapter 13.

The former policy specifies:

(3) If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall:

(a) 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 a:

(i) A Sexual Assault Forensics Examiner (SAFE);

(ii) Sexual Assault Nurse Examiner (SANE); or

(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 examinations.

(b) 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:

(i) A qualified victim advocate;

(ii) 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

(iii) A non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive.

The second policy specifies:

(3) If the alleged inmate on inmate sexual conduct involves sexual abuse, the assigned investigator shall:

(a) If evidentiary or medically appropriate, offer the victim access to a medical forensics' examination at no cost to the victim that is performed by a:

(i) A Sexual Assault Forensics Examiner (SAFE);

(ii) Sexual Assault Nurse Examiner (SANE); or

(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 examinations.

(b) If requested by the victim and the service is reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews:

(i) A qualified victim advocate;

(ii) 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 competent to serve in this role; or

(iii) A non-Department community-based organization representative who meets the criteria

for a Department employee established under §.05G(3)(b)(ii) of this directive.

The latter policy specifies:

O. All treatment services shall be provided to both parties (the victim, and the alleged abuser) without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

An interview was conducted with 1-inmate who reported sexual abuse. He related that the bill for the services received at the hospital was sent to the inmate's home in error. Post audit, the PREA Coordinator was contacted regarding this situation. He provided additional information indicating that either the hospital billed the inmate in error or that the account is not accurate. He also provided additional information pertaining to policy 10.12.12.01 which covers Alleged Rape or Sexual Offense Victim Care, particularly regarding reimbursements. Reimbursements to service providers are made by the Department of Health and Mental Hygiene; victims cannot be billed and the Department's reimbursement is accepted as payment in full. Based on the above, the auditor finds the facility compliant for provision (d).

Corrective Action Required:

The facility's compliance with provisions (c) is dependent upon receipt of satisfactory documentation.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work

orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided additional policy from the office of Clinical Services/Inmate Health (Page 4) indicating that "All PREA related post assault follow up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female)." Compliance with the standard was contingent upon receipt of satisfactory documentation. During the follow up tour of the facility held July 17, 2019, information was reviewed for 1-closed 2018-PREA investigation involving sexual abuse that was substantiated. A review of the electronic health record for the inmate victim indicated that based on the date of incident, date of hospital visit, and date of follow up healthcare at the facility, and medical notes, the inmate victim received timely information about and timely access to STI prophylaxis with new medications being administered as well as access to psych consults, occurring the same date as the return from the hospital. This documentation is satisfactory for compliance with provision (c) and the auditor now finds the facility compliant with the standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers:

(a) The facility shall 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.

(b) The evaluation and treatment of such victims shall 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.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be 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.

(h) All prisons shall 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

For provision (a) through (h), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies Medical Evaluation Manual Chapter 13 and Medical Administrative Manual Chapter 9.

The former policy specifies:

I. Policy: 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). Additionally:

5. The medical vendor staff will notify the mental health contractor, state psychology, state social work and the facility PREA compliance manager of the allegations of a PREA incident as soon as possible and will document the notifications in the electronic health record within the shift. Additionally:

H. A Mental Health Professional will see the patient within 24 (twenty-four) hours of his or her return to evaluate for any treatment needs, and document findings in the patient's medical record.

I. If the patient's situation did not generate the need to have an off-site hospital visit, a mental health professional shall conduct a mental health evaluation within 24 hours of initial report of incident and document disposition and follow-up needs as indicated. Additionally:

7. 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.

8. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female).

9. If pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information about access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Service Pregnancy Management Manual along with a referral to Mental Health/Social Work. Additionally:

O. All treatment services shall be provided to both parties (the victim, and the alleged abuser) without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Additionally:

K. The alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse.

The latter policy specifies:

I. Policy: Inmates leaving the Department of Public Safety and Corrections facilities (Pre-Trial, Sentenced, and Home Detention Units) will be provided with information and access to systems that will enable them to continue care for diagnosed disease processes that was received while the inmate was incarcerated.

Pre-audit, the facility noted policy (above) that supports its compliance with provision (a).

Policy indicates that the facility offers 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. This was observed during the facility tour and confirmed during discussions with medical/mental health staff. Additionally, it was confirmed during interviews with random security staff that alerting medical and mental health regarding incidents of alleged sexual abuse is part of their procedure. It was also observed as having been completed during a review of investigative files.

Based on the above, the auditor finds the facility compliant with provision (a).

Regarding provision (b), policy indicates that the facility provides evaluation and treatment for victims to include 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. Both Medical Chapters 13 and 9 meet the requirements of provision (b). It was also learned during interviews with medical and mental health staff that evaluation and treatment for victims entails seeing them in the medical department, talking about what happened to them, having them seen by a doctor, preserving any evidence, providing prophylaxis, follow up to include mental health, and reevaluate upon return from the hospital. One staff elaborated that this extends to reentry care as well. 1-inmate who reported sexual abuse was interviewed and it was learned that medical/mental health practitioners did have follow up discussions with

him about continued care. Mental health was seen within a couple days of the incident. Post audit, secondary medical/mental health documentation was requested and is pending receipt. The facility's compliance with provision (b) is dependent upon receipt of satisfactory documentation.

Pre-audit, the facility did not cite a specific policy that supports provision (c), however, in interviews with medical and mental health staff it was confirmed that the facility does provide victims with medical and mental health services that are consistent with the community level of care. One staff was not entirely sure of the services that are available in the community. This auditor, not being a medical or mental health practitioner, is not qualified to compare the level of services provided by the facility versus those available in the community. One may surmise that given the impoverished status of most inmates, that the level of care received in the facility is superior to what they can access in the community given their lack of medical insurance or access to medical assistance.

Based on the above, the auditor finds the facility compliant with provision (c).

Regarding provision (d), policy indicates that the facility offers pregnancy tests to inmate victims of sexually abusive vaginal penetration while incarcerated. It was learned during an interview with 1-inmate who reported sexual abuse that the victim was male and this provision was not-applicable to him. A review of the 2018 investigative log revealed that where both the victims and abusers were known, none involved male versus female abuse, thus there are no medical records available to demonstrate that female victims were offered pregnancy tests. Based on the above, the auditor finds the facility compliant with provision (d).

Regarding provision (e), policy indicates that the facility offers timely and comprehensive information about and timely access to all lawful pregnancy-related services if pregnancy results from conduct described in the provision. Similar to provision (d), it was learned during an interview with 1-inmate who reported sexual abuse that the victim was male and this provision was not-applicable to him. A review of the 2018 investigative log revealed that where both the victims and abusers were known, none involved male versus female abuse, thus there are no medical records available to demonstrate that female victims received timely and comprehensive information about and timely access to all lawful pregnancy-related services if pregnancy results from conduct described in the provision. Interviews with medical/mental health staff confirmed that the requirements of the provision are met. Staff elaborated that the information regarding these services are provided at the time of the incident and not later. Based on the above, the auditor finds the facility compliant with provision (e).

Regarding provision (f), policy indicates that the facility offers victims of sexual abuse while incarcerated tests for STIs as medically appropriate. Medical and mental health staff were interviewed and it was learned that inmate victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. 1-staff elaborated that testing for STDs is offered and inmates are referred to Infection Control for that. Policy requires that inmates receive these services even if an inmate is not transported offsite for care. An interview was conducted with 1-inmate who reported sexual abuse and it was related that he was not offered information about access to sexually transmitted infection prophylaxis. Post audit, information about medical/mental health secondary information was requested and is pending. The facility's compliance with provision (f) is dependent upon receipt of satisfactory

documentation.

Regarding provision (g), policy indicates that the facility offers treatment services 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. Similar to 115.82 (d), an interview was conducted with 1-inmate who reported sexual abuse and that the hospital bill was sent to his home. Post audit, the PREA Coordinator was contacted regarding this situation. He provided additional information indicating that either the hospital billed the inmate in error or that the account is not accurate. He also provided additional information pertaining to policy 10.12.12.01 which covers Alleged Rape or Sexual Offense Victim Care, particularly regarding reimbursements. Reimbursements to service providers are made by the Department of Health and Mental Hygiene; victims cannot be billed and the Department's reimbursement is accepted as payment in full.

Based on the above, the auditor finds the facility compliant for provision (g).

Regarding provision (h), policy indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60-days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This provision is N/A for jails. Interviews with medical and mental health staff revealed that these evaluations do occur, and as soon as possible. 1-staff elaborated that a psychiatrist is available 7-days a week and that the treatment team sees them on Mondays, Wednesdays, and Fridays. It is noted that with the transiency of the population, with an average stay of 45-days, this may not always occur.

Insomuch as the audited facility falls under the jail standards, this provision is not-applicable to the audited facility.

Required Corrective Action:

The facility's compliance with provisions (b) and (f) are dependent upon receipt of satisfactory documentation.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days

and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, the facility provided additional policy from the office of Clinical Services/Inmate Health which included the provisions of the standard. Compliance with the standard was contingent upon receipt of satisfactory documentation for provisions (b) and (f). During the follow up tour of the facility held July 17, 2019, information was reviewed for 1-closed 2018-PREA investigation involving sexual abuse that was substantiated. A review of the electronic health record for the inmate victim indicated that based on the date of incident, date of hospital visit, and date of follow up healthcare at the facility, and medical notes, the inmate victim received timely information about and timely access to STI prophylaxis with new medications being administered as well as access to psych consults, occurring the same date as the return from the hospital which satisfies provision (f). Additionally, additional medical notes within the electronic record indicated additional follow up care appointments scheduled later during the month, after the initial follow up visit. Care instructions also noted a re-evaluation to occur by a physician 4-weeks after that. This documentation is satisfactory for compliance with provision (b), which included follow up services and treatment plans. Based on the provided documentation, the auditor now finds the facility compliant with the standard.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed on the standard and provisions of § 115.86 Sexual abuse incident reviews:

(a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

For provision (a) through (e), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA

Investigations - Tracking and Review, specifically:

05D:

D. 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 shall review the incident.

Additionally, 05E:

E. The facility incident review team shall:

(1) Consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager.

(2) Have input from or access to line supervisors, investigators, and medical or mental health

practitioners concerning the incident being reviewed.

(3) Consider if the incident or allegation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse.

(4) Consider if the incident or allegation was motivated by:

(a) Race;

(b) Ethnicity;

(c) Gender identity;

(d) Lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status;

(e) Gang affiliation; or

(f) Other group dynamics at the correctional facility.

(5) Examine the location where the incident allegedly occurred to:

(a) Determine if there are physical plant issues that may have contributed to the incident; and

(b) Assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing these areas.

(6) Prepare a report of findings for the managing official and PREA compliance manager, which includes, but is not limited to:

(a) Identifying problem areas;

(b) Necessary corrective action; and

(c) Recommendations for improvement. Additionally, 05F:

F. The managing official shall:

(1) Work with the facility's PREA Compliance Manager to:

(a) Implement the facility incident review team's recommendations for improvement from the review team; or

(b) If a recommendation is not implemented, document the reason for not adopting the recommendation.

(2) (2) Ensure that reporting requirements under this directive are performed.

(3) Communicate, through the facility's PREA Compliance Manager, with the PREA Coordinator, or a designee, concerning PREA compliance and related issues necessary for Department PREA reporting requirements.

Regarding provision (a), policy indicates that the facility conducts SAIRs 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. A review of the 2018 investigation log revealed that of the 7-investigations, 3-investigations are closed, with the others indicated as ongoing. Of the 3-closed investigations, all were unsubstantiated. Of those, 2-investigations involved sexual abuse and 1-investigation involved sexual harassment. Of the 2-sexual abuse investigations, both had completed SAIRs which met the requirements of provision (a).

Based on the above, the auditor finds the facility compliant with provision (a).

Regarding provision (b), policy indicates that the facility completes reviews ordinarily within 30-days of the conclusion of the investigation. A review of the 2018 investigation log revealed that of the 7-investigations, 3-investigations are closed, with the others indicated as ongoing. Of the 3-closed investigations, all were unsubstantiated. Of those, 2-investigations involved sexual abuse and 1-investigation involved sexual harassment. Of the 2-sexual abuse investigations, 1-was completed within the 30-days. The other SAIR form is not dated and it cannot be determined if it was completed within the 30-days.

Insomuch as the provision indicates that the reviews are "ordinarily" completed within 30-days,

the auditor finds the facility compliant with provision (b).

Regarding provision (c), policy indicates that the facility review team shall include upper level management officials, with input from line supervisors, investigators and medical or mental health practitioners. In an interview with the Warden it was related that SAIRs include himself, the PREA Compliance Manager, the Chief of Security, Assistant Wardens, IID investigators, and medical and/or mental health. An inspection of the above mentioned SAIR review forms for the 2-sex abuse investigations revealed that line supervisors, investigators, and medical/mental health practitioners did not have input. It is noted that there is an indistinguishable signature for "audit" on both of the SAIR forms.

The auditor finds the facility not compliant for provision (c) due to the lack of input from line supervisors, investigators and medical or mental health practitioners.

Regarding provision (d), policy indicates that the facility review team shall meet the requirements of (1) through (6) of provision (d). The facility refers to .05E of agency policy OSPS.020.0027 - PREA Investigations to supports its compliance with this provision. It was learned during an interview with the Warden that that information from the SAIR is used to make modifications such as changing camera angles based on what the situation dictated; trends were not noted based on the SAIRs. Additionally, the Warden added that demographics are considered, locations within the facility are reviewed to ensure camera coverage. Training issues are reviewed for improvement as well. Staffing is considered and the facility always ensures that posts are located where they need to be located.

An interview was conducted with a member of the incident review team and it was learned that the SAIR team does consider if an incident or allegation was motivated by race, ethnicity, gender identity, etc. Additionally, the SAIR team also examines areas of the facility where incidents are alleged to have occurred to identify if there are any physical barriers in the area that may have enabled the abuse. The SAIR team member elaborated that camera coverage is relied upon. Additionally, staffing levels are considered in that area during different shifts and monitoring technology is augmented by rounds being conducted by staff, usually every 30-minutes as well as at random times. Sergeants who supervise the towers perform rounds as well. The SAIR forms include the requirements of (1) through (6) of this provision and its use appears to be a best practice.

Based on the above, the auditor finds the facility compliant for provision (d).

Regarding provision (e), policy indicates that the facility implements the requirements for improvement or documents its reasons for not doing so. A review of the 2-sex abuse investigations' SAIR forms revealed that in both instances, that staffing levels were adequate at the time of the incidents and that no recommended changes or improvements to policy or practice were recommended.

Based on the above, the auditor finds the facility compliant for provision (e).

Required Corrective Action:

It is required that the facility include the input of line supervisors, investigators, and medical/mental health as part of the SAIR review team for provision (c).

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held

not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures, forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, specifically during the follow up facility visit held July 17, 2019, interviews were conducted separately with the PREA Compliance Manager and the Assistant Warden. Both indicated that input from medical and mental health staff is solicited and can be received verbally towards a SAIR, although email input was preferred. Emails were provided by the Assistant Warden indicating input from a variety of staff however the emails pertained to initial reports of PREA allegations and not their input towards a SAIR. During the same follow up facility visit, this auditor reviewed a closed PREA investigation file from 2016 that was unsubstantiated for an inmate on inmate PREA allegation. The SAIR documentation included a signature page for SAIR participants including a mental health practitioner, confirming their input. Inasmuch as the PRC provided Moss Group, Inc. "Prison and Jails Standards Documentation Requirements," documentation is only required under provisions (d) and (e) of this standard. Based on previous and more recent staff interviews, reviews of

agency policy, and reviews of investigative files, the auditor now finds the facility compliant for provision (c) of the standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.87 Data collection

- (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
- (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

For provisions (a) through (f), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review, specifically:

.05A and .05B:

.05 Responsibility.

A. The Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID (provision (a)).

B. The IID shall:

- (1) Uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice (provision (c)).
- (2) Be responsible for developing forms necessary to collect data required under this directive.
- (3) Annually report PREA related data to the PREA Coordinator, or a designee.
- (4) By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

And:

C. The PREA Coordinator, or a designee shall:

- (1) Aggregate the incident-based sexual abuse data annually (provision (b)). And:
- (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews (provision (d)).

And:

.03B:

B. The Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness (provision (e)) And:

.05B (4): 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 (provision (f)).

Regarding provisions (a) and (c), policy indicates that the facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; and the incident-based data collected includes at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (now referred to as the Survey of Sexual Victimization), conducted by the Department of Justice. A review of policy indicates that IID has the responsibility of collecting the required data. Pre-audit, the facility provided investigation logs and the information contained therein is consistent with definitions located on the SSV-3, Survey of Sexual Victimization, 2017 Local Jail Jurisdictions Summary Form. The incident-based data contained on the investigation log is sufficient to answer the questions on the SSV-3.

Based on the above, the auditor finds the facility compliant for provisions (a) and (c).

Regarding provision (b), policy indicates that the agency aggregates the incident-based data at least annually; per policy this is completed by IID. A review of the agency's website indicates that the 2016 data is the most recent data available for the agency and it includes data for the audited facility. In 2016, the published data includes aggregated data for audited facility.

Insomuch as provision (b) is an agency function that is completed above the facility, the auditor finds the facility compliant with provision (b).

Regarding provision (d), policy indicates that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor again referred to the agency's website which indicates that the 2016 data is the most recent data available for the agency and it includes data for the audited facility. In 2016, the published data includes aggregated data for audited facility.

Insomuch as provision (d) is an agency function that is completed above the facility, the auditor finds the facility compliant with provision (d).

Regarding provision (e), the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates, the facility indicated that this provision is non-applicable. Accordingly, the auditor finds that provision (e) is non-applicable for the audited facility.

Regarding provision (f), policy indicates that IID is responsible for providing the requirements of the provision to the Department of Justice by June 30 of each calendar year. Post audit, the auditor requested the most recent SSV-3, however, this is a responsibility that is performed above the audited facility.

Insomuch as provision (f) is an agency function that is completed above the facility, the auditor finds the facility compliant with provision (e) and is compliant for the overall standard.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.88 Data review for corrective action:

(a) The agency shall 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:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be 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.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

For provisions (a) through (d) the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review, specifically:

.05C (3):

C. The PREA Coordinator, or a designee shall:

- (1) Aggregate the incident-based sexual abuse data annually.
- (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.
- (3) Ensure that all aggregated sexual abuse data is included in an annual report that:
 - (a) Includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training;
 - (b) If applicable, identifies Department-wide problem areas or problems within specific correctional facilities;
 - (c) Is used to facilitate corrective action at the Department and correctional facility levels;
 - (d) Compares the current calendar year's data and activities with that available from previous years;
 - (e) Assesses the Department's progress in addressing sexual abuse; and
 - (f) Is approved by the Secretary and made available to the public through the Department's public website that redacts information:
 - (i) 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

(ii) Related to personal identifiers.

Regarding provisions (a) through (d), the agency's website was visited and the most recent agency Annual PREA Report for 2016 was reviewed. It was found to contain the requirements of the above provisions. Post audit, an interview was conducted with an Agency Head designee. She indicated that the annual report is completed annually and approved by the Secretary of the agency. It is posted on the agency website. During the audit, interviews were conducted with the PREA Coordinator and the facility PREA Compliance Manager. The PREA Coordinator related that data is collected by the IID which completes the SSV forms and the agency report. He elaborated that the data is retained by the IID, which is in a secured area. Regarding corrective actions, he cited one example as the development and display of the Agency Strip Search Posters, which were observed during the facility tour of the audited facility as well as at a nearby facility toured previously. These posters were implemented to educate inmates on the strip search procedure as well as to ensure that staff were accurate during the process. This helped to reduce the number of complaints related to strip searches. He added that an annual report is provided and that it does address any issues, summarize any problems addressed in the last year, however no trends were identified from the data.

The PREA Compliance Manager was interviewed and related that relative to data collected under 115.87 and 115.88, the facility identifies trends and looks for ways to address them. The strip search posters were suggested as a response to a trend in allegations associated with strip searches. The agency's annual report does compare data; is approved by agency leadership and is available to the public at its website; and may be redacted. The PREA Coordinator further elaborated that the agency does not include information in its annual report that would require redaction.

Insomuch as provisions (a) through (d) are functions performed above the facility, the auditor finds the facility compliant with the provisions of the standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.89 Data storage, publication, and destruction:

- (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.
- (b) The agency shall 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.
- (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.
- (d) The agency shall 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.

For provisions (a) through (c) the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review, specifically:

.05C (3):

C. The PREA Coordinator, or a designee shall:

- (1) Aggregate the incident-based sexual abuse data annually.
- (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.
- (3) Ensure that all aggregated sexual abuse data is included in an annual report that:
 - (a) Includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training;
 - (b) If applicable, identifies Department-wide problem areas or problems within specific correctional facilities;
 - (c) Is used to facilitate corrective action at the Department and correctional facility levels;
 - (d) Compares the current calendar year's data and activities with that available from previous years;
 - (e) Assesses the Department's progress in addressing sexual abuse; and
 - (f) Is approved by the Secretary and made available to the public through the Department's public website that redacts information:
 - (i) 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
 - (ii) Related to personal identifiers. And:

.05C (4):

- (4) Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information.

Policy is not cited for provision (d).

Regarding provisions (a) through (d) it was learned during interviews with staff that data collected pursuant to 115.87 is securely retained. The PREA Coordinator related that data is retained by IID and kept in a secured area. This auditor visited the agency's website and observed the last report published and available to the public; the report contains aggregated sexual abuse data. It was also learned from the PREA Coordinator that the agency report does not include any information that would require redaction. This auditor reviewed the last published annual report and found no data that needed to be removed. Regarding records retention, the sexual abuse data collected pursuant to 115.87 would be retained for at least 10-years after the date of initial collection unless federal, state, or local law requires otherwise. A review of state government websites indicates that the Maryland Department of General Services has oversight for records management.

Insomuch as provisions (a) through (d) are completed at levels above the facility, the auditor finds the facility compliant with the standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.401 Frequency and scope of audits:

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. This auditor reviewed the agency's website and noted that agency's last published annual PREA report notes the status of facilities and their placement within the 3-year cycle. The audited facility was compliant for this standard and all of the required provisions. The last audit report can be found at https://www.dpscs.state.md.us/prea/docs/Audit_Reports/BCBIC-Final-Report.pdf.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This audit marks the facility's first year of their audit cycle. This auditor reviewed the agency's website and noted that agency's last published annual PREA report notes the status of facilities and their placement within the 3-year cycle.

It is noted that provisions (c) through (g) are not included in this review. (c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues. (d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit. (e) The agency shall bear the burden of demonstrating compliance with the standards. (f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. (g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities. Yes, the audit team had access to all areas of the audited facility. Per the tour instructions, all required areas of the tour were visited. This included the intake/booking/risk screening area; all housing units including celled units and dormitories; health care areas including medical, mental health, dispensary, and the female unit medical area; recreation area; work areas; dietary; education areas (female program area; and the Substance Abuse Program (D/A) trailer); and areas that were being renovated (1-housing unit). The following were not visited as they do not exist within the facility: segregation housing units, and areas where youthful offenders are housed. Other areas of the facility were visited that were not required by the tour instructions.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). Yes. This auditor requested several items during

the audit and post audit. Several items are still pending. It is noted that the facility meeting compliance with some standards is dependent upon receipt of satisfactory documentation.

It is noted that provisions (j) through (l) are not included in this review. (j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. (k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators. (l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees. Yes. The audit team was able to use office space to conduct private interviews with inmates. Inmates were cooperative during the audit process. Additionally, random inmates were informally interviewed during the facility tour.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Yes. The Notice of Audit was provided to the facility more than 6-weeks in advance in both English and Spanish. The PREA Compliance Manager sent photos of the notices on display. During the tour, these were observed posted in the housing areas and throughout the facility. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received by this auditor either prior to or after the conduct of the audit.

It is noted that provision (o) is not included in this review. (o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Based on the above, the auditor finds the facility's compliance with provision (i) dependent upon receipt of satisfactory documentation, which is noted in the associated areas of the non-compliant standards. The auditor finds the facility compliant with all other provisions of this standard.

Required Corrective Action:

For provision (i), the facility is required to provide satisfactory documentation per previously noted non-compliant standards.

Corrective Action Timeline:

Within 2-weeks of issuing the interim report, a telephone conference will be schedule and held not later than 2/22/2019 between the audit team and facility staff. After that and within 30-calendar days and not later than 3/25/2019, all agency/facility policy updates are required to be completed and submitted to the auditor for review. Any remaining, previously requested supporting documentation that was not received previously must also be provided to the auditor for review. Indicators of this being completed will be receipt of the required items that satisfactorily address the deficiencies under each of the associated standards. After that and within 30-calendar days and not later than 4/24/2019, updated associated policy, procedures,

forms, curriculum, practices, etc. stemming from policy updates are required to be implemented. Indicators of this being completed will be receipt of employee rosters acknowledging receipt and responsibility for understanding showing signature and date will be provided to the auditor for review. Interviews with staff will be conducted as well as later site observations. After that and within another 30-calendar days and not later than 5/24/2019, all updates resulting in practice improvements must be institutionalized. 1-example of this includes improved inmate education under 115.33; other improved practices will be expected as discussed within each of the standards. Indicators of this being accomplished will include interviews with staff and later site observations. After that and within another 30-calendar days and not later than 6/24/2019, physical plant improvements will be required to be implemented. Examples of this includes improvements to the Vicon camera system; alert system for opposite gender announcements in the inmate booking/hearing/intake toilet areas; repairs/replacements of broken/missing shower/toilet curtains; coverage of shower door openings in the MHU and any other locations using the same style of shower door; repairs of janitor closet door(s) and the security of them when not in use; associated with opposite gender viewing; and eliminating blind spots, to name a few. Any policy/practice updates associated with physical plant improvements will be submitted to the auditor not later than 6/24/2019 for review. Indicators of this being accomplished will be receipt of updated policy, receipt of date stamped photos or video depicting improvements, documents showing work orders being closed; interviews with staff, and later site observations. After that and within 14-calendar days and not later than 7/8/2019, audit staff will conduct a final site visit to confirm required corrective actions have occurred and are institutionalized. Any final remaining clarifications and/or supporting documentation must be received by the auditor not later than 7/22/2019 for the final report to be provided to the facility not later than 8/4/2019. Starting with the telephone conference occurring not later than 2/22/2019, the auditor and facility staff will communicate every 2-weeks, preferably by phone, until conclusion of the corrective action phase. The above timeline may be expedited based on progress demonstrated by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

During the corrective action period, a number of the facility corrective actions required the facility to provide additional documentation. Under 115.33 (c) of inmate education, the facility was required to provide documentation that verified completion of PREA education for all inmates in the facility. This documentation was not received during the corrective action period. Additionally, during both facility visits, one (1) janitor closet door, 5N-70, continued to be broken on a housing unit, and continued to present a blind spot. The work order for the door was requested more than once and was not received. The auditor continues to find the facility noncompliant for provision (i) of this standard.

Going forward, the facility will need to be able to document that all inmates at the facility have completed PREA education and can produce that documentation, as well as any other documentation, upon request during audits.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

A review was performed of the standard and provisions of § 115.403 Audit contents and findings:

It is noted that provisions (a) through (e) are not included for review. (a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. (b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards. (c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. (d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action. (e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

Regarding provision (f), the agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. A review of the agency's website indicates that the facility's last audit report was submitted on 12/14/2016. It can be accessed at

https://www.dpscs.state.md.us/prea/docs/Audit_Reports/BCBIC-Final-Report.pdf. An internet search reveals that the report appears to have been added to the agency website on the same date that the audit report was submitted:

[PDF]

PREA Audit System - Department of Public Safety and Correctional ...

https://www.dpscs.state.md.us/prea/docs/Audit_Reports/BCBIC-Final-Report.pdf

Dec 14, 2016 - PREA Facility Audit Report: Final ... Facility name: Baltimore City Booking Intake Center ... 300 E. Madison Street, Baltimore, Maryland - 21202.

Based on the above, the auditor finds the facility compliant with provision (f) of the standard.

Appendix: Provision Findings

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 adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

yes

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

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.)	na
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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

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

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

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? no

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

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? no

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? no

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

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

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

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.) yes

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.) yes

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

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.) na

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

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
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.)	yes

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
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

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

115.33 (a) Inmate education

During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? no

During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? no

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? no

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? no

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? no

115.33 (c) Inmate education

Have all inmates received the comprehensive education referenced in 115.33(b)? no

Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? no

115.33 (d) Inmate education

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

Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? no

Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? no

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? no

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? no

115.33 (e) Inmate education

Does the agency maintain documentation of inmate participation in these education sessions? no

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

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

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

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?	yes

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?	no
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

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

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

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.) yes

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.) yes

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.) yes

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

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

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

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

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

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.) yes

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

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
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

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

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

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

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?	yes
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? 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? 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
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

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

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

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? 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.) na

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? yes

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

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

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

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.) na

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

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
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
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

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.) yes

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)? no

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. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) yes